

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

Date In: 07/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020141/13	SAS e-filing		
Veh No: GBB86681	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/11/18 1440	I-Motor Claim Form	MT/1018553-002	
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Profetrod Wksp / INC Assign Wksp / QW: (TWINCAR) Tel: Fax:

TP Particulars: Veh No: GBB7131A 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time Actions

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	07/11/2018 15:50
Date Of Accident	06/11/2018 14:40
Exact Location Of Accident	YISHUN AVE 2 JUNC OF YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8668L
Insured/Policyholder	
Name Of Registered Owner	EFFICIENT SYSTEMS PTE LTD
Co Reg No	200003907N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93828825
Alternative Phone No	OFFICE-66533262

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103099640
Cover Note Number	

Driver

Name of Driver	ONG KENG WEE
NRIC No	G6549912L
Date Of Birth	22/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96133544
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 52 UBI AVE 3
#03-42
Postcode 408867
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 CHAIN COLLISION
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? YES
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) 2
Passenger 1
NAME: : ONG KENG POO
GENDER: : MALE

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 GBB7131A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LIM ENG CHAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC1639G
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)	

DETAILS OF INJURED PERSON 1

Name	ONG KENG WEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB8668L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ONG KENG POO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB8668L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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

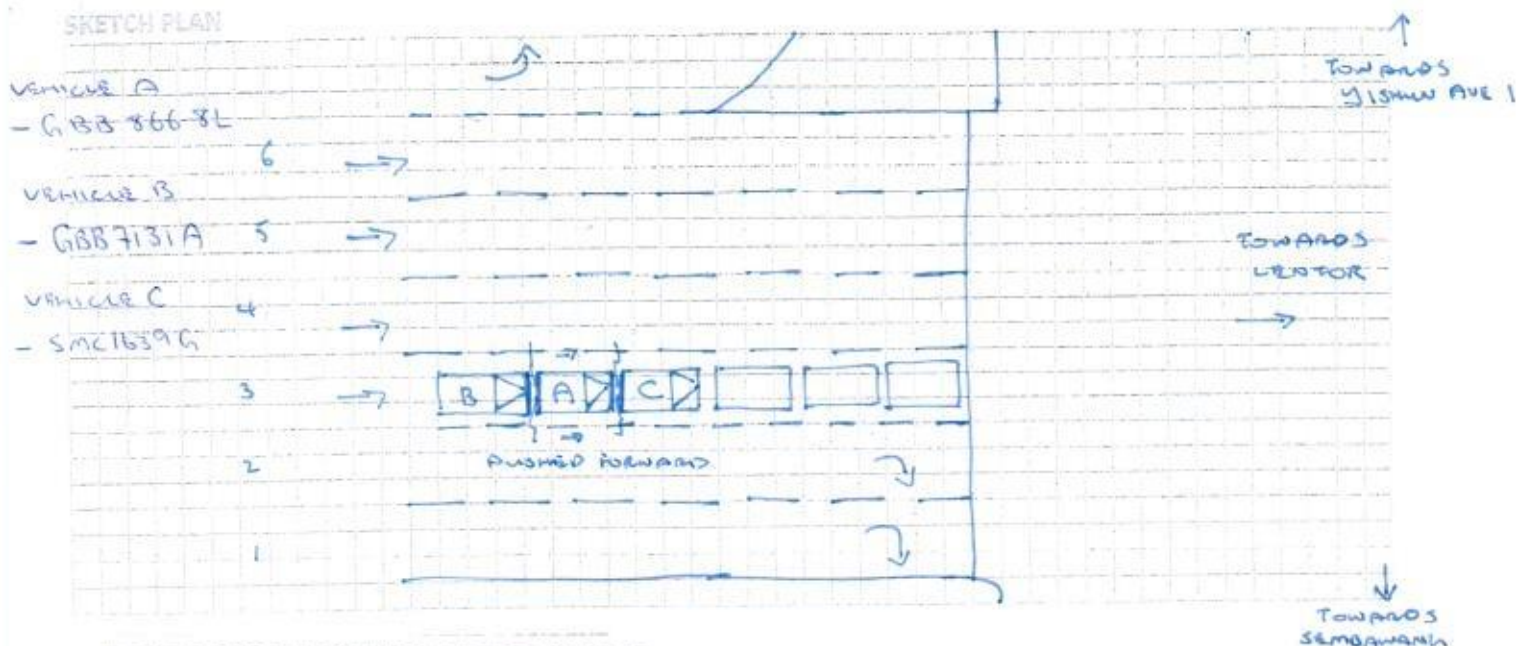
VEHICLE A
- GBB 866 8L

VEHICLE B

- GBB 7131 A

VEHICLE C

- SMC 1639 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION OF (X-JUNCTION) YISHUN AVE 2 / YISHUN AVE 1 / LENTOR AVE. I WAS ON THE THIRD LANE.

WHILE WAITING AT THE TRAFFIC JUNCTION DUE TO THE RED LIGHT, SUDDANLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE WITH THE IMPACT CAUSES ME PUSHED FORWARD AND HIT ONTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (GBB 7131 A) THAT COLLIDED TO THE REAR OF MY VEHICLE AND PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT. IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - GBB 866 8L

VEHICLE B - GBB 7131 A

VEHICLE C - SMC 1639 G

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)

Report Centre Personnel's Signature
Name:

DATE/TIME:

Vehicle No.	G8B8668L	Model / Make	Hyundai H1
Date of Accident	06/11/2018		
Time of Accident	1440	HRS	
Location of Accident	Yishun Ave 2 Junction of Yishun Ave 1		
Exact purpose use during accident	WORK		
Name of Owner	EFFICIENT SYSTEMS PTE LTD		
Telephone No.	H/P: 93828825	Home:	Office: 66333262
NRIC	200003907N		
Address	52, Ubi Ave 3 #03-42 S' 408867		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC INSURANCE		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5103099640		
Name of Driver	As Above If No, Ong Keng Wee		
NRIC	G6549912L	Any Passengers:	1 m
Date of birth	22 may 1982		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	20 Nov 2017		
Gender	(Male) / Female		
Contact No.	H/P: 96133544	Home:	Office:
Address	52, Ubi Ave 3 #03-42 S' 408867		
Driver have any own vehicle	(No,) If yes, Reg No.		
Relationship	(Employee, If no, state		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, (If Yes,) Who?		
Name And Contact No.	Ong Keng Wee	96133544	
Name And Contact No.	Ong Keng Poo	94484920	
Police Report	No, If Yes, Where?		
Vehicle B No.	G8B87131A	Any Passengers:	2 (F)
Name of Driver	Lim Eng Chan	Contact No.:	
Vehicle C No.	SMC 1639 G	Any Passengers:	0
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	FRONT / REAR		
Camera Recorder	Yes / <u>NO</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	TWIN CAR 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 DRIVING LICENCE



Licence Number: **G6549912L**

Name:

ONG KENG WEE

Birth Date: **22 May 1982**

Issue Date: **04 Jan 2016**

Valid Till: **31/01/2021**



WORK PERMIT Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer:

EFFICIENT SYSTEMS PTE LTD



Name:

ONG KENG WEE

Work Permit No.:

4 03146412

Sector:

CONSTRUCTION



K0503884

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	01 Feb 2011
Class J	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 Nov 2017

Class

S / No: 9000303761

G6549912L



NP 428A

VISIT PASS

Immigration Regulations

20-06-2018

Name:

ONG KENG WEE

FIN

G6549912L

Date of Birth

22-05-1982

Nationality

MALAYSIAN

Sex

M

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Certificate of Insurance

finance @ efficient.com.sg

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 : 5103099640

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBB8668L

Chassis Number

: KMFWBX7KLGU774025

2. Name of Policyholder

: EFFICIENT SYSTEMS PTE LTD

3. Effective Date of Insurance

: 18 Sep 2018

4. Expiry Date of Insurance

: 17 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 3 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 : UNITED OVERSEAS BANK LIMITED

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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 30 Aug 2018 09:55 hrs

LQ INSURANCE AGENCY PTE LTD
130B BENCOOLEN STREET
#04-01 THE BENCOOLEN
SINGAPORE 189648
TEL: 6-334-0783 FAX: 6-334-0624
Co. Reg. No: 109005300W

Countersigned By:

Authorised Officer

Chief Executive

SME Motor P/L - Kaki Bukit
6747 6106

NTUC (24 Hours)
6789 5000

130 Bencoolen Street

Claim Handling

Accident MT/1018853

Policy No.	5103099640	Vehicle No.	GBB8568L	GST Registration No.
Certificate No.				
Policyholder Name	EFFICIENT SYSTEMS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Leading
Contact No.(Mobile)	93828825	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	08/11/2018 13:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/11/2018	Time of Accident hh:mm	14:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	YISHUN AVE 2 JUNC OF YISHUN AVE 1			

▼ 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	01/01/2018
GST Registration No.	200003907N	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	52 UBI AVENUE 3	Address 2	#03-42 FRONTIER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103099640	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	ONG KENG WEE	Driver NRIC	G6549912L	Driving Experience
Register Date of Driver License	20/11/2017	Driver Age	36	Contact No.(Home)
Contact No.(Mobile)	96133544	Contact No.(Office)		Address 3
Address 1	52 UBI AVENUE 3	Address 2	#03-42 FRONTIER	Post Code
Address 4		Address Type	Singapore address	
Unit No.	03-42			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	EFFICIENT
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBB8568L
Claim Description	GBB8568L / GBB7131A ON 6 Nov 2018		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes <input type="radio"/> No <input type="radio"/>	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	08/11/2018 15:11
		Workshop Repairer	ROSINDA

✓ Print AK letter


Save Submit

Attachment

Accident No.	MT/1018853	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2018 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:11	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:11	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 15:10	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window

Scan and uploading