

NATIONAL Assessment Centre Services. [wef 1 Jan'05]. MMA 118141651

Date In: 11/18 09:54	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18019855/64	SAS e-filing		
Veh No: GBH 7667 P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/10/18 10:45	i-Motor Claim Form	MT/1017959 ⁰⁰²	11/11/18 14:42
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SME 4284 R. 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: 67886616)	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
MA1807083	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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	01/11/2018 09:54
Date Of Accident	31/10/2018 10:45
Exact Location Of Accident	GARDENIA RD INFRONT HOUSE 58
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7667P
Insured/Policyholder	
Name Of Registered Owner	AUTO 51 PTE LTD
Co Reg No	201018099E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67351551

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104145481
Cover Note Number	-

Driver

Name of Driver	ONG QI WEI
NRIC No	S1722623A
Date Of Birth	02/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-67351551
Email Address	NOEMAIL

Address	BLK 278 YISHUN ST 22 #09-284
Postcode	760278
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 - OPENING DOOR OF VEHICLE
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

PLEASE REFER TO 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	SME4284R
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

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



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

SKETCH PLAN

VEHICLE A - GBH 7667 P

VEHICLE B - JMR 4284 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARILY STOPPED AT THE SIDE OF THE ROAD FOR UNLOADING OF GOODS.

WHEN I OPENED THE DOOR I FAILED TO CHECK ON ANY IN-COMING VEHICLES, WHICH THEN SUBSEQUENTLY A VEHICLE HIT ONTO MY VEHICLE DOOR.

VEHICLE A - GBH 7667 P

VEHICLE B - JMR 4284 R

DECLARATION

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

Patricia



Patricia

[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.:

Vehicle No.	GH 7667 P	Model / Make	NISSAN NV 350
Date of Accident	31/10/18		
Time of Accident	10:45 hrs HRS		
Location of Accident	GARDENIA ROAD INDEPEND HOUSE 58		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	AUTO SI PTE LTD		
Telephone No.	H/P: 1740	Home:	Office: 67351551
NRIC	201018099B		
Address	15 NISHUN INDUSTRIAL ST 1 #01-05 WIN 5 S(768011)		
Claim type	OD THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5104145481		
Name of Driver	As Above If <input checked="" type="radio"/> No <input type="radio"/> Yes GUN GU WEI		
NRIC	51722623A	Any Passengers: NIL	
Date of birth	02 SEP 1965		
Occupation	Outdoor / Indoor		
Driving License Pass Date	28 MAY 1997		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address	BLK 278 NISHUN ST 22 #01-284 S(760278)		
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	<input checked="" type="radio"/> No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No, If Yes, Where?		
Vehicle B No.	SME 4284 R	Any Passengers:	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	RH DRIVER DOOR		948400581
Camera Recorder	Yes / <input checked="" type="radio"/> No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1722623A



Name
ONG QI WEI
王 麒 維
Race
CHINESE
Date of birth
02-09-1965
Sex
M
Country of birth
SINGAPORE

S1722623A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1722623A

Name:

ONG QI WEI

Birth Date: 02 Sep 1965

Issue Date: 17 Apr 2013



002171694J



4962709

NRIC No. S1722623A



Date of issue
17-04-2013

Address

APT BLK 27B YISHUN STREET 22
#09-284
SINGAPORE 760278

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Aug 1985
Class 2A	Motorcycles between 201 cc and 400 cc	01 Feb 1993
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	28 May 1997
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	04 Aug 1998
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	14 Dec 1998



Licence No: S1722623A

NP 428A

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 : 5104145481

Cover : Comprehensive

- | | | |
|---|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : | To Be Advised |
| Chassis Number | : | JN1MC2E26Z0030560 |
| 2. Name of Policyholder | : | AUTO 51 PTE LTD |
| 3. Effective Date of Insurance | : | 25 Sep 2018 |
| 4. Expiry Date of Insurance | : | 24 Sep 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)	:	S\$600
EXCESS (SECTION 2)	:	N/A
WINDSCREEN EXCESS	:	S\$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	N/A
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 25 Sep 2018 10:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104145481		AUTO 51 PTE LTD	201018099E	GFT	Comprehensive	GBH7667P	GBH7667P	25/09/2018	

Continue

Claim Handling

Accident MT/1017959

Policy No.	5104145481	Vehicle No.	GBH7667P	GST Registration No.	201011
Certificate No.					
Policyholder Name	AUTO S1 PTE LTD			Policyholder NRIC	201011
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not avi

Accident Details

Report Date	31/10/2018 16:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/10/2018	Time of Accident hh:mm	10:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	GARDENIA ROAD				

Excess

Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
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	07/08/2013
GST Registration No.	201018099E	GST Status Verified	Yes
Modification History	01/11/2018 08:55:55 Deborah Mui changed GST Registered from No to Yes 01/11/2018 08:55:55 Deborah Mui changed GST Registration No. from null to 201018099E 01/11/2018 08:55:55 Deborah Mui changed GST Registration Date from null to 07/08/2013		

Policyholder Mailing Address

Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#02-06 NORTH POINT BIZHUB	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	768155
Unit No.		Related Policy Number	5104145481		

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?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	AUTO S1 PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		O1 Vehicle Number	GBH7667P
Claim Description	GBH7667P / SME42B4R ON 31 Oct 2018		
Preferred Workshop	0	Insured Liability	Partially at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/11/2018 14:39
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017959	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/11/2018 14:42

Choose File No file chosen Clear Confidential Urgency

Choose File No file chosen
 Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:42	SAS	Normal	SAS 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:42	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 14:40	Photos	Normal	Photos 2018-11-1

Video List

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