

NATIONAL Assessment Centre Services

(Unit 1 201000)

MMAY18137245

Date In: 22/10/2018 19:42	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8019301/4	SAS e-filing		
Veh No: 4298094	E-mail (within 2hrs, AIC 3hrs)		
D.O.A: 22/10/2018 15:10	1-Motor Claim Form	MT1016928-001	24/10/2018 11:26
OD: TP Reporting Only	1-Motor W/O (Vehicle: 00 hrs, TP 1hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yel No: YM 64770	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: BSL 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: 1 to e-mail Insurer URGENTLY.

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

Remarks: INC () / Non-INC ()	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	Action

NA1806908

Human's Particulars	Invoice Preparation Checklist	AM (S)	AM (P)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)		
Assessed Portion:	3) TP: Towing Fee (\$10/\$15)		
	4) FT: Follow-Through Survey (\$10)		
	5) XT: Follow-Through Survey (Resurvey) (\$10)		
	6) TR: Repair Inspection (\$10)		
	7) NT: Day DA + SMRT Survey (\$10)		
	8) NTUC Additional Services		
	9) NT: NTUC Additional Services		
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Invoice dated: () / () / ()

Invoice 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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	22/10/2018 19:42
Date Of Accident	22/10/2018 15:10
Exact Location Of Accident	ALONG TUAS WEST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR9809Y
Insured/Policyholder	
Name Of Registered Owner	PT GASOIL SERVICES INDONESIA
Co Reg No	10330100C
Email Address	GV@TECRIG.COM
Mobile Phone No	(LOCAL) +65-96205844
Alternative Phone No	OFFICE-96205844

Vehicle Particulars

Manufacturer	ISUZU
Model	TRUCK
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5044519570-08
Cover Note Number	

Driver

Name of Driver	VANICEK GEOFFREY CHARLES JAN
NRIC No	S0489030B
Date Of Birth	30/07/1948
Occupation	INDOOR
Date Of Driving Pass	25/05/1966
Driving Experience	52 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96205844
Fax Number	
Contact Number	OTHERS-96205844
Email Address	GV@TECRIG.COM

Address	NO. 1 TUAS SOUTH AVENUE 6 #01-19
Postcode	637021
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

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	YM6477D
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH KIAN HWA
NRIC/Passport Number	S1216169G
Contact Number	87270127 (VINCENT)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

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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)

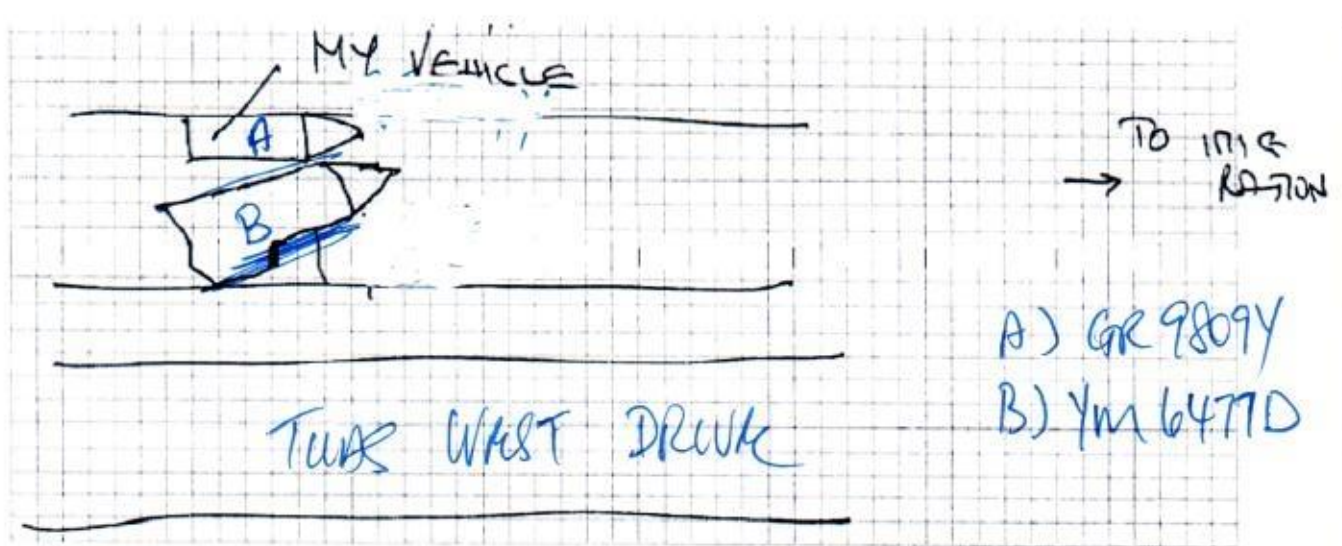
I understand, acknowledge, agree and consent that:

- (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.


Policyholder's Signature
Date & Time: 22/10/18


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/10/18
1625


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HE KEPT CUTTING OVER USED HORN AND HEARD CRASH BUT HE DID NOT STOP TIL I STOPPED HIM 200 M AHEAD.

HE ADMITTED HE WAS WRONG BUT SAID HE DID NOT HEAR OR SEE ANYTHING.

WAS HE ASLEEP?

NO DAMAGE TO HIS VEHICLE

DECLARATION

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

x

Policyholder's Signature

Date & Time: 22/10/18

1638

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/10/2018

Rohi Wathani

SKETCH PLAN

IMPORTANT NOTICE

Claim Handling

Accident MT/1016928

Policy No.	5044519570-08	Vehicle No.	GR9809Y	GST Registration No.	
Certificate No.					
Policyholder Name	PT GASOIL SERVICES INDONESIA	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	10330100C
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96205844	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	24/10/2018 11:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/10/2018	Time of Accident (hh:mm)	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TUAS WEST DRIVE				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	463 PASIR PANJANG ROAD	Address 2	#05-03 VILLAGE @ PASIR PANJ	Address 3	SINGAPORE 118797
Address 4		Address Type	Singapore address	Post Code	118797
Unit No.		Related Policy Number	5044519570-08		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/07/1948
Unnamed driver Name	VANICEK GEOFFREY CHARLES A	Driver NRIC	S0489030B	Driving Experience	52
Register Date of Driver License	25/05/1966	Driver Age	70	Contact No.(Home)	
Contact No.(Mobile)	96205844	Contact No.(Office)		Address 3	SINGAPORE 637021
Address 1	1 TUAS SOUTH AVENUE 6	Address 2	#01-19 THE WESTCOM	Post Code	637021
Address 4		Address Type	Foreign address		
Unit No.	01-19				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	GR9809Y	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PT GASOIL SERVICES INDONES	Insured NRIC	10330100C
Contact No.(Mobile)	96616474	Contact No. (Home)	NIL	Contact No. (Office)	639194
Email Address	admin@gasoilservices.com	TP Vehicle Number	GR9809Y	TP Vehicle Number	YH647
Claim Description	GR9809Y / YH6477D ON 22 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Consent No. Finalisation	Yes	Preferred Workshop, Name unknown		Claim Close Date	24/10/2018 11:25
Date Registered				Date Received	24/10/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1016928	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	24/10/2018 11:26
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
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Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:26		Photos	Normal	Photos 2018-10-24	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:26	Photos	Normal	Photos 2018-10-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:25	Photos	Normal	Photos 2018-10-24
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:25	Photos	Normal	Photos 2018-10-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:25	Photos	Normal	Photos 2018-10-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:25	SAS	Normal	SAS 2018-10-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2018 11:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-24

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 22/10/18 (DD/MM/YYYY), TIME: 15:10 (HH:MM)

LOCATION: THAS WEST DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ER 9809Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5044519570-08
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ISUZU TRUCK
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: AS GASON SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: G.C.J. VANICEK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 504890208 CONTACT: 96208844
 c) ADDRESS: 1 THAS SOUTH AVE 6, 0119
S-637021

*d) DATE OF BIRTH: 30/07/48 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/5/66

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YM6477D MODEL: mitsubishi fuso

b) DRIVER'S NAME: KOH KIAN HWA

c) NRIC/FIN/PASSPORT: S12161696 CONTACT: 87270127

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Daniel 97372883

email =

gratecraig.com

fax =

daniel9633@hotmail.co.uk

VIDEO

APEC Business Travel Card

Republic of Singapore



Name
VANICEK GEOFFREY CHARLES

JAN
Sex
M
Economy
SGP
Date of Birth
30 Jul 48
Document No
000120575
Expiry Date
3 Jan 23

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S0489030B**

Name
VANICEK GEOFFREY CHARLES JAN

Birth Date: 30 Jul 1948
Issue Date: 23 Jun 2011

001977261A

Passport: SGP E6819077L

VALID FOR TRAVEL TO:

AUS	BRN	CHL	CHN	HKG	IDN
JPN	KOR	MEX	MYS	NZL	PER
PHL	PNG	RUS	SGP	THA	TWN
VNM					

CPSGP00012057540<<SGPE6819077L
4807300M2301033SGP20230103<<<5
VANICEK<GEOFFREY<CHARLES<JAN<<

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 May 1966

NP 428A

License No: S0489030B

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 : 5044519570-08

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GR9809Y |
| Chassis Number | : JAATF569HY7103883 |
| 2. Name of Policyholder | : PT GASOIL SERVICES INDONESIA |
| 3. Effective Date of Insurance | : 10 Jul 2018 |
| 4. Expiry Date of Insurance | : 09 Jul 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	: CING DIEN CREDIT
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 : KCB AGENCY (00000614904)
Date of Issue : 09 Jul 2018 15:00 hrs
Reprint : 09 Jul 2018 15:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive