

NATIONAL Assessment Centre Services.

[ver 1 Jan'05] MNA4909057

Date In:	Job description	Date & Time Completed	Done by
11/07/09 18:38	SAS e-filing		
Ref No: NBB/INC490/240214	E-mail (Johna Surr, AIC 2hrs)		
Veh No: GBR 7401U	I-Motor Claim Form	11/07/09 18:00	13/07/09
UOA: 11/07/09 14:35	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:07
OD: <input checked="" type="checkbox"/> TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSP		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLT 5147 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: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date/Time: _____

Item	Amount	Total
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee		\$40/\$45
4) FT: Follow-Through Survey		\$120
5) FT: Follow-Through Survey (Resurvey)		\$20
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection		\$75
7) NI: Idao DA + SMRT Survey		\$160
8) NTUC Additional Services:		
OD*		
*NS: Courtesy Car / Tpl 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: Idao Mobile		\$0
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA490587

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Bugr-In-Charge): _____

Warditor's Signature: _____

Sub 1: _____

2/3

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 willful 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	11/07/2019 18:38
Date Of Accident	11/07/2019 14:35
Exact Location Of Accident	BLK 3A HOLLAND CLOSE DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7401U
Insured/Policyholder	
Name Of Registered Owner	PRESBYTERIAN COMMUNITY SERVICES
Co Reg No	S75SS0022H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84553666
Alternative Phone No	OFFICE-84553666

Vehicle Particulars

Manufacturer	SUZUKI
Model	SILVER
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	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	5094610344-01
Cover Note Number	

Driver

Name of Driver	NG LEONG SENG
NRIC No	S0300207A
Date Of Birth	18/12/1940
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1961
Driving Experience	57 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84553666
Fax Number	
Contact Number	OTHERS-84553666
Email Address	NOEMAIL

Address	BLK 105 JALAN BUKIT MERAH #11-1962
Postcode	160105
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	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)	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 SKETCH PLAN

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	SLT514T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEE YONG
NRIC/Passport Number	S7185279B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

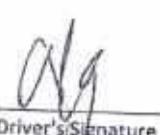
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

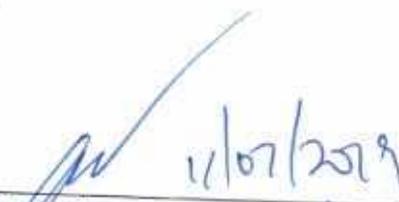
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

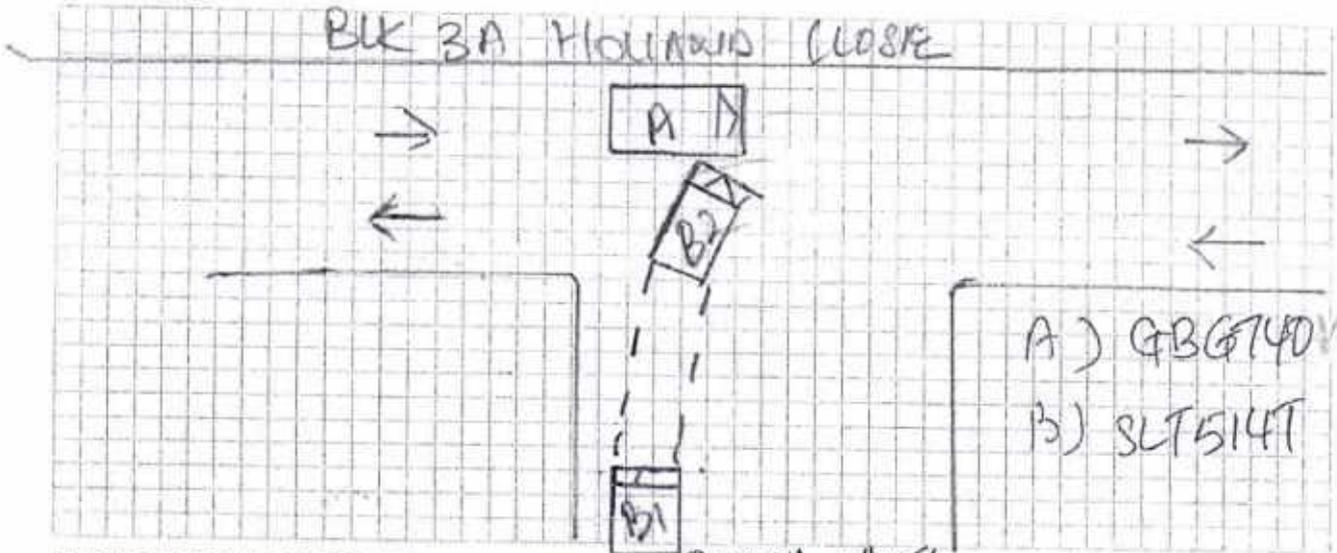
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

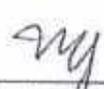
ROBERT CHUTE

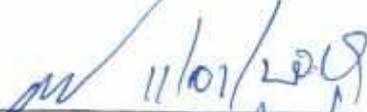
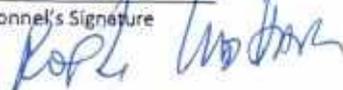
ON 11-07-2019 AT ABOUT 14:35HRS I WAS TRAVELLING ON A DRIVEWAY AT BLK 3A HOLLAND (CLOSE) AND WAS TRAVELLING STRAIGHT, SUDDENLY A CAR SLT 5147 CAME FROM ~~THE~~ THE ROBERT CHUTE & BANG INTO THE FRONT RIGHT OF MY VAN GBG 740U.

DECLARATION

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

x 
 Policyholder's Signature
 Date & Time: 

 11/7/2019
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 11/07/2019
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

Claim Handling

Accident MT/1053180

Policy No.	5094610344-01	Vehicle No.	GBG7401U	GST Registration No.
Certificate No.				
Policyholder Name	PRESBYTERIAN COMMUNITY SERVICES			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	84553666	Contact No.(Office)		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(%)	10	Private Hire

Accident Details

Report Date	13/07/2019 10:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/07/2019	Time of Accident hh:mm	14:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 3A HOLLAND CLOSE DRIVEWAY			

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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M400031282	GST Status Verified	Yes
Modification History	13/07/2019 10:05:20 System changed GST Registered from No to Yes 13/07/2019 10:05:20 System changed GST Registration No. from null to M400031282 13/07/2019 10:05:20 System changed GST Registration Date from null to 01/04/1994		

Policyholder Mailing Address

Address 1	89 SHORT STREET	Address 2	#08-08 GOLDEN WALL CTR	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101367734-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NG LEONG SENG	Driver NRIC	S0300207A	Driving Experience
Register Date of Driver License	11/12/1961	Driver Age	78	Contact No.(Home)
Contact No.(Mobile)	84553666	Contact No.(Office)		Address 3
Address 1	BLK 105 #11-1962	Address 2	JALAN BUKIT MERAH	Address 4
Address 4	SINGAPORE 160105	Address Type	Foreign address	Post Code
Unit No.	11-1962			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBG7401U	Driver Insurer Comp

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	PRESBYT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OJ Vehicle Number	GBG7401
Claim Description	GBG7401U / SLT514T ON 11 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/07/2019 10:07
<input checked="" type="checkbox"/> Print AK letter			ROSLI WAHAB

Save Submit

Attachment

Accident No. MT/1053180 Claim No. 001
 Last Doc. Received Yes No Upload Date 13/07/2019 10:07

Path *

- Choose File No file chosen
- Message Read

Category *	Confidential
Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2019 10:07	NRIC/ Driving License	Normal	NRIC/ Driving Li

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 11/7/2019 (DD/MM/YYYY), TIME: 14:38 (HH:MM)

LOCATION: Holland Close at Bk 3-A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G139 7401 u
- b) INSURANCE COMPANY: ANUL
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: SUZUKI
- 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: PRASIT TARIAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S75550224 CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG LEONIE SHAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S03002018 CONTACT: 842555 84553666
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: LAKE CHINA YOUNG MODEL: SL7514T 8
- b) DRIVER'S NAME: S71852515
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email =
VIDEO

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 : 5094610344-01

Cover : Comprehensive

- | | | |
|---|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : | GBG7401U |
| Chassis Number | : | DA17V821666 |
| 2. Name of Policyholder | : | PRESBYTERIAN COMMUNITY SERVICES |
| 3. Effective Date of Insurance | : | 09 Oct 2018 |
| 4. Expiry Date of Insurance | : | 08 Oct 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	:	N/A
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 21 Sep 2018 09:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive