

# NATIONAL Assessment Centre Services

[ver 1 Jan'09]

MNA 119078561

Date In	17/6/19 12:38	Job description	Date & Time Completed	Done by
Ref No	MA/INC19010 668/64	SAS e-Mailing		
Ref No	G2 58266	E-mail (within 2hrs, AIC 2hrs)		
Date In	15/6/19 12:05	I-Motor Claim Form	MT/1049364 <sup>201</sup>	17/6/19 17:00
		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksn		

Produced When / RUC Assign When / QW: ( ) Tel: ( ) Fax: ( )

IP Particulars:	Veh No:	G66 4907 Y	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: YBS ( ) / NO ( )		
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )		

## General Remarks:

1) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.  
 2) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

## Remarks:

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

## Injury:

Date/Time: ( ) Action: ( )


## Summary of Charges:

Charges	Amount (\$)	Remarks
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)	100.00	INC (\$30)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Per claimant status INC Only (Ver 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: Ideal DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Coordination	\$10	
*NT: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$3	
TP: (NI) : TP (NI) INC against INC	\$20	
9) NI2: Ideal Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MA/1904516

## 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	17/06/2019 13:38
Date Of Accident	15/06/2019 12:05
Exact Location Of Accident	CTE TWDS CITY AT PIE CHANGI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5826G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALMEC ELECTRICAL & CONSTRUCTION
Co Reg No	53180590E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69691369

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5078436115-02
Cover Note Number	-

### Driver

Name of Driver	GOH HAN KIONG
NRIC No	S7767298B
Date Of Birth	29/09/1977
Occupation	INDOOR
Date Of Driving Pass	30/04/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81188890
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 321 AMK AVE 1 #02-1539
Postcode	560321
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	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?	
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

PLEASE REFER TO 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	GBG4907Y
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

### 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.:

SKETCH PLAN

Please  
Refer  
to  
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

DECLARATION

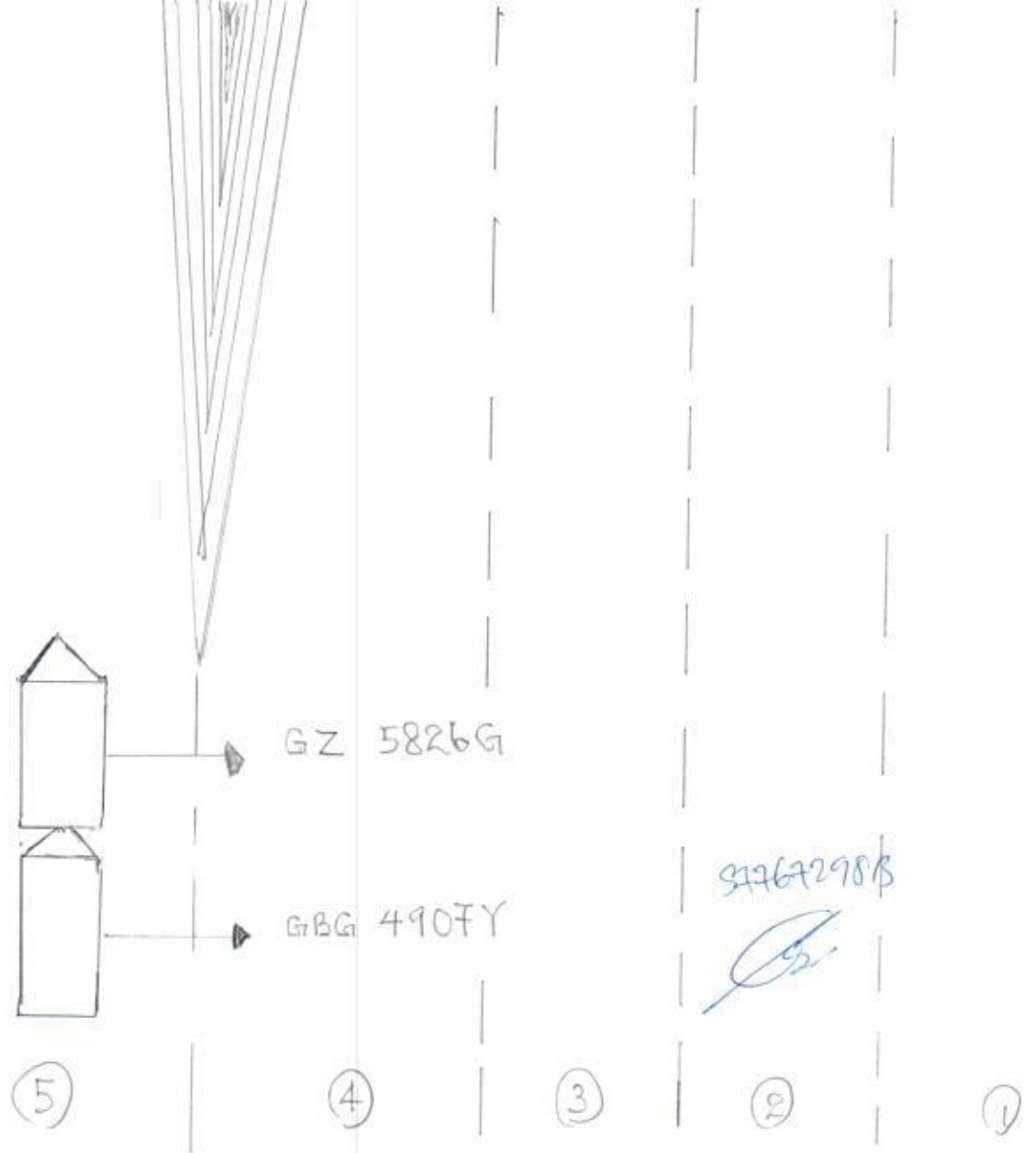
I/We declare the foregoing particulars are true in every respect.

  
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.:



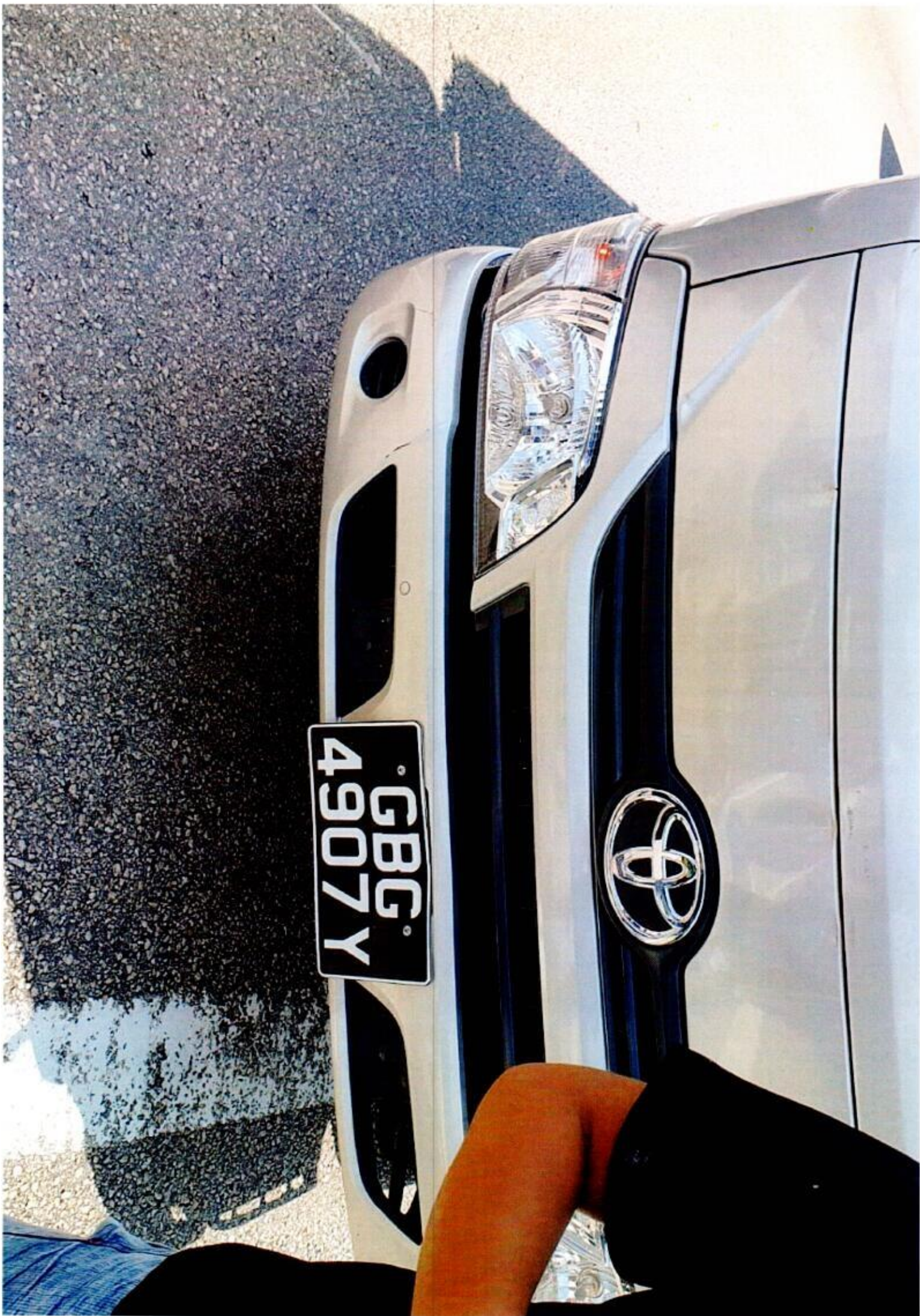
On 15/6/2019 @ 1205 pm, I was travelling in my vehicle (GZ 5826 G) along CTE towards city at PIE Changi airport exit. I slow down and stopped due to traffic jammed ahead. Suddenly, I felt a great impact from the rear of my vehicle. I got down and found that vehicle (GBG 4907 Y) has collided into my vehicle.

CTE towards city @ PIE Changi airport exit

1205 PM

15/6/2019







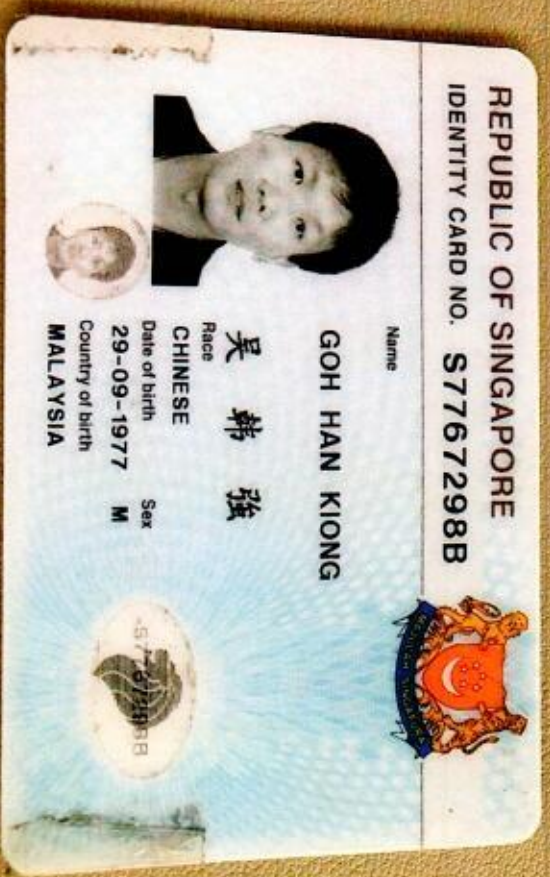
Upp Serangoon Rd



70 km/h  
**TOYOTA**  
DYNQ

4907 Y

TOYOTA



## 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 :** 5078436115-02

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle

**GZ5826G**

Chassis Number

JTFHS02PS00049449

2. Name of Policyholder

ALMEC ELECTRICAL & CONSTRUCTION

3. Effective Date of Insurance

03 Jul 2018

4. Expiry Date of Insurance

02 Jul 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

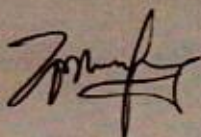
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KHC HOLDINGS PTE LTD (00000613934)

Date of Issue : 14 Jun 2018 12:20 hrs

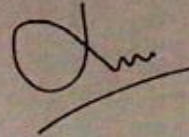
Reprint : 14 Jun 2018 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1049364

Policy No.	5078436115-02	Vehicle No.	GZ5826G	GST Registration No.	
Certificate No.					
Policyholder Name	ALMEC ELECTRICAL & CONSTRUCTION			Policyholder NRIC	531801
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	69691369	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	15	Private Hire	No
<b>Accident Details</b>					
Report Date	17/06/2019 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	15/06/2019	Time of Accident hh:mm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY AT PIE CHANG EXIT				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	17/06/2019 16:55:00 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 321 #02-1539	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	56032
Unit No.	02-1539	Related Policy Number	5070619210-04		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/09/
Unnamed driver Name	GOH HAN KIONG	Driver NRIC	S7767298B	Driving Experience	17
Register Date of Driver License	30/04/2002	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	81188890	Contact No.(Office)		Address 3	TECK CHUAN
Address 1	BLK 321 #02-1539	Address 2	ANG MO KIO AVENUE 1	Post Code	56032
Address 4	SINGAPORE 560321	Address Type	Singapore address		
Unit No.	02-1539				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ALMEC ELECTRICAL & CONSTRUCTION
Contact No.(Mobile)	81188890	Contact No. (Home)	
Email Address		Vehicle Number	GZ5826G
Claim Description	GZ5826G / GBG4907Y ON 15 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/06/2019 16:56
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1049364

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Path \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Upload Date

17/06/2019 17:00

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
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## Attachment List

Attachment

Uploaded By/Date

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 Jun 2019 17:00

Category



Urgency

Description

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-6-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 Jun 2019 17:00

SAS

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SAS 2019-6-17

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17 Jun 2019 17:00

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17 Jun 2019 16:56

Photos

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Photos 2019-6-17

## Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading