

NATIONAL Assessment Centre Services. [ver 1 Jan 202] MNA 119129760

Date In: 11/10/19 10:23	Job description	Date & Time Completed	Done by
Ref No: NAI MC19017223164	SAS e-filing		
Veh No: GBC 4453K	E-mail (within 2hrs, AIC 2hrs)		
TPA: 30/19/19 19:30	I-Motor Claim Form	M711064843001	11/10/19 11:53
OT: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SGU S713A	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: ()	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	Actions

MNA 1907363		Invoice Breakdown (Gross Amount)		Amo (\$)	Amo (\$)
Client's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100);	INC (\$50)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors Comments:		For claiming against INC Only (wef 10 Jan 2023)			
		6) TR: Re-Inspection	\$75		
		7) NI: Idan DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tpt Allowance	\$5		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
		TP (N11): TP (Non INC) against INC	\$20		
		9) N12: Idan 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	01/10/2019 10:23
Date Of Accident	30/09/2019 19:30
Exact Location Of Accident	309 HOUGANG AVE 5 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4453K
Insured/Policyholder	
Name Of Registered Owner	SONG KWANG AIR CONDITIONING & REFRIGERATION ENGINE
Co Reg No	53045337A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63839761

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065807922-05
Cover Note Number	

Driver

Name of Driver	YIN CHENGSI
NRIC No	G5260041W
Date Of Birth	02/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85711688
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 602 HOUGANG AVE 4 #08-352
Postcode	530602
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 - OPENING DOOR OF VEHICLE
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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED AVENUE, WHILE REVERSING INTO AN EMPTY LOT, SUDDENLY VEH B OPEN DRIVER DOOR, AS THE RESULT, MY LORRY RIGHT REAR HIT ONTO THE DOOR.

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	SGU5713A
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

veh B open door.

A= GBC4453K
R= SGU 5713A

309 Hougang Ave S Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement


DECLARATION CONDITIONING & REFRIGERATION ENGINEERING

I hereby declare the particulars are true in every respect.

44 Lorong Low Koon
Singapore 536454
Tel: 63839761, 63839762
Fax: 62859141

Policyholder's Signature
Date & Time:

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


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

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 : 5065807922-05

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : GBC4453K |
| Chassis Number | : JTFAT35Y30K201995 |
| 2. Name of Policyholder | : SONG KWANG AIR CONDITIONING & REFRIGERATION ENGINEERING |
| 3. Effective Date of Insurance | : 24 May 2019 |
| 4. Expiry Date of Insurance | : 23 May 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 : PEK CHEE KHEE LAWRENCE (00000530347)
 Date of Issue : 29 Apr 2019 21:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1064843

Policy No.	5065807922-05	Vehicle No.	GBC4453K	GST Registration No.	
Certificate No.					
Policyholder Name	SONG KWANG AIR CONDITIONING & REFRIGERATION ENGINEERING			Policyholder NRIC	53045337A
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	63839761	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	01/10/2019 11:49	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/09/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	309 HOUGANG AVE 5 CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/10/2019 11:50:59 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	44 LORONG LOW KOON	Address 2	HAI SING PARK	Address 3	SINGAPORE 536454
Address 4		Address Type	Singapore address	Post Code	536454
Unit No.		Related Policy Number	5072723093-04		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/01/1978
Unnamed driver Name	YIN CHENGSI	Driver NRIC	G5260041W	Driving Experience	1
Register Date of Driver License	12/12/2017	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	85711688	Contact No.(Office)		Address 3	SINGAPORE 530602
Address 1	BLK 602 #08-352	Address 2	HOUGANG AVENUE 4	Post Code	530602
Address 4		Address Type	Singapore address		
Unit No.	08-352				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
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	SONG KWANG AIR CONDITIONING	Insured NRIC	53045		
Contact No.(Mobile)		Contact No. (Home)	62844073	Contact No. (Office)	62844		
Email Address		Vehicle Number	GBC4453K	TP Number	SGU57		
Claim Description	GBC4453K / SGU5713A ON 30 Sept 2019				Name of Preferred Workshop	0	
Preferred Workshop		Insured Liability	Partially at Fault				
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received		
Date Registered				Claim Close Date	01/10/2019 11:52	Date Received	01/10/
Report Taken By	LIEW SHAN HUI						

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1064843	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/10/2019 11:53		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Desci
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 Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:53	SAS		Normal	SAS 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:52	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:52	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:52	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:52	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:52	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 11:52	Photos		Normal	Photos 2019-10-1	

Video List

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