

NATIONAL Assessment Centre Services

2004-1 Jan'05:1

MNA469048670

Date In: 15/04/2019 12:41	Job description	Date & Time Completed	Done by
Ref No: N88/20019008096/Y	SAS e-filing		
Veh No: Ym 8326T	E-mail (within 8hrs, AIC 2hrs)		
DOA: 13/04/2019 10:50	i-Motor Claim Form	17/10/2022-002	08/05/2008
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:49
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
TP Particulars:		Veh No: SH7251D		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:- (IN Call line: 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 :

[illegible]

NA1903291		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Int Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TP : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Re-survey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) NI : Idem DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		Q11:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-		TP (N11) : TP (N-in INC) against INC \$20			
Cat. 1:		9) N12: Idem Mobile \$0			
Cat. 2/3:		Invoice dated	Fee Charged		
1 / 1 / 1		Invoice dated	Fee Charged		

07-MAY-2019 16:39

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	15/04/2019 12:41
Date Of Accident	13/04/2019 10:50
Exact Location Of Accident	CTE AFTER EXIT ORCHARD TOWARDS BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8326T
Insured/Policyholder	
Name Of Registered Owner	M.Y COMMERCIAL LEASING PTE. LTD.
Co Reg No	201807799C
Email Address	DIDITANKY94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81853055
Alternative Phone No	OFFICE-91853232

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099660960-01
Cover Note Number	

Driver

Name of Driver	NORSAZUANDY BIN ROSLI
NRIC No	S9400987A
Date Of Birth	17/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81853055
Fax Number	
Contact Number	OTHERS-91853232
EMail Address	DIDITANKY94@GMAIL.COM

Address	BLK 501 WOODLANDS DRIVE #02-52
Postcode	730501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	4
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE
Passenger 3	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT F/20190414/7024

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	SH7251D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	TAXI
Name of Driver	NG BOON CHONG
NRIC/Passport Number	S1013031Z
Contact Number	93699491
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.



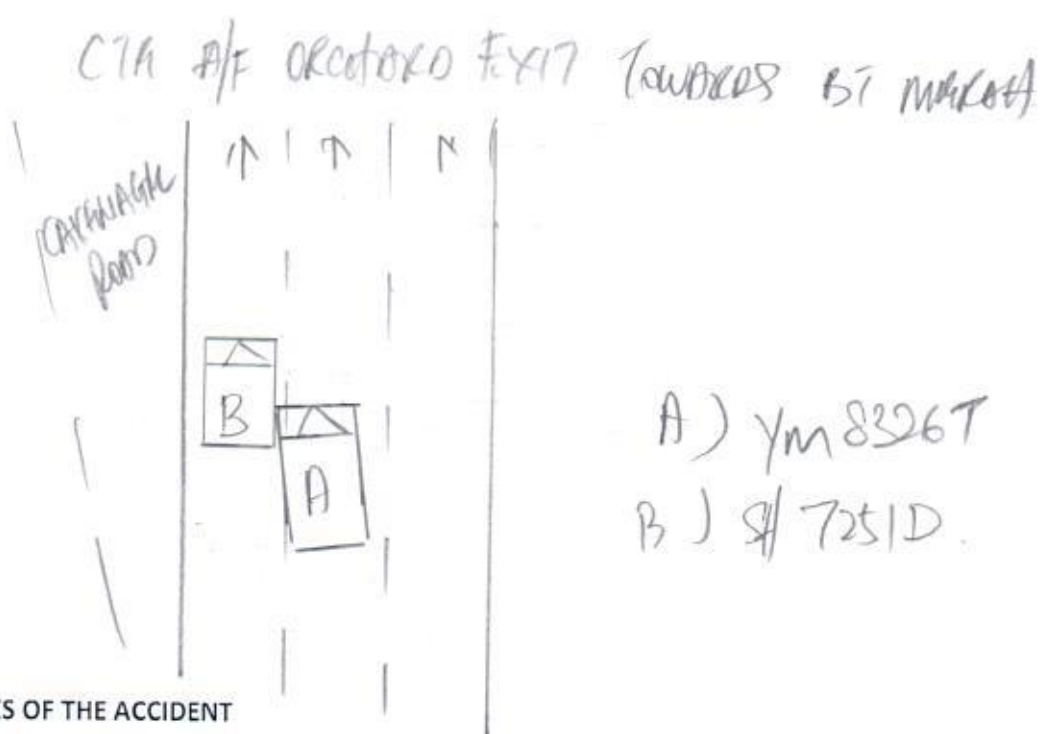
Policyholder's Signature
Date & Time:

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

Date & Time: 15/04/2019
12:50pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Firstly, I was driving company vehicle plate number Ym 8326T on the 2nd lane of CTE. I was going to change my lane from 2nd lane to the 3rd lane before entering the 2nd tunnel. During change of lane, I've checked my blindspot on my left mirror and it was cleared. So I decided to swerve to the 3rd lane.

Out of a sudden, I heard a loud bang. In just a few seconds, I've notice that I accidentally bang into a comfort delgra taxi? plate number SH 7251D. The driver of that taxi? was NG BOON CHENG S10130312. He was just a relieved driver of the taxi.

After that accident happened, we both stopped our vehicles at the road shoulders and ~~change~~ exchange particulars

POLICE REPORT #20190414/7024

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:

15/04/2019
1300 hrs

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

08/05/2019
Rafli Vora Aps



**SINGAPORE
POLICE FORCE**



F/20190414/7024

1 of 2

Report No. F/20190414/7024

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 14/04/2019 16:12	Vide Report No.	Station Diary No.
Name Of Informant NORSAZUANDY BIN ROSLI	Address APT BLK 501 WOODLANDS DRIVE 14 #02-52 SINGAPORE 730501	
ID Type / ID No. NRIC NO / S9400987A	Contact No. Home/Office:	Mobile: 81853055
Nationality SINGAPORE CITIZEN	Email Address diditanky94@gmail.com	
Occupation Lorry driver	Sex Male	Age 25
Institution/School Name	Language English	Date of Birth 17/01/1994
Date/Time Of Incident 13/04/2019 10:50 - 13/04/2019 11:20	Race Malay	
	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

Firstly, I was driving company vehicle plate number YM8326T on the 2nd lane of CTE. I was going to change my lane to the 3rd lane before entering the 2nd tunnel. During changing lanes, i've checked my blindspot on my left and it was cleared, so I decided to swerve to the 3rd lane.

Out of a sudden, I heard a loud bang. In just a few seconds, I've notice that I accidentally bang into a comfort delgo taxi plate number SH7251D. The driver of that taxi was NG BOON CHONG, NRIC S1013031Z. He was just a relieved driver of the taxi plate number SH7251D.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 16:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE
POLICE FORCE

POLICE REPORT (NP299)

CONTINUATION OF REPORT



F/20190414/7024

2 of 2

Report No. F/20190414/7024

After what had happened, we both stopped our vehicle and decided to exchange particulars.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/04/2019 16:12

Classification Of Case:

Claim Handling

Accident MT/1040282		Vehicle No.		YH326T	GST Registration No.	
Policy No.	SD99660960-01	Cover Type		Third Party, Fire & Theft	Policyholder NRIC	201807799C
Certificate No.		Contact No.(Office)			Loading	0
Policyholder Name	M.Y COMMERCIAL LEASING PTE. LTD.	Special Remark			Contact No.(Home)	
Product Code	FLEET INSURANCE	TCA		+ No Yes	eCode	No
Contact No.(Mobile)	NA	NCD Entitlement(%)		0	eCode Reason	
Email Address					Private Hire	No
KPK	+ No Yes					
NCD Protection	No					
Accident Details						
Report Date	15/04/2019 19:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
Date of Accident	13/04/2019	Time of Accident hh:mm	10:55	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	CTE TUNNEL TWDS CITY					
Excess				Windscreen Excess		
Own damage Excess	0.00	Additional Excess		0.00		
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	1,500.00	Outside Singapore TP Excess				
Benefits						
GST Registered Information						
GST Registered	No	GST Registration Date		Yes		
GST Registration No.		GST Status Verified				
Modification History	15/04/2019 19:16:44 System changed GST Status Verified from No to Yes					

Policyholder Mailing Address

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#02-16 NORTHSTAR @ AMK	Address 3	SINGAPORE 569880
Address 4		Address Type	Singapore address	Post Code	569880
Unit No.	02-16	Related Policy Number	5105562324-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	M.Y COMMERCIAL LEASING PTE	Insured NRIC	201807799C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Vehicle Number	YH326T	Vehicle Number	SH7251D
Claim Description	YH326T / SH7251D ON 13 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Preferred Workshop, Name unknown		Preferred Workshop, Name unknown		Claim Close Date	08/05/2019 14:41
Date Registered		Report Taken By		Date Received	08/05/2019 00:00
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1040282	Claim No.	002	Upload Date	08/05/2019 14:49
Last Doc. Received	Yes No				
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read		Send Message			
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:49	SAS	Normal	SAS 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:49	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:49	Photos	Normal	Photos 2019-5-8	

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2597997&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&rea...> 2/2

ACCIDENT STATEMENT

ACCIDENT DATE: (13/04/2019) (DD/MM/YYYY), TIME: (10:50) (HH:MM)

LOCATION: CTE after exit Orchard Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 8326T
 b) INSURANCE COMPANY: NTLC Income
 c) POLICY NUMBER: 5099660960-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MY Commercial (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: Kenny CONTACT: 9185 3232
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NORSAJANAY BEN ROSLI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9400987A CONTACT: 81853055
 c) ADDRESS: 501 Woodlands Dr 14 #02-52

* d) DATE OF BIRTH: (12/01/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/09/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Any 110 KPD Division

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 7251 D MODEL: TAXI
 b) DRIVER'S NAME: Ng Boon Chong
 c) NRIC/FIN/PASSPORT: S10130312 CONTACT: 93699491

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email = didifanky94@gmail.com

VIDEO

Kenny.tan@mycommercial.sg

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/04/2019 12:35"/>
Vehicle No.(For Motor)	<input type="text" value="YM8326T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099660960-01		M.Y COMMERCIAL LEASING PTE. LTD.	201807799C	GFT	Third Party, Fire & Theft	YM8326T	YM8326T	26/01/2019	