

NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

Date In: 31/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019791/13	SAS e-filing		
Veh No: GBF9106P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/10/18 0835	I-Motor Claim Form	MT/1017875	002
(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:

GBF4943Y

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 repaler.

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

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

Remarks:

(INC Hotline: 6788 6610)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Actions:

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N-n INC) against INC	\$20	
9) N12: Idao Mobile	\$30	
Invoice dated		
Invoice dated		
Fee Charged		
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 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 31/10/2018 10:27
 Date Of Accident 30/10/2018 08:35
 Exact Location Of Accident TPE TWDS CHANGI AIRPORT B4 PASIR RIS DR 12
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9106P
Insured/Policyholder
 Name Of Registered Owner JEBSEN & JESSEN TECHNOLOGY (S) PTE LTD
 Co Reg No 199104229E
 Email Address PAMELA_HO@JJSEA.COM
 Mobile Phone No
 Alternative Phone No OFFICE-63053669

Vehicle Particulars

Manufacturer FIAT
 Model -
 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? YES
 If No, Please state action to be taken
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5101765721
 Cover Note Number

Driver

Name of Driver QUAK TECK CHEE
 NRIC No S1834560I
 Date Of Birth 04/01/1967
 Occupation OUTDOOR
 Date Of Driving Pass 07/04/1989
 Driving Experience 29 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97878964
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 55A EDGEDALE PLAINS #10-14
Postcode	828680
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	COLLISION - HEAD TO REAR
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?	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

PLS REFER TO THE ATTACHED STATEMENT

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	GBF4943Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	POOMALAI CHINNADURAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE


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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. 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)**

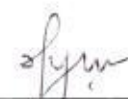
I understand, acknowledge, agree and consent that:

- (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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/10/18


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

SKETCH PLAN

THE TWO CHANGE AIRPORT
NEAR PASIR RIS BR 13

1 - GBF9106P

- GBF4943Y

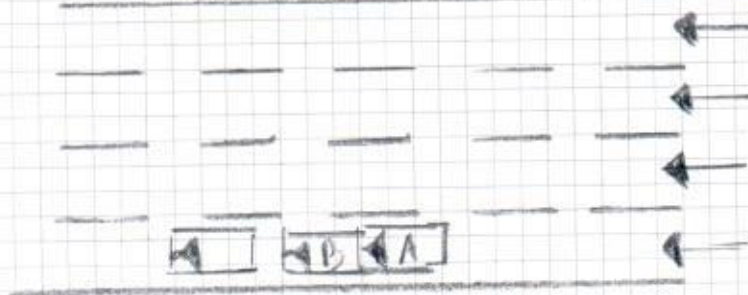
A

B

A

B - GBF4943Y

TRE TWDS CHANGI AIRPORT
ALUAR PASIR RIS DR 12



p/s refer to the attached statement.

p/s refer to the attached statement.

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



30/10/18

2/ym 31/10/18

I WAS TRAVELLING STRAIGHT ALONG TPE TWDS CHANGI ON THE EXTREME LEFT LANE OF A4-LANES RD. INFRT OF MY VEH STOP DUE TO VEH INFRT OF HIM STOP. I CAN'T STOP ON TIME AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (30/10/18) (DD/MM/YYYY), TIME: (08:36) (HH:MM)

LOCATION: TPE toward Chagui Airport near Pausi Res Dr 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF8106 P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 199104229E
 d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
 e) MAKE & MODEL: FIAT
 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: Jensen & Jensen Technology (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 63053688
 c) ADDRESS: 16 Enterprise Road 629624

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: QUAK TEEK CHEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1824602 CONTACT: 97810964
 c) ADDRESS: Billssa, Edgedale Plains #10-14

* d) DATE OF BIRTH: (04/01/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15

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) clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) dry
 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: GBF 4943 Y MODEL: Toyota
 b) DRIVER'S NAME: Poomalai Chinnadurai
 c) NRIC/FIN/PASSPORT: 03336651- CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME: CONTACT:
 f) NRIC/FIN/PASSPORT:

* No of passengers
 (including driver)
 (1)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

30/10/18
 waiting for
 veh -

email = jouson-quak@jjsea.com

fax =

video =

EXCESS 600

REPUBLIC OF SINGAPORE DRIVING LICENCE

Quak Teck Chee

Birth Date: 04 Jan 1967

Issue Date: 26 May 2009

1098512210C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S18345601

QUAK TECK CHEE

郭德志

RACE CHINESE

Date of birth 04-01-1967

Country of birth SINGAPORE

Sex M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which, unladen does not exceed 2500 kilograms

07 Apr 1967

NP 426A

1098512210C

07/04/1989

4306256

NRIC No. S18345601

Date of issue 17-11-2008

APT BLK 55A EDGEDALE PLAINS #10-14

SINGAPORE 828680

NRIC No. S18345601

Date 25/03/2017

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/10/2018 08:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBF9106P"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101765721		JEBSEN & JESSEN TECHNOLOGY (S) PTE LTD	199104229E	GFT	Comprehensive	GBF9106P	GBF9106P	01/07/2018	

Continue

Policy Information

Policy No.	5101765721	Policyholder Name	JEBSEN & JESSEN TECHNOLOGY	Policyholder NRIC	199104229E
Certificate No.					
Address	2 CORPORATION ROAD #03-06 CORPORATION PLACE SINGAPORE 618494				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/06/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	7008.50		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ACCLAIM INSURANCE (MOTOR E	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2 CORPORATION ROAD	Address 2	#03-06 CORPORATION PLACE	Address 3	SINGAPORE 618494
Address 4		Address Type	Singapore address	Post Code	618494
Unit No.	03-06	Related Policy Number	5101765721		

Insured Object: GBF9106P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/07/2018 00:00	Basic Information Endorsement	000001286848124	Endorsement Take Effective	Commission adjustment: 20%
2	01/07/2018 00:00	Basic Information Endorsement	000001286848130	Endorsement Take Effective	commission adjustment
3	01/07/2018 00:00	Changing Commission Rate	000001286848126	Endorsement Take Effective	The commission rate (MOTOR ACT) has been changed from 0.17 to 0.2 on 01/07/2018.

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1017875

Policy No.	5101765721	Vehicle No.	GBF9106P	GST Registration No.	
Certificate No.				Policyholder NRIC	
Policyholder Name	JEBSEN & JESSEN TECHNOLOGY (S) PTE LTD			Loading	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Contact No.(Home)	
Contact No.(Mobile)	NA	Contact No.(Office)		eCode	
Email Address		Special Remark		eCode Reason	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	Private Hire	
NCD Protection	No	NCD Entitlement(%)	0		
▼ Accident Details					
Report Date	31/10/2018 09:45	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/10/2018	Time of Accident hh:mm	08:40	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE(CHANGI) BEFORE PASIR RIS DR 12 EXIT				
▼ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date		01/04/19	
GST Registration No.	M201016134	GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	2 CORPORATION ROAD	Address 2	#03-06 CORPORATION PLACE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-06	Related Policy Number	5101765721		
▼ O1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com	
Modification History					

Claim 002 OD-MD

New

Claim Type *	OD-MD	Insured Name	JEBSEN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	GBF9106P
Claim Description	GBF9106P / GBF4943Y ON 30 Oct 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	31/10/2018 14:44
		Workshop Repairer	ROSLINDA
<input type="checkbox"/> Print AK letter			

[Save](#) [Submit](#)

Attachment

Accident No. MT/1017875 Claim No. 002
Last Doc. Received ☒ Yes ☐ No Upload Date 31/10/2018 00:00

Path *

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[Choose File](#) No file chosen

[Message Read](#)[Clear](#)

Category *

Confidential

[Clear](#)

Please Select

NO

[Clear](#)

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NO

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NO

[Clear](#)

Please Select

NO

[Clear](#)

Please Select












NO

[Clear](#)

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:43	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:43	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:43	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:43	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:43	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 14:42	Photos	Normal	Photos ;

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)

LKK Paya Ubi

From: Pamela HO <pamela_ho@jjsea.com>
Sent: Friday, 9 November 2018 10:28 AM
To: LKK Paya Ubi
Cc: Lily TAN; Jouson QUAK; lilewei@goldbell.com.sg
Subject: Re: GBF9106P

Hi Linda

As spoken on 31 Oct, we will claim against our own damage and that Motor Viva (subsidiary of Goldbell Engineering) will handle the claim for us as our vehicle is still under warranty.

Thank you.

Regards
Pamela

Jebsen & Jessen Technology (S) Pte Ltd
Turf & Irrigation Division
18 Enterprise Road, Singapore 629824
Tel: +65 6305 3688 DDI: +65 6305 3669 Fax: +65 6305 3699
E-mail: pamela_ho@jjsea.com Website: <http://www.turftech.jjsea.com>

Get in Touch - Sales & Service
Sales enquiries: turftechsg@jjsea.com
After-sales and service: turftechsgservice@jjsea.com

From: LKK Paya Ubi <rspu@lkkauto.com>
To: "pamela_ho@jjsea.com" <pamela_ho@jjsea.com>
Date: 08/11/2018 07:28 PM
Subject: GBF9106P

Hi Pamela

I would like to check with you regarding this veh.
Claiming own damage or just reporting only.
You can give me a call regarding these matter.

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

FULFILLING THE VISION OF CORPORATE SOCIAL RESPONSIBILITY AND GOVERNANCE
SAVE PAPER - READ THIS ON SCREEN, NOT IN PRINT UNLESS NECESSARY

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