

NATIONAL Assessment Centre Services.

(ref 1 Jan 00)

11/11/2019

Date In: 06/08/2019 11:05	Job description	Date & Time Completed	Done by
Ref No: 11/11/2019 19015282/4	SAS e-filing		
Veh No: GB 9260R	E-mail (Within 2hrs, A/C 2hrs)		
UOA: 27/10/2019 16:50	I-Motor Claim Form	11/106006	06/08/2019 11:22
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: 388 6088	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 ()	

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: ()

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

Injury: _____

Date/Time	Assign	By

11/1906808	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (val 10 Jan 2005)	
Ref 1:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	*N9: TP (Nil) / TP (Non INC) against INC \$10	
	*N11: Idas 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	06/09/2019 11:05
Date Of Accident	27/01/2019 16:50
Exact Location Of Accident	BEDOK NORTH ROAD TOWARDS BEDOK NORTH STREET 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9260R
Insured/Policyholder	
Name Of Registered Owner	BERJAYA BUILDCON PTE LTD
Co Reg No	200923497E
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-90080102
Alternative Phone No	OFFICE-90080102

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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105196400
Cover Note Number	

Driver

Name of Driver	TAN SWEE KIAT
NRIC No	S1196564D
Date Of Birth	27/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080102
Fax Number	
Contact Number	OTHERS-90080102
Email Address	SALES@MIA.COM.SG

Address	BLK 548 BEDOK NORTH AVENUE 1 #12-410
Postcode	1646
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	SBS6083Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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
Date & Time:

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

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

ASBS60837

BG3H 9260R



BEDOK NORTH RD TOWARDS BEDOK NORTH ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at Bedok NTH RD AND Bedok NTH ST Junction on 27/01/2019 I check my blind spot that no oncoming vehicle so I swipe my lorry to our lane and suddenly I felt a light impact from my right centre of my lorry and stopped my vehicle and alighted and found I have collided onto a SBS Bus, in that time I saw the bus was no damage and I ask the particular from him he also don't give me so I thought he never report insurance and I also no report because my lorry got no sign of damage. After I received A letter from next party claim against me than I do report.

Remark: On the time of accident I forgot to copy the next party number plate and the next party also never give me any contact number so I never do report because I also thought they don't want to go for insurance report

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.:

06/02/2019
Kohar Luthi

Claim Handling

Accident MT/1060062

Policy No.	9105196400	Vehicle No.	GBH9280R	GST Registration No.	2008234978
Certificate No.					
Policyholder Name	BERJAYA BUILDCON PTE LTD			Policyholder NRIC	2008234978
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
APK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	29/08/2019 13:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/04/2019	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Crash Point		ICM No.	
Accident Location	JUNCTION OF BEDOK NORTH DRIVE AND BEDOK NORTH STREET 1				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefit

GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/2019
GST Registration No.	2009234978	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#09-32 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.		Related Policy Number	9105196400		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured 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.					
Does he own a Singapore Registered Car?	Yes / No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 Ren

Claim Type *	GD-MX	Insured Name	BERJAYA BUILDCON PTE LTD	Insured NRIC	2008234978	
Contact No.(Mobile)		Contact No.		Contact No.(Office)	62419808	
Email Address		OT Vehicle Number	GBH9280R	TP Vehicle Number	SB56083Y	
Claim Description	GBH9280R / SB56083Y ON 27 Jan 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Party at Fault	GIA report	Received	
Settlement No. Confirmation	Yes	Referenced	Preferred Workshop, Name unknown			
Date Registered	06/09/2019 11:03	Claim Close Date		Date Received	06/09/2019 00:00	
Report Taken By	ROSLI WAHAB					

[Print As Letter](#)

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1060062	Claim No.	002
Last Doc. Received	Yes / No	Upload Date	06/06/2019 11:23

Path *

Choose File	No file chosen	Clear	Please Select *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select *	NO	Normal	
Choose File	No file chosen	Clear	Please Select *	NO	Normal	
Choose File	No file chosen	Clear	Please Select *	NO	Normal	
Choose File	No file chosen	Clear	Please Select *	NO	Normal	
Choose File	No file chosen	Clear	Please Select *	NO	Normal	
Choose File	No file chosen	Clear	Please Select *	NO	Normal	
Message Text						

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (OU)	#
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 06 Sep 2019 11:22	SAS	Normal	SAS 2019-9-6		
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 06 Sep 2019 11:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-6		
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6		
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6		
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6		









S (BUKIT MERAH)) on 06 Sep 2019 11:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:03	Photos	Normal	Photos 2019-9-6

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

Date of Accident : 27 Jan 2019 Accident Time: 1650 (24-HR-Format)
 Accident Place : Bedok NTH PD AND BEDOK NTH STREET 1
 Vehicle No. (Car Plate No.) : GBH 9260R Make/Model: MH Fusio
 Insurance Company : NTUC Policy No: 5105196400
 Owner or Company Name / IC No. : BERJAYA BUILDCON PTE LTD (200923497E)
 Owner or Company Contact No. : 62411819 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : TAN SWEE KIAT (S1196564D)
 DRIVER'S Date Of Birth : 27/11/1955 DRIVER'S License Pass Date 04 MAY 2004
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: _____
 DRIVER'S Address : APT BLK 548 Bedok North Ave 1 #12-410 ^{signature} 1646
 DRIVER'S Contact No. / Alt No. : 1) _____ 2) 90080102
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : _____ sales@mia.com.sg
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>SBS 6083Y</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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 : 5105196400

Cover : Comprehensive

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH9260R |
| Chassis Number | : FEAD1BA25112 |
| 2. Name of Policyholder | : BERJAYA BUILDCON PTE LTD |
| 3. Effective Date of Insurance | : 02 Nov 2018 |
| 4. Expiry Date of Insurance | : 01 Nov 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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : PRO-LINK INSURANCE AGENCY (00000615233)
Date of Issue : 02 Nov 2018 09:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive