

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 11811167

Date In: 28/18/18 09:22	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 18015611164	SAS e-filing		
Veh No: YK 84602	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/18/18 09:50	i-Motor Claim Form	MT/1009139-001	28/18/18 16:05
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SX88X	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1805466

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/08/2018 09:22
Date Of Accident	27/08/2018 09:50
Exact Location Of Accident	CTE EXIT TO PIE(CHANGI) AT JLN TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK8460Z
Insured/Policyholder	
Name Of Registered Owner	GEK HO PTE LTD
Co Reg No	201224357R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90683860

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK617MJ
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075675218-02
Cover Note Number	-

Driver

Name of Driver	CHOO TENG HAI
NRIC No	S1195696C
Date Of Birth	18/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96170950
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 6 BEDOK SOUTH AVE 2 #14-346
Postcode	460006
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG CTE EXIT TO PIE (CHANGI) AT THE JLN TOA PAYOH, THERE WAS MERGING LANE, I WAS IN FRONT OF VEH B. SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B TRY TO SQUEEZE IN AND CAUSING HIS RIGHT SIDE MIRROR HIT ONTO MY VEH LEFT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SX88X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



朱廷河

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

bus stop

A

B

↑ ↑

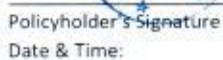
CTE Exit to PIE (Changi) at Jln Tan

$$B = 5 \times 88 \times$$

CTE Exit to PIE (Changi) at Jln Tua Payah

Please Refer to statement

I/We declare that the foregoing particulars are true in every respect.



朱子云

[Signature]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1195696C



NAME
CHOO TENG HAI

RACE
CHINESE

Date of Birth
18-11-1955

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1195696C

Name
CHOO TENG HAI

Birth Date 18 Nov 1955

Issue Date 24 Dec 2002

100060661E

1023986



NRIC No. S1195696C



Blood Group B+ Date of issue 12-06-1993

Address
APT. BLK 6 BEDOK SOUTH AVENUE 2
#14-346
SINGAPORE 1646


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jan 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Feb 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	30 Aug 1978

NR 4/8A

YK 8460

Licence No: S1195696C



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5075675218-02

Cover : Third Party, Fire & Theft

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : YK8460Z |
| Chassis Number | : FK617MB00284 |
| 2. Name of Policyholder | : GEK HO PTE LTD |
| 3. Effective Date of Insurance | : 01 May 2018 |
| 4. Expiry Date of Insurance | : 30 Apr 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 23 Apr 2018 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1009139

Policy No.	5075675218-02	Vehicle No.	YK8460Z	GST Registration No.	
Certificate No.					
Policyholder Name	GEK HO PTE LTD			Policyholder NRIC	20122*
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90683860	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	28/08/2018 15:53	Accident Report Within 24 hrs	Yes	Accident Type	Side S
Date of Accident	27/08/2018	Time of Accident hh:mm	09:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE EXIT TO PIE(CHANGI) AT JLN TOA PAYOH				
▼ Excess					
Own damage Excess		Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess		Outside Singapore TP Excess			
▼ Benefits					
Coverage		Sum Insured	99999999.99		
Third Party Working Risk			99999999.99		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 3016 #02-147	Address 2	UBI ROAD 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	408701
Unit No.	02-147	Related Policy Number	S100996080		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHOO TENG HAI	Driver NRIC	S1195696C	Driver DOB	18/11/
Register Date of Driver License	20/02/1978	Driver Age	62	Driving Experience	40
Contact No.(Mobile)	96170950	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 6 #14-346	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	460001
Unit No.	14-346				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX ▼	Insured Name	GEK HO PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	YK8460Z
Claim Description	YK8460Z / SXBEX ON 27 Aug 2018		
Preferred Workshop	0	Insured Liability	Partially at Fault ▼
Preferred Repair Option	Yes ▼	Preferred Workshop, Name unknown	GIA report Received ▼
Date Registered		Claim Close Date	28/08/2018 16:03
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No.	MT/1009139	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2018 16:05
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:05	SAS	Normal	SAS 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:05	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:05	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:05	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:03	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:03	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:03	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:03	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:03	Photos	Normal	Photos 2018-8-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading