

NATIONAL Assessment Centre Services.

[wef 4 Jan'05]

MNA 419/44/06

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MNA 419/44106			
Date In: 31/10/2019 11:56	Job description	Date & Time Completed	Done by
Ref No: N/A 2169P	SAS e-filing		
Veh No: YP 6532L	E-mail (Wjda 3hrs, AIC 2hrs)		
DOA: 22/10/2019 17:30	I-Motor Claim Form	MT/106 9286-001	31/10/2019
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:46
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: YN 2169P	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: ()			
Comments: ()			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time: ()			
Actions: ()			
Comments: ()			
Driver/Owner: ()			
Contact No: ()			
Damaged Portion: ()			
QC Checked by (Engr-In-Charge): ()			
Auditor's Comments: ()			
Ref: 1:			
2/2			
1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100) INC (\$10) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (ver 10 Jan 2003) 6) TR: Re-inspection \$75 7) NI: Idas DA + SMRT Survey \$160 8) NTUC Additional Services:- ON: *NS: Courtesy Car / Tpl Allowance \$3 *N6: Repairs Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$3 TP (NI) / TP (N-a INC) against INC \$30 9) NI3: Idas Mobile 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	31/10/2019 11:56
Date Of Accident	22/10/2019 17:30
Exact Location Of Accident	AT 39 KEPPEL ROAD LOADING AND UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6532L
Insured/Policyholder	
Name Of Registered Owner	NYQ SERVICES PTE LTD
Co Reg No	199102353Z
Email Address	NYQSPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-87166164
Alternative Phone No	OFFICE-62274449

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	5110295170
Cover Note Number	

Driver

Name of Driver	MOHAMAD HALIM BIN ABDOL RAHAMAN
NRIC No	S7245451J
Date Of Birth	08/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1993
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87166164
Fax Number	
Contact Number	OFFICE-62273696
Email Address	NYQSPL@SINGNET.COM.SG

Address	BLK 76 TELOK BLANGAH DRIVE #02-278
Postcode	100076
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

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 ATTACHMENT

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	YN2169P
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM CHOON KIAT
NRIC/Passport Number	S1407371Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

Handwritten signature
31/10/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Handwritten signature
31/10/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

[A large blue checkmark is drawn across the entire section.]

DECLARATION

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



Policyholder's Signature
Date & Time:

Hawing
31/10/19

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

31/10/2019
Keshi Luthm

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

Accident happened on 22nd October 2019 @ 5.30pm

NYQ truck YP6532L was parked at the loading bay of 39 Keppel Road, Tanjong Pagar Distripark, next to YP2169P. At around 5.30pm YP7854B truck belongs to Food Services (Insurance attached) driven by Lim Choon Kiat, IC S1407371Z hit into YN2169P, the impact was so great that YP2169P position was shifted and than hit into our truck YP6532L. Photos Attached

We are claiming against YP7854B belonging to Food Services



39 Keppel Road, Tanjong Pagar Distripark



Lim Choon Kiat
31/10/19

31/10/2019
Rafiq

Claim Handling

* The premium on this policy has not been collected.

Accident MY/1069296

Policy No.	5110295170	Vehicle No.	YP6532L	GST Registrat
Certificate No.	5110295170-000010			
Policyholder Name	NYQ SERVICES PTE LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	87166164	Contact No.(Office)	62274449/62273596	Contact No.(Hi
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 Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	31/10/2019 12:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/10/2019	Time of Accident hh:mm	17:30	Country of Acc
Reporting Centre		Orange Force		ICH No.
Accident Location	AT 39 KEPPEL ROAD LOADING AND UNLOADING BAY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	1991023532	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	39 KEPPEL ROAD	Address 2	#02-01 TANJONG PAGAR DISTR	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-01	Related Policy Number	5110295170	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed-driver Name	MOHAMAD HALIM BIN ABDOL R.	Driver NRIC	S72454513	Driver DOB
Register Date of Driver License	29/03/2010	Driver Age	46	Driving Experi
Contact No.(Mobile)	87166164	Contact No.(Office)	62274449/62273596	Contact No.(Hi
Address 1	BLK 75 #02-27B	Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	02-27B			
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	YP6532L	Driver Insurer

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 New

Claim Type *	OD-MX	Insured Name	NYI
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	YPT
Claim Description	YP6532L / YN2169P ON 22 Oct 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	31/10/2019 12:44
			ROSLI WAHAB

Print AK letter



NYQ SERVICES PTE LTD

YP6532L

ad 31/01/2011
www.ewineasia.com

T: 6222 3977

E: info@ewineasia.com

60

YN
2169P

L14







2nd
Chevrolet

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5110295170"/>	Date of Accident	<input type="text" value="22/10/2019 11:55"/>							
Vehicle No. (For Motor)	<input type="text" value="YP6532L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110295170	5110295170-000010	NYQ SERVICES PTE LTD	199102353Z	GFM	Comprehensive	YP6532L	YP6532L	08/06/2019	07/06/2020
<input type="button" value="Continue"/>										

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 : 5110295170-000010

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: YP6532L

Chassis Number

: FEB71EA20400

2. Name of Policyholder

: NYQ SERVICES PTE LTD

3. Effective Date of Insurance

: 08 Jun 2019

4. Expiry Date of Insurance

: 07 Jun 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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 10 Jun 2019 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive