

NATIONAL Assessment Centre Services

Date In: 17/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001050/13	SAS e-filing		
Veh No: 5GQ5930K	E-mail (within 8hrs; A/C 2hrs)		
D.O.A: 16/01/19 1130	i-Motor Claim Form	MT/1028321-	001
OD: (P) 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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SX2089L	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%; F: 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

NA1900502	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$30		
	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 17/01/2019 11:09
 Date Of Accident 16/01/2019 11:30
 Exact Location Of Accident ORCHARD RD JUNC OF BUYUNG RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGQ5930K
Insured/Policyholder
 Name Of Registered Owner EFFICIENT SYSTEMS PTE LTD
 Co Reg No 200003907N
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-66533262

Vehicle Particulars

Manufacturer TOYOTA
 Model VIOS
 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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5095340458
 Cover Note Number

Driver

Name of Driver KAN WING KIT
 Passport No/FIN G2431907K
 Date Of Birth 08/02/1989
 Occupation INDOOR
 Date Of Driving Pass 15/08/2017
 Driving Experience 1 YEAR AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91227873
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	52 UBI AVE 3 #03-42 FRONTIER
Postcode	409867
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 (including own vehicle) involved in the accident	2
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)	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	SJX2089L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHIAW BOON
NRIC/Passport Number	
Contact Number	97291224
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KAN WING KIT
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK

SGQ5930K

YES

NO

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:

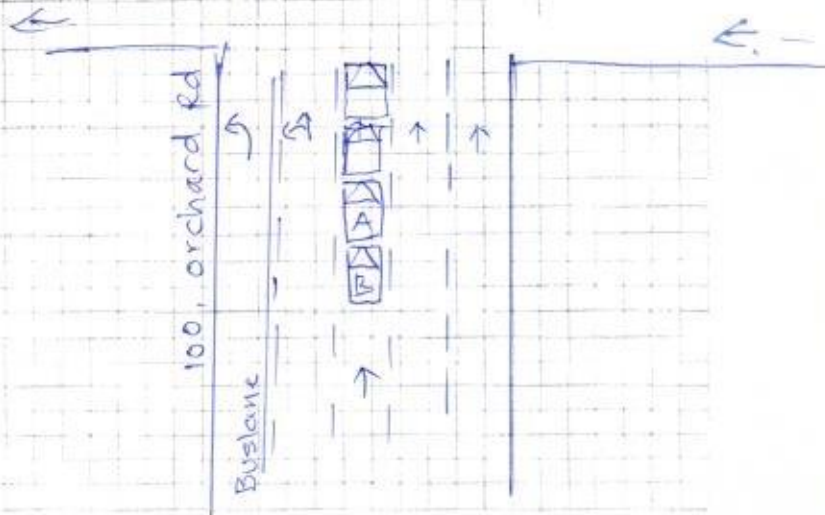
17/01/19

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

SKETCH PLAN

A - SGQ 5930K

B - SJX 2089L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The date and time, I was traveling along Orchard Rd, Junction of Payong Rd, when Traffic in Red I was stopped behind the queue. Suddenly I felt a impact from my rear, and I come down to check that was the car SJX2089L hit my car from behind.

After the accident, I felt my back had pain and feel difficult to turn my body.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

17/01/19

Vehicle No.	SG125930K		Model / Make	Toyota VIOS
Date of Accident	16/01/2019			
Time of Accident	1130 HRS			
Location of Accident	Orchard Rd Junction of Buyong Rd			
Exact purpose use during accident	Work.			
Name of Owner	EFFICIENT SYSTEMS PTE LTD.			
Telephone No.	H/P: -	Home: -	Office: 66533262	
NRIC	200003907N			
Address	52, Ubi Ave 3 #03-42 Frontier S'408867			
Claim type	OD (THIRD PARTY) REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft			
Policy No.	5095340458			
Name of Driver	As Above If No, KAN WING KIT			
NRIC	G 2431907K		Any Passengers: 0	
Date of birth	08 Feb 1989			
Occupation	Outdoor / (Indoor)			
Driving License Pass Date	15 Aug 2017			
Gender	(Male) / Female			
Contact No.	H/P: 91227873		Home: Office:	
Address	52, Ubi Ave 3 #03-42 Frontier S'409867			
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? Kan Wing Kit			
Name And Contact No.	91227873			
Name And Contact No.				
Police Report	(No,) If Yes, Where?			
Vehicle B No.	SJX2089L		Any Passengers: 0	
Name of Driver	Lee Chiaw Boon		Contact No.: 97291224	
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	Rear portion			
Camera Recorder	Yes / (No)			
Email Address				
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE P/L			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON				
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n5i.com.sg			

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

Employer
EFFICIENT SYSTEMS PTE LTD



Name
KAN WING KIT

Work Permit No.
4 03000469

Sector
CONSTRUCTION




K0090192



SS




REPUBLIC OF SINGAPORE

DRIVING LICENCE

G2431907K

Name
KAN WING KIT

Issue Date: **07 Oct 2015**
Valid Till: **06/10/2020**

Birth Date: **08 Feb 1989**



SGWORKPASS
Immigration Regulations

15-01-2018

Name
KAN WING KIT

FIN
G2431907K

Date of Birth
08-02-1989

Sex
M

Nationality
MALAYSIAN

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.



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

Class	Vehicle Class	Effective Date
CI	Class 2B	Motorcycles <= 200 CC
CI	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

EFFECTIVE DATE
07 Oct 2015
15 Aug 2017

G2431907K

S / No 9000272556

NP 428A

Licence No: G2431907K





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: 5095340458

Cover : drive CLASSIC

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGQ5930K |
| Chassis Number | : MR053HY4204213677 |
| 2. Name of Policyholder | : EFFICIENT SYSTEMS PTE LTD |
| 3. Effective Date of Insurance | : 25 Oct 2017 |
| 4. Expiry Date of Insurance | : 18 Jan 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.

This Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 25 Oct 2017 13:22 hrs

2A HOUEY
 LQ INSURANCE AGENCY PTE LTD
 1500, BENCOOLEN STREET
 #04-01 THE BENCOOLEN
 SINGAPORE 150004
 TEL: 634-0783 FAX: 634-0784
 Reg. No: 100455001

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1028321

Policy No.	S095340458	Vehicle No.	SGQ5930K	GST Registration No.
Certificate No.				
Policyholder Name	EFFICIENT SYSTEMS PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	0	Contact No.(Office)	66533262	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	17/01/2019 18:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/01/2019	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ORCHARD RD JUNC OF BUYUNG RD			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	19/06/20	
GST Registration No.	200003907N	GST Status Verified	Yes	
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	S095340458-01	
▼ O1 Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	KAN WING KIT	Driver NRIC	G2431907K	Driving Experience
Register Date of Driver License	15/08/2017	Driver Age	29	Contact No.(Home)
Contact No.(Mobile)	91227873	Contact No.(Office)	0	Address 3
Address 1	52 UBI AVE 3	Address 2		Post Code
Address 4		Address Type	Singapore address	
Unit No.	#03-42 FRONTIER			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	EFFICIENT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	SGQ5930K
Claim Description	SGQ5930K / SJX2089L ON 16 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By			
		17/01/2019 18:38	Claim Close Date
		ROSLINDA	Workshop Repairer

Print AK letter

Attachment



Accident No.	MT/1028321	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/01/2019 00:00
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:37	NRIC/ Driving License	Normal	NRIC/ Driving l
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:37	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:36	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>