

NATIONAL Assessment Centre Services.

(ver 1 Jan 03)

MWA 119135905

Date In: 14/10/19 13:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA/IMC19018037164	E-mail (outside BUS, AIC 2hrs)		
Veh No: G0H 2825E	I-Motor Claim Form	MT/1066645-002	19/10/19 13:56
Ref No: 11/10/19 13:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Ref No: 11/10/19 13:30	I-Photo Uploaded		
Ref No: 11/10/19 13:30	Assessment/Survey Report		
Ref No: 11/10/19 13:30	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SKF 5189 U.	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 Hotline: 6788 6616)	Date: ()	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

WA 1907717	Invoice Information Checklist	Amc (\$)	TP Amc (\$)
Claimant'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) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OR:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$3		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Ideal Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	14/10/2019 13:22
Date Of Accident	11/10/2019 13:30
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2826E
Insured/Policyholder	
Name Of Registered Owner	E-BEST IDEA PTE. LTD.
Co Reg No	201616058M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69098303

Vehicle Particulars

Manufacturer	TOYOTA
Model	PROACE 2.0 COMFORT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5099765004-01
Cover Note Number	

Driver

Name of Driver	FENG CHAOZHENG
NRIC No	G6855240R
Date Of Birth	20/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85224779
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	103 ROWELL RD
Postcode	208027
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 - CHANGE/CROSS LANE
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

REFER TO STATEMENT.

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	SKF5189U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEE HONG SHENG NICHOLAS
NRIC/Passport Number	S8438687A
Contact Number	97373198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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

Paya lebar Rd

A) G0H2826E
B) SKF5189U

PIE Exit Paya lebar.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

AFTER I EXITING FROM THE PIE INTO PAYA LEBAR RD, I SWITCH ON MY LEFT INDICATOR LIGHT AND I CHECK VEH B WAS FAR AWAY FROM THE EXTREME LEFT LANE, I SLOWLY FILTERING INTO LEFT LANE, SUDDENLY VEH B SPEED UP AND HIT ONTO MY VEH LEFT FRONT PORTION.

CHINAMAN WILL
COME IN MONDAY

MAY BE ILO NOT SURE

PHOTO IN MY
FOLDER

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 10 / 2019) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: Paya Lebar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH2826E
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: SD9976500V-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: E-BEST IDEA PRA. LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62 6909 8303
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FENG CHAOZHENY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6855240R CONTACT: 85224779
c) ADDRESS: 103 rowell Rd (S) 208027

* d) DATE OF BIRTH: (20 / 11 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/09/2017

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

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: SKF 51894 MODEL: HYUNDAI
b) DRIVER'S NAME: TEE HONG SHENG NICHOLAS
c) NRIC/FIN/PASSPORT: S8438687A CONTACT: 97373198

9. THIRD PARTY VEHICLE

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

email = ebestidea5@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 : 5099765004-01

Cover : Comprehensive

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH2826E |
| Chassis Number | : YARVFAHKHGZ064276 |
| 2. Name of Policyholder | : E-BEST IDEA PTE. LTD. |
| 3. Effective Date of Insurance | : 10 Apr 2019 |
| 4. Expiry Date of Insurance | : 09 Apr 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	: MAYBANK SINGAPORE LIMITED
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 : KCB AGENCY (00000614904)

Date of Issue : 11 Mar 2019 09:41 hrs

KCB AGENCY

Company No. 53116552C

100, Telok Ayer St, Singapore

100 Telok Ayer St Centre

100 Telok Ayer St

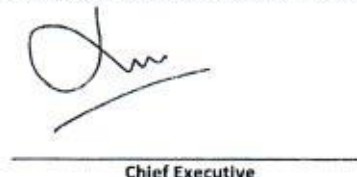
Tel: 6351 3913 Fax: 6391 3810

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1066645

Policy No.	5099765004-01	Vehicle No.	GBH2826E	GST Registration No.	201616058M
Certificate No.					
Policyholder Name	E-BEST IDEA PTE. LTD.			Policyholder NRIC	201616058M
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	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(%)	10	Private Hire	No

Accident Details

Report Date	14/10/2019 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	11/10/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD INFRONT SHELL PETROL KIOSK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YTED OD Excess		YTED TP Excess			
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/03/2018
GST Registration No.	201616058M	GST Status Verified	Yes
Modification History	14/10/2019 09:40:08 System changed GST Registered from No to Yes 14/10/2019 09:40:08 System changed GST Registration No. from null to 201616058M 14/10/2019 09:40:08 System changed GST Registration Date from null to 01/03/2018		

Policyholder Mailing Address

Address 1	103 ROWELL ROAD	Address 2	SINGAPORE 208027	Address 3	
Address 4		Address Type	Singapore address	Post Code	208027
Unit No.	04-09	Related Policy Number	5099765004-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OO-MX	Insured Name	E-BEST IDEA PTE. LTD.	Insured NRIC	201616058M
Contact No.(Mobile)	01553040	Contact No.(Home)	NIL	Contact No.(Office)	690980
Email Address	EBESTIDEA8@GMAIL.COM	OI Vehicle Number	GBH2826E	TP Vehicle Number	SKP511
Claim Description	GBH2826E / SKP5119U ON 11 Oct 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault		
FINANCE No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered				Claim Close Date	14/10/2019 13:55
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1066645	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/10/2019 13:56		
Path *		Category *	Confidential	Urgency *	Desc
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
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	14 Oct 2019 13:56	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-14	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
14 Oct 2019 13:56

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SAS 2019-10-14



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14 Oct 2019 13:56

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Photos 2019-10-14



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14 Oct 2019 13:55

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Photos 2019-10-14

Video List

Uploaded By/Date

Folder Date

File Name



Source

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