

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 20/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003151/13	SAS e-filing		
Veh No: G489822	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/02/19 1530	i-Motor Claim Form	MT/1032837 - 001	
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: (**N-51**) Tel: Fax:)

TP Particulars: Veh No: **YN10584** 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

NA1901316

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : 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 (Non INC) against INC \$20
- 9) N12: Idac 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	20/02/2019 09:52
Date Of Accident	16/02/2019 15:30
Exact Location Of Accident	TPE TWDS SLE(SLIP RD INTO SLE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY8982Z
Insured/Policyholder	
Name Of Registered Owner	BON GLOBAL NETWORKS (SINGAPORE) PTE LTD
Co Reg No	201131432R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90623699
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105690225
Cover Note Number	
Driver	
Name of Driver	HO JAYSON(HE ZHENGSHEN)
NRIC No	S8104140G
Date Of Birth	14/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90996088
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 18C CIRCUIT RD #13-238
Postcode	373018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CAR DEALER
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?	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	YN1058H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

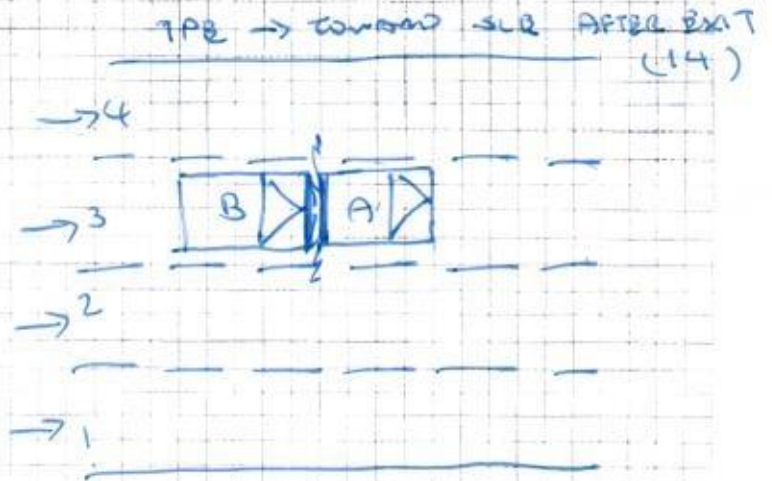
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A
- GY 8982Z

VEHICLE B
- YN 1058H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY STOPPED WITH HAZARD LIGHT ON DUE TO VEHICLE BROKE DOWN (ENGINE STALLED) I WAS ON THE THIRD LANE.

WHILE I WAS AWAY FROM THE VEHICLE AND WAITING FOR THE TOW TRUCK TO ARRIVE, SUDDENLY A VEHICLE CAME AND HIT ONTO THE REAR OF MY VEHICLE.

WHEN THE DRIVER OF (YN1058H) ALIGHTED FROM HIS VEHICLE, AND WE EXCHANGED OUR DETAILS AND PARTICULAR.

VEHICLE A - GY 8982Z
VEHICLE B - YN 1058H

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.:

Vehicle No.	CY 8982 Z	Model / Make	TOYOTA DYNA
Date of Accident	16/02/2019		
Time of Accident	1530 HRS		
Location of Accident	TPB TOWARD SLB (SLIP ROAD INTO SLB)		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	Ben Global Networks (S) Pte Ltd.		
Telephone No.	H/P: 9062 3699	Home:	Office:
NRIC	J01131432R.		
Address	BLK 1010, Lenghang East Way #02-79 (S) 544121.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC.		
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
Policy No.	5105690225.		
Name of Driver	As Above If <u>No</u> , HO JAYSON		
NRIC	S8104140A	Any Passengers: NIL	
Date of birth	14/02/1981		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	22 DEC 2000		
Gender	Male / Female		
Contact No.	H/P: 90996088	Home:	Office:
Address	18C circuit ROAD #13-238 S(37308)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, <u>If no, state</u> Car dealer.		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	YN 1058 H	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	Rear		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	NSI		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ivan 8821 5151		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8104140G



Name

HO JAYSON
(HE ZHENGSHEN)

何 健 生

Race

CHINESE

Date of birth: 14-02-1981

Sex: M

Country of birth: SINGAPORE

4893533

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S8104140G
Name

HO JAYSON (HE ZHENGSHEN)

Birth Date: 14 Feb 1981

Issue Date: 16 Dec 2002



4893533

NRIC No. S8104140G



Date of issue: 15-03-2011

APT BLK 18C CIRCUIT ROAD #13-238
SINGAPORE 373018

NRIC No: S8104140G

Date: 16/05/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

09 Sep 2011
22 Dec 2000



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 : 5105690225

Cover : Third Party

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : GY8982Z |
| Chassis Number | : JTFUF34Y903011005 |
| 2. Name of Policyholder | : BON GLOBAL NETWORKS (SINGAPORE) PTE LTD |
| 3. Effective Date of Insurance | : 22 Nov 2018 |
| 4. Expiry Date of Insurance | : 15 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)

Date of Issue : 22 Nov 2018 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1032837

Policy No.	5105690225	Vehicle No.	GY8982Z	GST Registration No.
Certificate No.				
Policyholder Name	BON GLOBAL NETWORKS (SINGAPORE) PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90623699	Contact No.(Office)	0	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	20/02/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/02/2019	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS SLE(SLIP RD INTO SLE)			

▼ Excess

Own damage Excess	0.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 121D #02-79	Address 2	SENGKANG EAST WAY	Address 3
Address 4	SINGAPORE 544121	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105690225	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	HQ JAYSON(HE ZHENGSHEN)	Driver NRIC	S8104140G	Driver DOB
Register Date of Driver License	22/12/2000	Driver Age	38	Driving Experience
Contact No.(Mobile)	90996088	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 18C	Address 2	CIRCUIT ROAD	Address 3
Address 4	SINGAPORE 373018	Address Type	Singapore address	Post Code
Unit No.	#13-238			
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 *	OD-MX ▼	Insured Name	BON GL
Contact No.(Mobile)	90623699	Contact No. (Home)	
Email Address		OI Vehicle Number	GY8982
Claim Description	GY8982Z / YN1058H ON 16 Feb 2019		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault ▼
Contract No. Finalisation	Yes <input type="text"/> ▼	Preferred Repair Option	Preferred Workshop (refer below) ▼
Date Registered		GIA report	Received ▼
Report Taken By		Claim Close Date	20/02/2019 10:26
		Workshop Repairer	ROSLINDA

Print AK letter


















Save

Submit

Attachment

Accident No.	MT/1032837	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2019 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO <input type="text"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:26	NRIC/ Driving License	Normal	NRIC/ Driving i
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:26	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2019 10:25	Photos	Normal	Photos

Video List

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

Scan and uploading

