

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MWA 11911193.

Date In: 23/18/19 15:39	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/ INC 19014885/14	E-mail (within 2hrs, AIC 2hrs)		
Veh No: GY 5075L	I-Motor Claim Form	MT/1059220 021	24/18/19 10:57.
DOA: 23/18/19 10:30.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	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:

532 82485.

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:

( ) 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 Note: 67196016)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time	Action

MA1906248

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sub. 1:</p> <p>Sub. 2:</p>	<p>Invoice Information Checklist</p> <p>1) AR: Accident Reporting (\$30):</p> <p>2) DA: Damage Assessment (\$100): INC (\$40)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) IT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-n INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
--	--



## 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	23/08/2019 15:39
Date Of Accident	23/08/2019 10:30
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY5075L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	200208964G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96175671
Alternative Phone No	OFFICE-63401042
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	URVAN
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067159134-04
Cover Note Number	-
<b>Driver</b>	
Name of Driver	TAN WEN YEONG
NRIC No	G2556926T
Date Of Birth	22/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91314089
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	635 PASIR RIS DR 1 #12-598
Postcode	510635
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 - 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8248S
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)	



## 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.

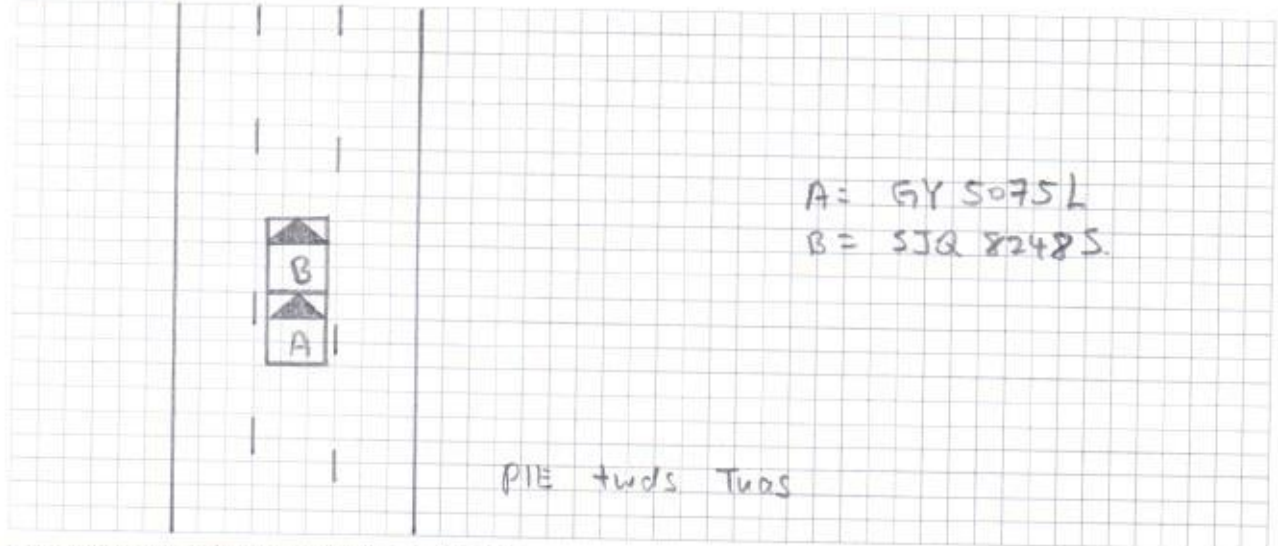


Policyholder's Signature  
Date & Time:

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

While travelling along PIE twds Tuas on the center lane, suddenly Veh B which was in front of jammed brake. I manage to stop but cannot stop in time. As the result, My Veh hit onto Veh B Rear portion.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 8 / 19.) (DD/MM/YYYY), TIME: (10 : 30.) (HH:MM)

LOCATION: PIE twds Tuas.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY 5075L  
b) INSURANCE COMPANY: IHC  
c) POLICY NUMBER:  
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: Chilli Api catering Pte Ltd. (MALE / FEMALE) 96175671  
b) NRIC/FIN/PASSPORT: CONTACT: 63401042  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Tan Wen Yeong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 91314089  
c) ADDRESS: 635 Pasir Ris Br 1 # 12-598 (S) 510635.

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: SJQ 82485 . MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

email: VICTOR TAN 9958@GMAIL.COM

fax:

video: Yes.

no of passenger  
include driver  
C ( )

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **G2556926T**

Name

**TAN WEN YEONG**

Birth Date **22 May 1989**

Issue Date **02 Dec 2014**

Valid Till **01 Dec 2019**



002371483G



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

**CHILLI PADI NONYA RESTAURANT PTE. LTD.**

Sector: **SERVICE**



Name

**TAN WEN YEONG**

Occupation

**DELIVERY MAN**

Work Permit No.  
**4 05006200**

Date of Application  
**12-01-2016**

Date of Issue

**26-12-2017**

Date of Expiry

**19-01-2020**



L8526820

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars — 3000 kg with — 7 passengers, exclusive of the driver; and motor tractors/vehicles — 2500 kg

Class 4A Quadricycles

EFFECTIVE DATE

02 Dec 2014

06 Jun 2015

G2556926T

S / No. 9000212756

Licence No. G2556926T



NP 42PA

VISIT PASS  
Immigration Regulations

Name  
TAN WEN YEONG



Date of Birth	Sex	Nationality
22-05-1989	M	MALAYSIAN
FIN	Date of Issue	Date of Expiry
G2556926T	26-12-2017	19-01-2020

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



For LKK/NAC Use Only



## 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 :** 5067159134-04

- |  |                             |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle   | <b>Cover :</b> Third Party  |
| Chassis Number   | GY5075L                     |
| 2. Name of Policyholder  | JN1MG4E2520713075           |
| 3. Effective Date of Insurance   | CHILLI API CATERING PTE LTD |
| 4. Expiry Date of Insurance  | 30 Oct 2018                 |
| 5. Persons or Classes of Persons entitled to drive#  | 29 Oct 2019                 |
| (a) The Policyholder.  |                             |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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 : TELESales-DIRECT MARKETING (00000601661)  
Date of Issue : 08 Oct 2018 16:32 hrs  
Reprint : 08 Oct 2018 16:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Accident MT/1059220

### Modification History

Claim 001 **NEW**

Claim Type *	<input type="text" value="0"/> Insured Liability <input type="text" value="Fully at Fault"/>	
Contact No. (Mobile)	<input type="text" value="0"/> Preferred Repair Option <input type="text" value="Preferred Workshop, Name unknown"/>	
Email Address	<input type="text" value="Yes"/> Repair Option <input type="text" value="Preferred Workshop, Name unknown"/>	
Claim Description	<input type="text" value="GIA report"/>	
Preferred Workshop	<input type="text" value="Received"/>	
Workshop No.	<input type="text" value="24/08/2019 10:56"/>	
Finalisation	<input type="text" value="Date Received"/>	
Date Registered	<input type="text" value="24/08/2019 10:56"/>	
Report Taken By	<input type="text" value="LIEW SHAN HUI"/>	

[Print AK letter](#)

Save Submit

Attachment

Accident No.	MT/1059220	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/08/2019 10:57

Path *	Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼	<input type="text"/>



Message Read

## Attachment List

Send M

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:57	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:57	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:57	SAS		SAS 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:57	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:57	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:57	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:56	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:56	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:56	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:56	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:56	Photos		Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:56	Photos		Photos 2019-8-24	
<b>Video List</b>					
Uploaded By/Date	Folder Date	File Name	Source		
		Display in New Window	Scan and uploading		