

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

X9 MAY 19/33461

Date In: 08/10/2019 16:28	Job description	Date & Time Completed	Done by
Ref No: X138/MC19017444	SAS e-filing		
Veh No: GV 73192	E-mail (4 days, A/C 2hrs)		
DOA: 07/10/2019 18:30	I-Motor Claims Form	07/10/2019 16:51	08/10/2019 16:51
OID: 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/Vksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMP 1391B	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 > \$9000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

Client Ref: X138/MC19017444	Invoice Ref: X138/MC19017444
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged 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
	For claiming against INC Only (over 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$23
	*ND: DV / Collect Excess Coordination \$3
	TE (NI): TP (S-in INC) against INC \$20
	5) NI: Idao Mobile \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	08/10/2019 16:29
Date Of Accident	07/10/2019 08:30
Exact Location Of Accident	ALONG PIE (TUAS) AFTER WHITLEY ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV7319L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRIMA SEAL WATERPROOFING PTE LTD
Co Reg No	201531909C
Email Address	ENQUIRY@PRIMASEAL.COM
Mobile Phone No	(LOCAL) +65-86121590
Alternative Phone No	OFFICE-86121590

### 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092501066-01
Cover Note Number	

### Driver

Name of Driver	DEBNATH BISHAWJIT
Passport No/FIN	G8382962T
Date Of Birth	28/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86121590
Fax Number	
Contact Number	OFFICE-86121590
EMail Address	ENQUIRY@PRIMASEAL.COM

Address -  
Postcode -  
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 CHAIN COLLISION  
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 4  
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 GBF403R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver TAN YEOK JIN  
NRIC/Passport Number S1656587C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP9803P

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YUNZHENG
NRIC/Passport Number	S8726155G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMP1391B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN LIQIAN
NRIC/Passport Number	S8624840I
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:

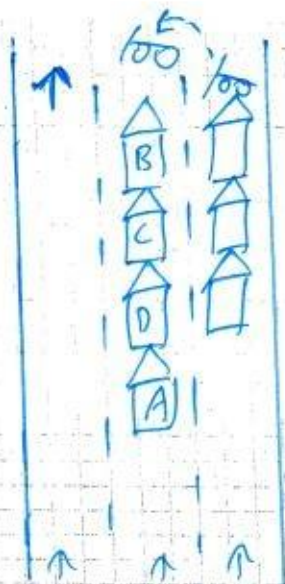
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:



PIE (Tuas)  
~~Before~~ After  
 Whitley Road Exit

- (A) GV7319L
- (B) GBF 403R
- (C) SLP9803P
- (D) SMP1391B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE (Tuas) After Whitley Road Exit.

There was <sup>a chain collision</sup> ~~an~~ accident which caused ~~the~~ motorbike to be pushed over to the lane I was travelling.

Therefore, vehicle (B) jammed brake and <sup>came to a</sup> complete stop. However, vehicle (C) & (D) could not stop in time and collided.

I too was not able to stop in time and hit into vehicle (D).

We exchanged particulars thereafter.

DECLARATION

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

Policyholder  
 Date & Time:



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

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

*[Handwritten signature]*  
 Name: *[Handwritten name]*  
 NRIC/FIN No.: *[Handwritten number]*



## Claim Handling

Accident MT/1065951

Policy No.	S092501066-01	Vehicle No.	GV7319L	GST Registration No.	
Certificate No.					
Policyholder Name	PRIMA SEAL WATERPROOFING PTE LTD			Policyholder NRIC	201531909C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	86211590	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	08/10/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/10/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PEE (TUAS) AFTER WHITLEY ROAD EXIT				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	08/10/2019 16:48:35 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	1090 LOWER DELTA ROAD	Address 2	#03-07	Address 3	SINGAPORE 169201
Address 4		Address Type	Singapore address	Post Code	169201
Unit No.	04-12	Related Policy Number	S092501066-01		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DEBNATH BISHAWJIT	Driver NRIC	G83829627	Driver DOB	28/11/1984
Register Date of Driver License	22/01/2018	Driver Age	34	Driving Experience	1
Contact No.(Mobile)	86211590	Contact No.(Office)		Contact No.(Home)	
Address 1	1090 LOWER DELTA ROAD	Address 2	#03-07	Address 3	SINGAPORE 169201
Address 4		Address Type	Foreign address	Post Code	169201
Unit No.	03-07				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GV7319L	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	OD-MIX	Insured Name	PRIMA SEAL WATERPROOFING PTE LTD	Insured NRIC	201531909C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	86537942
Email Address		01	enquiry@primaseal.com	TP	SMP1391B
Claim Description	GV7319L / SMP1391B ON 7 Oct 2019			Vehicle Number	SMP1391B
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Contract No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Finalisation		GEA report	Received		
Date Registered		Claim Close Date	08/10/2019 16:50	Date Received	08/10/2019 00:00
Report Taken By	ROSLI WAHAB				

Print Ack Letter

Save Submit

## Attachment

Accident No.	MT/1065951	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/10/2019 16:51
Path *			
Choose File	No file chosen	Clear	Category *
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	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos	Normal	Photos 2019-10-8	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos	Normal	Photos 2019-10-8	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos	Normal	Photos 2019-10-8	

Accessing document/reporting claim task						
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:51	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:50	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:50	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:50	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:50	Photos		Normal		Photos 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:50	NRIC/ Driving License	Y	Normal		NRIC/ Driving License 2019-10-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 16:50	SAS		Normal		SAS 2019-10-8

 Video List

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>



PERSONAL PARTICULARS

Date of Accident: 7/10/2019

Time of Accident: 28:30 (24Hrs)

Vehicle No: GV7319L

Vehicle Make/Model: Toyota Hiace

Exact Location of Accident: Along PIE (Tuar) After Whitley Road Exit

Owner's Name/NRIC: Prima Seal Waterproofing Pte Ltd / 201531909C

Driver's Name/NRIC: Debnath Bishawjit / G83829627

Driver's Contact: 86121590

Insurance Co & Policy No: \_\_\_\_\_

Driver's Email Address: hancarrepairs@gmail.com / enquiry@primaseal.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Other specify: Employer/Employee

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? \_\_\_\_\_

(D) The Other Party (Vehicle B) Details

Driver's Name/IC: Chen Liqian / 58624840I

Vehicle No: smp 1391B

Insurance Company: \_\_\_\_\_

Driver's Contact: \_\_\_\_\_

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

(C) Other Vehicle (Vehicle C): SLP9803P - Ong Yunzheng / 58726155G

GBF403R - Tan Yeck Jin / 51656587C

(B) 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 :** 5092501066-01

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **GV7319L**  
Chassis Number : LH1621007696
2. Name of Policyholder : PRIMA SEAL WATERPROOFING PTE LTD
3. Effective Date of Insurance : 08 Oct 2018
4. Expiry Date of Insurance : 07 Oct 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE 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 : ACE AUTOMOBILE PTE. LTD. (00000615425)  
Date of Issue : 07 Oct 2018 17:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive