

NATIONAL Assessment Centre Services

Date In: 30/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013386/13	SAS e-filing		
Veh No: G866133A	E-mail (w/ebn 8hrs, AIC 2hrs)		
D.O.A: 11/05/19 2245	i-Motor Claim Form	MT/1055758-001	
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: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: GBJ41994	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

NA1905799

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	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	30/07/2019 17:10
Date Of Accident	11/05/2019 22:45
Exact Location Of Accident	AYE TWDS TUAS NEAR LAMP POST 359
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6133A
Insured/Policyholder	
Name Of Registered Owner	HP 99 ENGINEERING PTE. LTD.
Co Reg No	201022491R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98553477

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094360296-01
Cover Note Number	

Driver

Name of Driver	CHAH HONG PENG
NRIC No	S7963761J
Date Of Birth	11/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2001
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98553477
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 25 TECK WHYE LANE
	#08-168
Postcode	680025
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	COLLISION - CHANGE/CROSS LANE
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	3
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?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4199H
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC9418E
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.

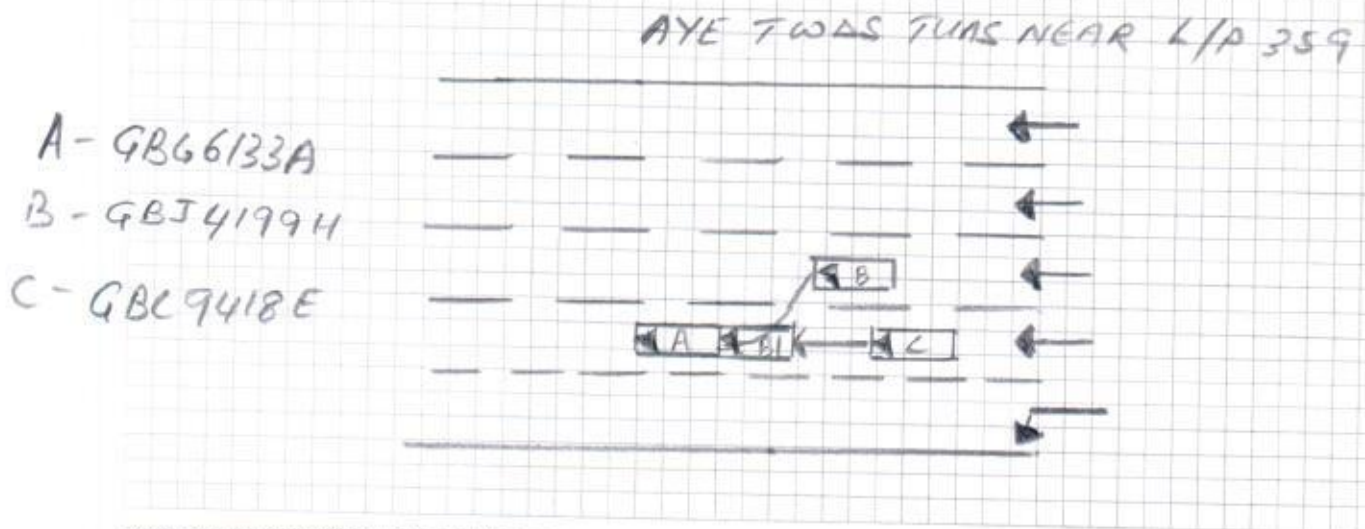


Policyholder's Signature: _____
Date & Time: _____

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached 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:

[Handwritten signature]

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

[Handwritten signature] 30/07/19



NOTICE OF COMPLIANCE

This is to confirm that
CHAH HONG PENG
NRIC: S7963761J
HP: 98553477
Related Vehicle: GBG6133A

has reported to the police a non-injury traffic accident which occurred along AYE towards Tuas, near lamppost 359 on 11/05/2019 at about 2245hrs. I was driving my lorry bearing registration number GBG6133A along the first lane from the left of AYE. The traffic flow was smooth and moving. Suddenly I felt a huge impact coming from the back of my vehicle. I then stopped my vehicle along the road to check my vehicle. Subsequently, another lorry bearing registration number GBC9418E drove up to me and signaled to me to exit AYE and parked along the bus stop. The driver of the lorry informed me that another vehicle bearing registration number GBJ4199H had hit into my vehicle which resulted him hitting into the vehicle (GBJ4199H). Driver of GBC9418E informed that he was driving behind me, but the lorry, GBJ4199H had crashed into the back of my vehicle after trying to squeeze in between the lorry GBC9418E and me. I wish to state my vehicle has in-car camera however it was only recording the front. No one was injured and TP officer was not at scene. My vehicle only suffered a slight dent on the right rear side of my vehicle.

Particulars of the other drivers involved: -

A1) ZHANG CHUANG

G7997969X

VEHICLE NO.: GBC9418E

HP: 93869722

A2) LAURENCE XAVIER ZHIWEI

S9927336D

VEHICLE NO.: GBJ4199H

HP: 93633414

He/She has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: 11/05/2019

Name of Issuing Officer: Sgt(2) Chong Jia Wei

S/D Ref: 6

Police Post/Unit: Nanyang NPC

NANYANG NPC
 2 HIRONG WEST AVE 3
 SINGAPORE 619482
 TEL: 1800-7929099

This form was generated from Nanyang NPC



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7963761J



Name
CHAH HONG PENG

謝宏彬

Race
CHINESE

Date of birth
11-11-1979

Country/Place of birth
MALAYSIA

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7963761J



Name
CHAH HONG PENG

For LKK/NAC Use Only

Birth Date 11 Nov 1979

Issue Date 16 May 2013

002101473E

9303777




NRIC No. S7963761J

For LKK/NAC Use Only

Nationality
MALAYSIAN

Date of issue
29-07-2013

Address
APT BLK 25 TECK WHYE LANE
#08-168
SINGAPORE 680025

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

Class	Vehicle Description	EFFECTIVE DATE
Class 2	Motorcycles <= 200 cc	03 Aug 2001
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	03 Aug 2001

For LKK/NAC Use Only

NP 420A

Licence No. S7963761J

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5094360296-01
The Policyholder	: HP 99 ENGINEERING PTE. LTD. BLK 25 #08-168 TECK WHYE LANE SINGAPORE 680025

Period of Insurance	: 25 Sep 2018 To 24 Sep 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,505.02

Interest Insured

Cover Type	: Comprehensive	
Make/Model	: TOYOTA/DYNA 3.0	
Capacity	: 1.625 ton(s)	Number of Seater : 2
Registration Number	: GBG6133A	Registration Date : 25 Sep 2017
Chassis Number	: KDY2318030928	Insure with COE : Yes
Excess (Section 1)	: S\$600	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: INDEX CREDIT PTE LTD	

Memo A : N/A

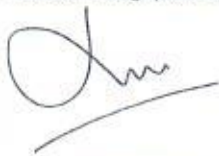
Endorsement Operative : N/A

Agency	: INDEX AGENCY PTE LTD (00000572017)
Date of Issue	: 11 Sep 2018 09:50 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094360296-01		HP 99 ENGINEERING PTE. LTD.	201022491R	GCV	Comprehensive	GBG6133A	GBG6133A	25/09/2018	24/09/2019

Claim Handling

Accident MT/1055758

Policy No.	5094360296-01	Vehicle No.	GBG6133A	GST Registration No.
Certificate No.				
Policyholder Name	HP 99 ENGINEERING PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98553477	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Accident Details				
Report Date	30/07/2019 18:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/05/2019	Time of Accident hh:mm	22:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TWDS TUAS NEAR LAMP POST 359			
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	08/06/20	
GST Registration No.	201022491R	GST Status Verified	Yes	
Modification History	30/07/2019 18:08:12 System changed GST Registered from No to Yes 30/07/2019 18:08:12 System changed GST Registration No. from null to 201022491R 30/07/2019 18:08:12 System changed GST Registration Date from null to 08/06/2015			
Policyholder Mailing Address				
Address 1	BLK 25 #08-168	Address 2	TECK WHYE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-168	Related Policy Number	5094272488-01	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHAH HONG PENG	Driver NRIC	S7963761J	Driver DOB
Register Date of Driver License	03/06/2011	Driver Age	39	Driving Experience
Contact No.(Mobile)	98553477	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 25	Address 2	TECK WHYE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-168			
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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HP 99 E
Contact No.(Mobile)	98553477	Contact No. (Home)	
Email Address		OI Vehicle Number	GBG61
Claim Description	GBG6133A / GBJ4199H ON 11 May 2019		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/07/2019 18:10
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Attachment

Accident No. MT/1055758 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/07/2019 00:00

Path *

Choose File No file chosen
 Choose File No file chosen
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 Choose File No file chosen

Category *

Confidential

Please Select NO
 Please Select NO
 Please Select NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:10	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:10	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 18:09	Photos	Normal	Photos

Video List

Uploaded By/Date Folder Date File Name