

# NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MAA 119124249

Date In: 1919/19 10:08	Job description	Date & Time Completed	Done by
Ref No: MA/INC19016551/h4	SAS e-filing		
Veh No: SJU 9988 L	E-mail (within 2hrs, AIC 2hrs)		
DEFA: 1819/19 12:20	I-Motor Claim Form	MT/1063130-021	1919/19 14:43
OP: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: JJK 407	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: ( )

Remarks: (INC 100111-6788 6016)	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	Action

MA1907053	Invoice Preparation Checklist	Am (\$)	Rev Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bagr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant's use: INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (R-in INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	19/09/2019 10:08
Date Of Accident	18/09/2019 12:20
Exact Location Of Accident	JALAN INDUSTRIES 1 TAMAN PERINDUSTRIAN (JB)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9988L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AH SENG STAINLESS STEEL PTE LTD
Co Reg No	200301818C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67413601

### Vehicle Particulars

Manufacturer	BMW
Model	525I A
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097055407-01
Cover Note Number	-

### Driver

Name of Driver	TAN TENG SENG
NRIC No	S0342127I
Date Of Birth	18/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1967
Driving Experience	52 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98190436
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 362 HOUGANG AVE 5 #06-300
Postcode	530362
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JJK407 (MOTORCYCLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT.A/20190919/2063

#### 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	JJK407
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

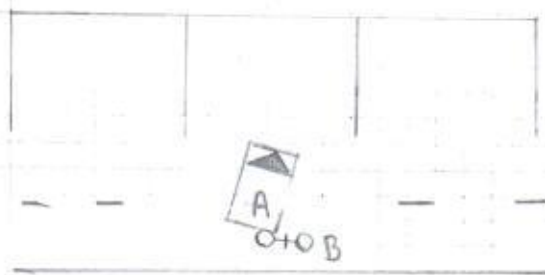


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



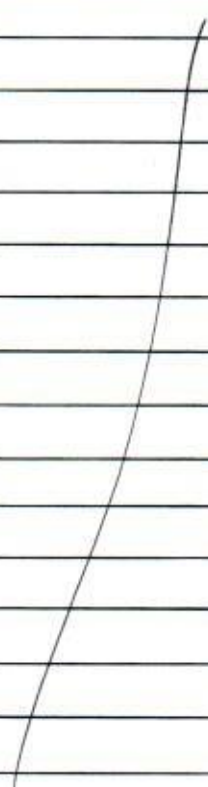
A= SJU 9988L

B= JJK 407.

Jalan Industri 1 Pekan Manas JB

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report A/20190919/2063.



## 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.:





**SINGAPORE  
POLICE FORCE**



A/20190919/2063

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20190919/2063

Police Station Of Origin  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Date/Time Report Made 19/09/2019 13:02	Vide Report No.	Station Diary No. 17
Name Of Informant TAN TENG SENG	Address APT BLK 362 HOUGANG AVENUE 5 #06-300 SINGAPORE 530362	
ID Type / ID No. NRIC NO / S03421271	Contact No. Home/Office Mobile 98190436	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 69
Institution/School Name	Date of Birth 18/10/1949	Race Chinese
Date/Time Of Incident 18/09/2019 12:20	Location Of Incident Johor Bahru Jalan Industri 1 Pekan Manas MALAYSIA	

**Brief details.**

On 18/09/2019, at around 1220hrs, I was at johor bahru, jalan industri 1 pekan manas, I went to my factory to do my checks. When i was about to leave the place, as my vehicle (SJU9988L) was parked head inwards, i had to reverse my vehicle out from the lot, when i was reversing, i see no vehicle behind me, but suddenly, one motor vehicle (JJK407) was behind me and i collided into him. The rear of my vehicle hit him from the side of his motor vehicle. He fell and suffered a bit of abrasion on his knees. He did not ask for any compensation, nor mention that he want to see the doctor, he just picked up his bike

Signature Of Officer Recording The Report: A / Sgt 1 NG WEI XIANG ALLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/09/2019 13:02
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp CALVIN TAY KAI JIE Contact No.: 65575087	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



A/20190919/2063

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190919/2063

and left.

I am making this report just for record purpose.

Signature Of Officer Recording The Report:

A / Sgt 1 NG WEI XIANG ALLAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
Insp CALVIN TAY KAI JIE  
Contact No.: 65575087

Signature Of Informant:

Date/Time:  
19/09/2019 13:02

Classification Of Case:

Authentication Stamp





# Certificate of Insurance

\$3611.07

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:** 5097055407-01

**Cover :** drive CLASSIC

- |  |                                   |
|--|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU9988L                        |
| Chassis Number                                   | : WBANUS2030C229420               |
| 2. Name of Policyholder                          | : AH SENG STAINLESS STEEL PTE LTD |
| 3. Effective Date of Insurance                   | : 25 Jan 2019                     |
| 4. Expiry Date of Insurance                      | : 24 Jan 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.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : JG MOTOR AGENCY (00000613374)

Date of Issue : 16 Jan 2019 14:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1063130

Policy No.	5097055407-01	Vehicle No.	SJU9988L	GST Registration No.	
Certificate No.					
Policyholder Name	AH SENG STAINLESS STEEL PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	200301818C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	67413601	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	19/09/2019 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	18/09/2019	Time of Accident hh:mm	12:20	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN INDUSTRIES 1 TAMAN PERINDUSTRIAN (JB)				
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	28/04/2003		
GST Registration No.	200301818C	GST Status Verified	Yes		
Modification History	19/09/2019 14:37:07 System changed GST Registered from No to Yes 19/09/2019 14:37:07 System changed GST Registration No. from null to 200301818C 19/09/2019 14:37:07 System changed GST Registration Date from null to 28/04/2003				
<b>▼ Policyholder Mailing Address</b>					
Address 1	1249 SERANGOON ROAD	Address 2	SINGAPORE 328234	Address 3	
Address 4		Address Type	Singapore address	Post Code	328234
Unit No.		Related Policy Number	5090880555-02		
<b>▼ O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/10/1949
Unnamed driver Name	TAN TENG SENG	Driver NRIC	S03421271	Driving Experience	52
Register Date of Driver License	17/04/1967	Driver Age	69	Contact No.(Home)	
Contact No.(Mobile)	98190436	Contact No.(Office)		Address 3	SINGAPORE 530362
Address 1	BLK 362 #06-300	Address 2	HOUGANG AVENUE 5	Post Code	530362
Address 4		Address Type	Singapore address		
Unit No.	06-300				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AH SENG STAINLESS STEEL PTE	Insured NRIC	200301818C	
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	67413601	
Email Address		O1 Vehicle Number	SJU9988L	TP Vehicle Number	33K407	
Claim Description	SJU9988L / 33K407 ON 18 Sept 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault			
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				19/09/2019 14:42	Claim Close Date	
Report Taken By				LEW SHAN HUI	Date Received	19/09/2019
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1063130	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/09/2019 14:43	
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				
<b>▼ Attachment List</b>				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0	19 Sep 2019 14:43	NRIC/ Driving License	Y	Normal
				NRIC/ Driving License 2019-9-19





Video List

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:43	SAS	Normal	SAS 2019-9-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:43	Photos	Normal	Photos 2019-9-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:43	Photos	Normal	Photos 2019-9-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:42	Photos	Normal	Photos 2019-9-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:42	Photos	Normal	Photos 2019-9-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:42	Photos	Normal	Photos 2019-9-19
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:42	Photos	Normal	Photos 2019-9-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:42	Photos	Normal	Photos 2019-9-19

Uploaded By/Date

Folder Date

File Name



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