

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 14/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19018081/13	SAS e-filing		
Veh No: GBJ8717L	E-mail (w/In: 8hrs, AIC 2hrs)		
D.O.A: 12/10/19 1220	i-Motor Claim Form	MT/1066825-001	
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (21-51) Tel: () Fax: ()

TP Particulars: Veh No: SXC3373H 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%; F: 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&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

NA 907860	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
	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	14/10/2019 17:03
Date Of Accident	12/10/2019 12:20
Exact Location Of Accident	ALONG PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8717L
Insured/Policyholder	
Name Of Registered Owner	AGILITY MOVE
Co Reg No	53401572K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313343

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	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	5111923342
Cover Note Number	

Driver

Name of Driver	LEOW MABEL
NRIC No	S7832112A
Date Of Birth	26/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96313343
Fax Number	
Contact Number	
E-Mail Address	MABELLEOW21@GMAIL.COM

Address	BLK 573 HOUGANG STREET 51 #02-21
Postcode	530573
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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)	2
Passenger 1	NAME: : DEDAL RUBY GARDOSE GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED 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	SKC3373H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81022062
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEOW MABEL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBJ8717L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DEDAL RUBY GARDOSE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBJ8717L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

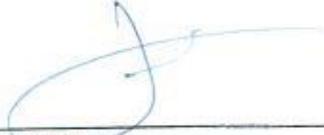
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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)**

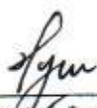
I understand, acknowledge, agree and consent that:

- (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.

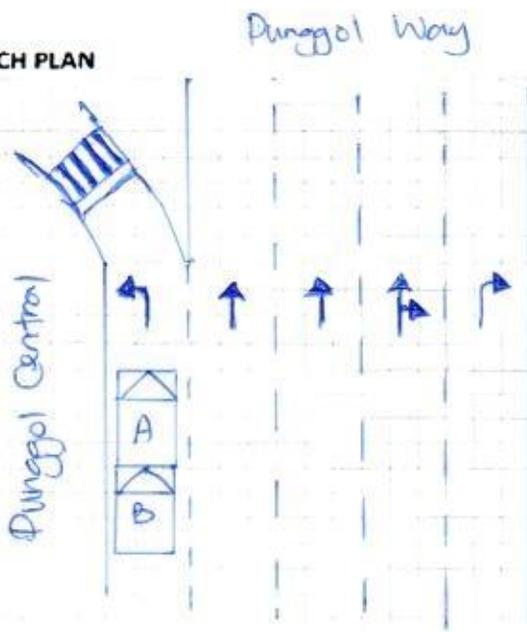

Policyholder's Signature
Date & Time:




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

 14/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: GBJ 8717L

Vehicle B: SKC 3373H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (GBJ 8717L) traveling along Punggol Central. I was stationary on lane 5 waiting the queue to turn left. About 5 second, I felt impact from rear of my vehicle. After check, vehicle B (SKC 3373H) collided onto my vehicle rear portion.

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.:

Vehicle No.	GBJ8717L	Model / Make	Nissan NV200
Date of Accident	12/10/2019		
Time of Accident	1220	HRS	
Location of Accident	Along Punggol Central		
Exact purpose use during accident	Work		
Name of Owner	Agility Work		
Telephone No.	H/P: 96313343	Home:	Office:
NRIC	53401572K		
Address	BLK 573 Hougang Street 51 #02-21 S(530573)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5111923342		
Name of Driver	As Above If No, Leow Mabel		
NRIC	57832112A	Any Passengers:	1
Date of birth	26/10/1978	(F)	(Dedal Ruby Gardose)
Occupation	Outdoor	/	Indoor
Driving License Pass Date	4/12/2008		
Gender	Male	/	Female
Contact No.	H/P: 96313343	Home:	Office:
Address	BLK 573 Hougang Street 51 #02-21 S(530573)		
Driver have any own vehicle	No,	(if yes, Reg No.	SMD9878A
Relationship	Employee,	If no, state	Owner
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	(if Yes, Who?	
Name And Contact No.	Leow Mabel 96313343		
Name And Contact No.	Dedal Ruby Gardose 9130 8881		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SKC3373H	Any Passengers:	2
Name of Driver		Contact No.:	8102 2062
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	mabelleow21@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotiva Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7832112A



Name
LEOW MABEL

Race
CHINESE

Date of Birth
26-10-1978

Country of Birth
SINGAPORE

Sex
F



For N-51 Automotive Pte Ltd
For Twincar Automotive Pte Ltd
Accident Use Only

S7832112A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7832112A**

Name
LEOW MABEL

Birth Date: **26 Oct 1978**

Issue Date: **04 Dec 2008**




001683510D

A0061745



NRIC No. **S7832112A**



Blood Group
A+

Date of Issue
14-09-2001

Address
**APT BLK 573 HOUGANG STREET 51 #02-21
SINGAPORE 530573**

NRIC No: **S7832112A** Date: **14-02-2002** No: **4232241**

For N-51 Automotive Pte Ltd
For Twincar Automotive Pte Ltd
Accident Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	04 Dec 2008

NP 428A

Licence No: S7832112A



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 : 5111923342

Cover : Comprehensive

- | | |
|--|----------------|
| 1. Index mark and Registration Number of Vehicle | : GBJ8717L |
| Chassis Number | : VM20138048 |
| 2. Name of Policyholder | : AGILITY MOVE |
| 3. Effective Date of Insurance | : 16 Sep 2019 |
| 4. Expiry Date of Insurance | : 15 Sep 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	SG MOTOR TRADER PTE LTD Reg. No.: 201537467C 172 Sin Ming Drive Singapore 575720 Tel: 6933 9400 Fax: 6456 0678
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: ABS FINANCIAL 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 : SG MOTOR TRADER PTE. LTD. (00000573388)
Date of Issue : 27 Aug 2019 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1066825

Policy No.	5111923342	Vehicle No.	GBJ8717L	GST Registra
Certificate No.				
Policyholder Name	AGILITY MOVE			Policyholder f
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96313343	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ **Accident Details**

Report Date	14/10/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	12/10/2019	Time of Accident hh:mm	12:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG FUNGGOL CENTRAL			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	600.00	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	14/10/2019 17:42:15 System changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	BLK 573 #02-21	Address 2	HOU GANG STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-21	Related Policy Number	5111923342	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEOW MABEL	Driver NRIC	S7832112A	Driver DOB
Register Date of Driver License	04/02/2008	Driver Age	40	Driving Exper
Contact No.(Mobile)	96313343	Contact No.(Office)	0	Contact No.(
Address 1	BLK 573	Address 2	HOU GANG STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-21			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GBJ8717L / SKC3373H ON 12 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	14/10/2019 17:46	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1066825 Claim No. 001
Last Doc. Received Yes No Upload Date 14/10/2019 00:00

Choose File No file chosen
Message Read

Clear Please Select NO

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency. Contains 8 rows of attachment data including NAC_PAYA_UBI_800601 files.

Video List

Uploaded By/Date Folder Date File Name
Display in New Window Scan and uploading