

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 23/04/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19007105/13	SAS e-filing		
Veh No GBH4377X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 23/04/19 1255	i-Motor Claim Form	17/1041435-001	
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: (	TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: EQ318K	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

NA1905015	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR: Re-inspection \$75		
<b>Cat 2/3:</b>	7) NI: 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	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	23/04/2019 14:17
Date Of Accident	22/04/2019 12:55
Exact Location Of Accident	BLK 47 OWEN RD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4377X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NINETIES TRANSPORT AND LOGISTIC
Co Reg No	53363204L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91282272

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5100823260
Cover Note Number	

### Driver

Name of Driver	TERRANCE HENG JUN LONG
NRIC No	S9242179A
Date Of Birth	19/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91282272
Fax Number	
Contact Number	
EMail Address	TERRANCEHENG@HOTMAIL.COM

Address	BLK 452 FAJAR ROAD #14-722
Postcode	670452
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EQ318K
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	TERRANCE HENG JUN LONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH4377X
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.:

BLK 47 Owen Road

Open car park

(A) GBH 4377X

(B) EQ 318K

Stop Line

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/04/19 at @ 1257hrs, I was travelling in my van (GBH/4377X) along the open carpark in front of BLK 47 Owen Road, going straight wanted to exit the carpark. Suddenly, a car (EQ 318K) on my left, did not stop at the stop line to give way to me. As a result, the said vehicle collided onto the left side of my vehicle.

#### DECLARATION

I declare the foregoing particulars are true in every respect.

Reporting Officer's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

2/ym 23/04/19



<b>Vehicle No.</b>	GBH 4377X Model / Make Nissan NV200.	
Date of Accident	22/04/19.	
Time of Accident	1257 HRS	
Location of Accident	BLK 47 Owen Road (Open Carpark).	
Exact purpose use during accident	Commercial used.	
<b>Name of Owner</b>	Nineties Transport And Logistic.	
Telephone No.	H/P: 9128 2272 Home:	Office:
NRIC	S38632044.	
Address	BLK 452 Fajar Road #14-722 (S) 670452.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC.	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	5100823260.	
<b>Name of Driver</b>	As Above If No, Terrance Henry Jun Long.	
NRIC	S9242179A	Any Passengers: N.A.
Date of birth	19/11/1992.	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	21/09/2011.	
Gender	<u>Male</u> / Female	
Contact No.	H/P: 9128 2272 Home:	Office:
Address	BLK 452 Fajar Road #14-722 (S) 670452.	
Driver have any own vehicle	No, If yes, Reg No.	
Relationship	Employee, If no, state <u>owner</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	Terrance Henry Jun Long (H/P: 9128 2272)	
Name And Contact No.		
Police Report	<u>No</u> , If Yes, Where?	
<b>Vehicle B No.</b>	EQ 318K.	Any Passengers: N.A.
Name of Driver		
<b>Vehicle C No.</b>	Any Passengers:	
<b>Vehicle D No.</b>	Any Passengers:	
<b>Vehicle E no.</b>	Any Passengers:	
<b>Vehicle F No.</b>	Any Passengers:	
<b>Vehicle G No.</b>	Any Passengers:	
Witness Name	N.A.	Witness Contact: N.A.
Accident Portion	left side.	
Camera Recorder	<u>Yes</u> / No	
Email Address	terranceheng@hotmail.com.	
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		
		Yes / <u>No</u>
<b>PARTICULAR WORKSHOP</b>	Terrance	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Hoon.	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg	

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

002002179A

**TERRANCE HENG JUN LONG**

Birth Date: 19 Nov 1992  
Issue Date: 21 Sep 2011

002002173D

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9242179A**

**TERRANCE HENG JUN LONG**

王 俊 龍

Race: CHINESE  
Date of birth: 19-11-1992  
Country of birth: SINGAPORE

Sex: M

4136691

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

**EFFECTIVE DATE**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Sep 2011

NP 428A

Licence No: S9242179A

4136691

NRIC No. **S9242179A**

Date of issue: 27-11-2007

**APT BLK 452 FAJAR ROAD #14-722**  
**SINGAPORE 670452**

NRIC No: S9242179A Date: 01/07/2009 No: 6158978



## 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 :** 5100823260

**Cover :** Preferred Workshop Plan

- |   |   |                                 |
|---|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : | To Be Advised                   |
| Chassis Number  | : | VSKYBAM20Z0156882               |
| 2. Name of Policyholder   | : | NINETIES TRANSPORT AND LOGISTIC |
| 3. Effective Date of Insurance  | : | 28 May 2018                     |
| 4. Expiry Date of Insurance   | : | 27 May 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	: ETHOZ CAPITAL 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 : KINETIC INSURANCE AGENCY (00000573090)  
Date of Issue : 25 May 2018 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1041435

Policy No.	5100823260	Vehicle No.	GBH4377X	GST Registration No.
Certificate No.				
Policyholder Name	NINETIES TRANSPORT AND LOGISTIC			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	91282272	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	23/04/2019 17:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/04/2019	Time of Accident hh:mm	12:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 47 OWEN RD CARPARK			

## ▼ 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	23/04/2019 17:20:18 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 452 #14-722	Address 2	FAJAR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-722	Related Policy Number	5100823260	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TERRANCE HENG JUN LONG	Driver NRIC	S9242179A	Driver DOB
Register Date of Driver License	21/09/2011	Driver Age	26	Driving Experience
Contact No.(Mobile)	91282272	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 452	Address 2	FAJAR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#14-722			
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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NINETIES
Contact No.(Mobile)	91282272	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	GBH4377X
Claim Description	GBH4377X / EQ318K ON 22 Apr 2019		
Preferred Workshop	Preferred Repair Option	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Workshop (refer below)	Received
Date Registered	23/04/2019 17:23	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter



Save Submit

## Attachment



Accident No.	MT/1041435	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/04/2019 00:00

  

Path *	Category *	Confidential
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO

  
[Message Read](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:23	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:23	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2019 17:22	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name
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