

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

10/09/2019

Date In: 10/09/2019 18:34	Job description	Date & Time Completed	Done by
Ref No: N/A 10/09/2019	SAS e-filing		
Veh No: PA 69434	E-mail (Agenda 3hrs, AIC 2hrs)		
DOA: 10/09/2019 18:10	I-Motor Claim Form	10/06/1877-001	10/06/1877-001
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:57
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBQ 1365C	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:	At:

Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$73	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$30	
	9) N12: Idas Mobile	
	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	10/09/2019 18:34
Date Of Accident	10/09/2019 13:10
Exact Location Of Accident	JUNCTION BTWN TELOK BLANGAH WAY/HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6943U
Insured/Policyholder	
Name Of Registered Owner	THYE HUA KWAN MORAL SOCIETY
Co Reg No	2595613
Email Address	YCMG3241@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98219549
Alternative Phone No	OFFICE-62732865

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5022123409-12
Cover Note Number	

Driver

Name of Driver	YIP CHOW MENG
NRIC No	S1163241F
Date Of Birth	23/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98219549
Fax Number	
Contact Number	OFFICE-62732865
Email Address	YCMG3241@GMAIL.COM

Address	BLK 25 TELOK BLANGAH CRESCENT #22-79
Postcode	090025
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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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	FBQ1365C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WONG XIN HUI (HUANG XIN HUI)
NRIC/Passport Number	S8529952B
Contact Number	92388263
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.

MORAL WELFARE HOME
301 HENDERSON ROAD
SINGAPORE 108931
TEL: 6273 2239 FAX: 6273 2356

Policyholder's Signature
Date & Time:

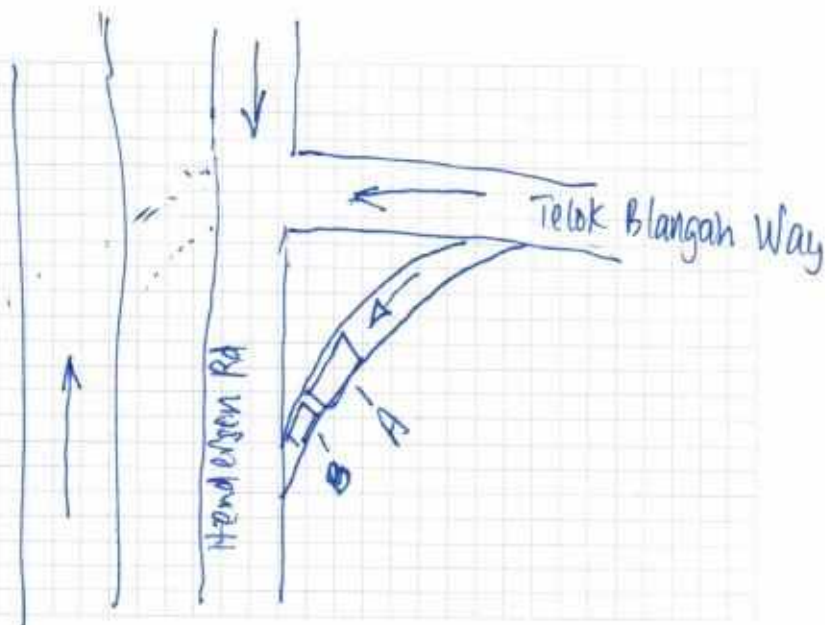
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/9/19 3:15 pm

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

SKETCH PLAN

A) PA 69434

B) FBQ 1365C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Telok Blangah Way turning to Henderson Rd.
~~I was looking on my right~~ I slowed down my van
 and was looking on my right for vehicle. The road was
 clear and was moving slowly toward Henderson Rd.
 I did not notice that a motorcycle had stopped and bang
 into it.

DECLARATION

We declare the foregoing particulars are true in every respect.

301 HENDERSON ROAD

SINGAPORE 108931

TEL: 6273 2239 FAX: 6273 2356

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/9/14 315 hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MY1081877

Policy No.	502113409-12	Vehicle No.	RA6943U	GST Registration No.	
Certificate No.					
Policyholder Name	THYE HUA KWAN MORAL SOCIETY			Policyholder NRIC	2595613
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98219548	Contact No.(Office)	82732865	Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	< No Yes	TCR	< No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	10	Private Hing	No

Accident Details

Report Date	10/09/2019 18:44	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/09/2019	Time of Accident h:mm	13:10	Country of Accident	Singapore
Reporting Office		Orange Force		ICM No.	
Accident Location	JUNCTION BTWN TELOK BLANGAH WAY/HENDERSON ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	Driver is Covered?	Covered
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VEDD DD Excess	0.00	VEDD TP Excess	0.00		
Additional Excess					
Total DD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History	10/09/2019 18:55:48 System Auto (update fail): The format of the UEN is incorrect or UEN is invalid.		

Policyholder Mailing Address

Address 1	1 NORTH BRIDGE ROAD	Address 2	#23-01 HIGH STREET CENTRE	Address 3	SINGAPORE 179044
Address 4		Address Type	Singapore address	Post Code	179054
Unit No.	23-03	Related Policy Number	5050983960-08		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/03/1958
Unnamed driver Name	YIP CHOW HING	Driver NRIC	S1163241F	Driving Experience	42
Register Date of Driver License	28/03/1977	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 090025
Address 1	814 25 #23-79	Address 2	TELOK BLANGAH CRESCENT	Address 3	SINGAPORE 090025
Address 4		Address Type	Foreign address	Post Code	090025
Unit No.	22-78				
Does he own a Singapore Registered car?	Yes > No	Driver Vehicle No.	RA6943U	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes > No
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Modification history

Claim 991 Next

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Insured Name	THYE HUA KWAN MORAL SOCIE	Insured NRIC	2595613
Workshop No.	Preferred Workshop	Contact No.	Nil	Contact No. (Office)	82732865
Finalisation	Preferred Workshop	Vehicle Number	RA6943U	TP Vehicle Number	RBQ1365C
Date Registered	Preferred Workshop	RA6943U / RBQ1365C ON 10 Sept 2019	Name of Preferred Workshop		
Report Taken By	GIA report	Received	10/09/2019 18:55	Claim Close Date	10/09/2019 00:00
			BIOSLI WANHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MY1081877	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	10/09/2019 18:57
Page *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Board		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
		Photos	Normal	Photos 2019-9-10	A
		Photos	Normal	Photos 2019-9-10	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:57	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:57	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:57	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:57	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:57	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:56	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:56	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:56	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:56	Photos	Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:56	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 18:56	SAS	Normal	SAS 2019-9-10

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 9 / 2019) (DD/MM/YYYY), TIME: (13 : 10) (HH:MM)

LOCATION: Junction between Telok Blangah Crescent and Henderson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 6943U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5022123409-12
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Comprehensive
 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: Thye Hua Kwan Moral Society (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 62732865
 c) ADDRESS: 301 Henderson Rd

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yip Chow Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1163741E CONTACT: 98519549
 c) ADDRESS: BIR 21, Telok Blangah Crescent #22-79 Singapore 090025

* d) DATE OF BIRTH: (23 / 03 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28.3.1987

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) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

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: FBQ 1365C MODEL: Motorcycle
 b) DRIVER'S NAME: Wong Xin Hui (Huang Xin Hui)
 c) NRIC/FIN/PASSPORT: S85294528 CONTACT: 92388263

9. THIRD PARTY VEHICLE

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

email = ycmg3241@gmail.com

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 : 5022123409-12

Cover : Comprehensive

- | | |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : PA6943U |
| Chassis Number | : KDH2220031196 |
| 2. Name of Policyholder | : THYE HUA KWAN MORAL SOCIETY |
| 3. Effective Date of Insurance | : 13 Jul 2019 |
| 4. Expiry Date of Insurance | : 12 Jul 2020 |
| 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 14 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
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 : LIM LIN SIONG EDDIE (00000512637)
Date of Issue : 06 Jun 2019 11:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive