

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

Date In: 03/12/2018 10:38

Job description

Date & Time Completed

Done by

Ref No: NA/INC18021654/K4

SAS e-filing

Veh No: GBE 7660Z

E-mail (within 8hrs, AIC 2hrs)

DOA: 01/12/2018 14:30

i-Motor Claim Form

MT/1022450-001 4/12/18 12:37

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:

AM111B

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

NA1807879

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref:

1. 2/3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: 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:-

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: Idac Mobile 30

Invoice dated

Fee Charged

NA1807879

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	03/12/2018 10:38
Date Of Accident	01/12/2018 14:30
Exact Location Of Accident	NEAR CARPARK OF UBI BLK 304 AND BLK 302
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7660Z
Insured/Policyholder	
Name Of Registered Owner	LOUIS AIR CONDITION & ENGINEERING
Co Reg No	53095698E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91693043
Alternative Phone No	OFFICE-91693043

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
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	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	5088021537-01
Cover Note Number	

Driver

Name of Driver	HUI CHEE GUAN
Work Permit No	F7616684Q
Date Of Birth	25/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91693043
Fax Number	
Contact Number	OTHERS-91693043
EMail Address	NOEMAIL

Address LOUIS AIR CONDITION & ENGINEERING
 Postcode
 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? 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 AM1111B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 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.
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.:

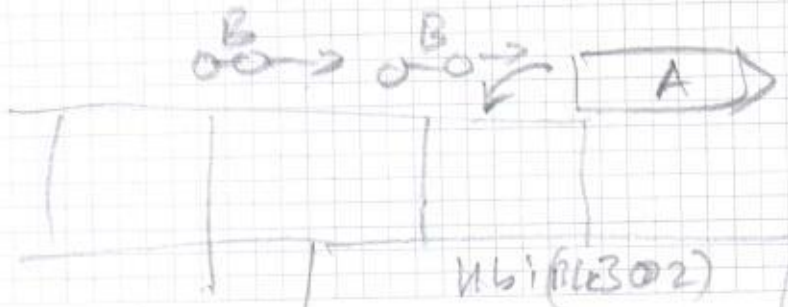
3/12/2018

SKETCH PLAN

Ubi
BLK 304

A - GBE 7660Z
B - AM 1111B

Near Carpark of
Ubi BLK 304 and
BLK 302



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at near Carpark of Ubi BLK 304 and BLK 302 while reversing to park at the carpark Lot when Motorcycle B came from behind and horn at me and Vehicle A move slightly and hit on Motorcycle B which was coming from behind. Vehicle A was ~~no damage~~ slightly damages at the rear portion.

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)
Date & Time:

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

3/12/2018

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

Employer
LOUIS AIR CONDITION & ENGINEERING

Sector: **CONSTRUCTION**

Name
HUI CHEE GUAN

Occupation
CONSTRUCTION WORKER

Work Permit No. **5 17109509**

Date of Application
06-04-2015

Date of Issue
12-04-2017

Date of Expiry
13-04-2019

L7824671



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F7616684Q**

Name
HUI CHEE GUAN

Birth Date: **25 Oct 1970**

Issue Date: **28 Oct 2015**

Valid Till: **27/10/2020**

002487868J



SG 50

VISIT PASS
Immigration Regulations

Name
HUI CHEE GUAN

Date of Birth: **25-10-1970** Sex: **M** Nationality: **MALAYSIAN**

FIN: **F7616684Q** Date of Issue: **12-04-2017** Date of Expiry: **13-04-2019**

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



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

	Class 2B	Class 3		EFFECTIVE DATE
CI	MOTORCYCLES NOT EXCEEDING 200 CC			28 Oct 2015
CS	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS			28 Oct 2015

F7616684Q

S / No. 9000226653

NP 428A

Licence No: **F7616684Q**



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 : 5088021537-01

Cover : Comprehensive

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE76602 |
| Chassis Number | : KDY2318022881 |
| 2. Name of Policyholder | : LOUIS AIR CONDITION & ENGINEERING |
| 3. Effective Date of Insurance | : 17 Mar 2018 |
| 4. Expiry Date of Insurance | : 16 Mar 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	: PROSPEED 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 : BIZFOLIO MOTOR TRADING (00000614894)

Date of Issue : 01 Mar 2018 09:33 hrs



Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088021537-01		LOUIS AIR CONDITION & ENGINEERING	53095698E	GCV	Comprehensive	GBE7660Z	GBE7660Z	17/03/2018	16/03/2019

Policy Information

Policy No.	5088021537-01	Policyholder Name	LOUIS AIR CONDITION & ENGINE	Policyholder NRIC	53095698E
Certificate No.					
Address	22 LORONG 23 GEYLANG SINGAPORE 388362				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy Issue Date	01/03/2018	Effective Date	17/03/2018 00:00	Expiry Date	16/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	22 LORONG 23 GEYLANG	Address 2	SINGAPORE 388362	Address 3	
Address 4		Address Type	Singapore address	Post Code	388362
Unit No.		Related Policy Number	5085865591-02		

Insured Object: GBE7660Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1022450

Policy No.	5088021537-01	Vehicle No.	GBE7660Z	GST Registration No.
Certificate No.				
Policyholder Name	LOUIS AIR CONDITION & ENGINEERING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91693043	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

➤ Accident Details

Report Date	04/12/2018 11:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2018	Time of Accident hh:mm	14:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NEAR CARPARK OF UBI BLK 304 AND BLK 302			

➤ 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	01/01/20
GST Registration No.	NA	GST Status Verified	No
Modification History			

➤ Policyholder Mailing Address

Address 1	22 LORONG 23 GEYLANG	Address 2	SINGAPORE 388362	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S085865591-02	

➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	HUI CHEE GUAN	Driver NRIC	F7516684Q	Driving Experience
Register Date of Driver License	10/12/2015	Driver Age	48	Contact No.(Home)
Contact No.(Mobile)	91693043	Contact No.(Office)	0	Address 3
Address 1	LOUIS AIR CONDITION & ENGINEERING	Address 2		Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name LOUIS

91998360 Contact No. (Home)

louis_aircon@hotmail.com OI Vehicle Number GBE7660Z

GBE7660Z / AM1111B ON 1 Dec 2018

Submit

001

04/12/2018 11:20

Confidential

Des.

NRIC/ Driving I

SAS 2

Photos

Photos

Photos

Photos

Photos

Photos

Photos

Photos

Photos

Photos

Notes

Notes:

notes

Keywords: *Self-esteem, self-esteem threat, self-esteem threat sensitivity, self-esteem threat sensitivity scale, self-esteem threat sensitivity scale-2*

enter

notas