

NATIONAL Assessment Centre Services.

(ref 1 Jan'08)

NA1907/28907

Date In: 18/09/2019 16:59	Job description	Date & Time Completed	Done by
Ref No: NA1907/28907/6512/V	SAS e-filing		
Veh No: GBF 1855C	E-mail (Adjust 3hrs, AIC 2hrs)		
D.O.A 18/09/2019 09:20	I-Motor Claim Form	17/10/2019 13:00	18/09/2019 17:34
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBF 1531Y	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks	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	Action

NA1907/28907	Invoice / Receipt / Claim Form
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ref 10 Jan 2008)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TE (N11): TP (Non INC) against INC \$20
	9) N12: 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	18/09/2019 16:59
Date Of Accident	18/09/2019 09:20
Exact Location Of Accident	CTE TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1855C
Insured/Policyholder	
Name Of Registered Owner	PLANIT4U
Co Reg No	53351530X
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93372311
Alternative Phone No	OFFICE-93372311

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (A)
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	5107650309
Cover Note Number	

Driver

Name of Driver	LIM CHEOK ENG
NRIC No	S0855249E
Date Of Birth	11/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1967
Driving Experience	51 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93372311
Fax Number	
Contact Number	OTHERS-93372311
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 113 BUKIT PURMEI ROAD #01-214
Postcode	090113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	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	GBF1531Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIDAMBARAM MANIKANDAR
NRIC/Passport Number	G2446204N
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.

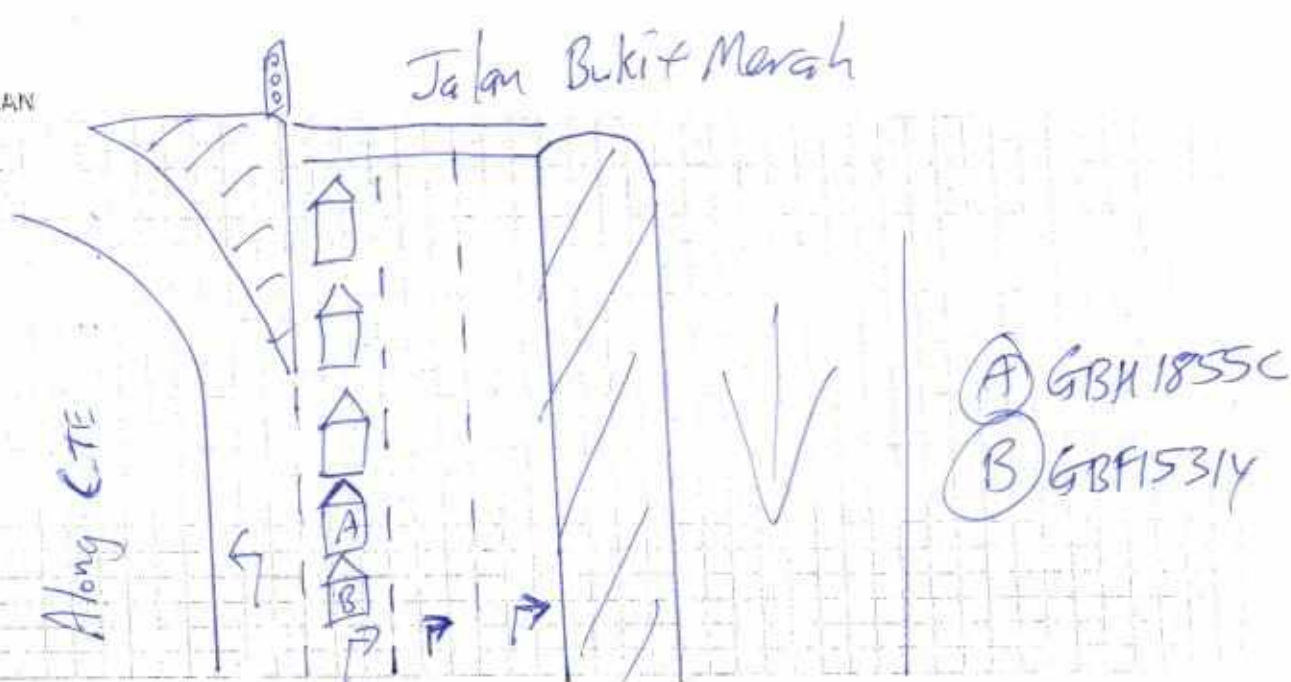


Policyholder's Signature
Date & Time:

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

I was travelling along CTE towards Jalan Bukit Merah.

My van was stationary as I was waiting for traffic light to turn green.

However, I felt a huge impact from the rear and then I realised that vehicle (B) had collided on to my van (A).

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 18/09/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/1063013

Policy No.	5107650309	Vehicle No.	GBH185SC	GST Registration No.	
Certificate No.					
Policyholder Name	PLANIT4U			Policyholder NRIC	S3351530X
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	93372311	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	No	TCA	No	eCode Reason	
RCD Protection	No	RCD Entitlement(%)	10	Private hire	No
Accident Details					
Report Date	18/09/2019 17:31	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	18/09/2019	Time of Accident (hr:min)	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS JALAN BUKIT MERAH				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	18/09/2019 17:35:45 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 113 #07-260	Address 2	BUKIT PURMEI ROAD	Address 3	BUKIT PURMEI VILLAGE
Address 4	SINGAPORE 090115	Address Type	Singapore address	Post Code	090115
Unit No.	07-260	Related Policy Number	5107650309		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/11/1948
Unnamed driver Name	LM CHECK 886	Driver NRIC	50055249E	Driving Experience	01
Register Date of Driver License	19/09/1967	Driver Age	70	Contact No.(Home)	
Contact No.(Mobile)	93372311	Contact No.(Office)		Address 1	BUKIT PURMEI ROAD
Address 1	BLK 113 #01-214	Address 2	BUKIT PURMEI ROAD	Address 3	BUKIT PURMEI VILLAGE
Address 4	SINGAPORE 090115	Address Type	Foreign address	Post Code	090115
Unit No.	01-214				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GBH185SC	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Injured Name	PLANIT4U	Injured NRIC	S3351530X
Contact No.(Mobile)	933	Contact No.		Contact No.(Office)	933
Email Address		OT		TP	
Claim Description		Vehicle Number	GBH185SC	Vehicle Number	GBH185SC
Preferred Workshop		GBH185SC / GBH185SC ON 18 Sept 2019			
Referenced Repair	Not at Fault	Name of Preferred Workshop			
Refused No. Finalisation	Yes	Preferred Workshop Name unknown	COA report	Received	
Date Registered		Claim Class Date	18/09/2019 17:34	Date Received	18/09/2019 00:00
Report Taken By			ROSLI WANAB		
Print AC label					
Save Submit					

Attachment

Accident No.	MT/1063013	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/09/2019 17:34
Path *			
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 *
Choose File	No file chosen	Clear	Please Select *
Message Read		Clear	Please Select *
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 17:34	SAS	Normal	SAS 2019-9-18

Video List

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

PERSONAL PARTICULARS

Date of Accident: 18 / 9 / 2019

Time of Accident: 9:20 (24Hrs)

Vehicle No: GBH 1855 C

Vehicle Make/Model: Toyota Hiace DX 3.0L Auto.

Exact Location of Accident: CTE towards Jln Bukit Merah

Owner's Name/NRIC: PLANIT 4 U UEN 53351530 X

Driver's Name/NRIC: Lim Cheek Eng I/C No: S0855249

Driver's Contact: 9337 23 11 Insurance Co & Policy No: NTUC Ins: 5107650309

Driver's Email Address: hancarepirs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Chidambaram Menikandan /
G 2446204 N

Vehicle No: GBF 1531 Y

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

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 : 5107650309

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBH1855C**
Chassis Number : **KDH2015026700**
2. Name of Policyholder : **PLANIT4U**
3. Effective Date of Insurance : **01 Mar 2019**
4. Expiry Date of Insurance : **29 Feb 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 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 : JZ ASSURE PTE. LTD. (00000573155)

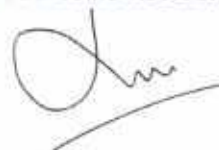
Date of Issue : 27 Feb 2019 12:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive