

# NATIONAL Assessment Centre Services. (part 1 Jan 2005)

17/11/2009 14:26

Date In: 07/11/2009 14:26	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9019787/4	SAS e-filing		
Veh No: GY 73104	E-mail (Adjust 3hrs, AIC 2hrs)		
DOA: 07/11/2009 10:00	I-Motor Claim Form	mt/1070387-002	07/11/2009 17:43
OD: TP / Reporting Only	I-Motor W/O (W/Inlet OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SM 9076L	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 ( )	

( ) 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 > \$3000] ( )		

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

Date: 07/11/2009	Time: 14:26

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: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$30	
	9) NI: Idas Mobile \$30	
	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	07/11/2019 14:26
Date Of Accident	07/11/2019 10:00
Exact Location Of Accident	TELOK BLANGAH RD IN FRONT OF VIVO CITY BUS STOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY7310U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOVIT TRANSPORT
Co Reg No	53369694A
Email Address	WEIBINNNN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91062911
Alternative Phone No	OFFICE-91062911

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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
Fleet Policy	NO
Policy Number	5111203667
Cover Note Number	

### Driver

Name of Driver	ONG WEI BIN
NRIC No	S9618488C
Date Of Birth	26/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91062911
Fax Number	
Contact Number	OTHERS-91062911
Email Address	WEIBINNNN@GMAIL.COM

Address	BLK 524 JURONG WEST STREET 52 #09-245
Postcode	640524
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	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	3
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	SLM9076L
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEOH ENG TECK
NRIC/Passport Number	S1561039E
Contact Number	90993898
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB9240Z
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Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW NGEE FATT
NRIC/Passport Number	S1333573G
Contact Number	96839229
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.

**MOVIT TRANSPORT**  
Reg. No: 53369694A  
268B Boon Lay Drive #07-566  
Singapore 642268  
HP: +65 9122 2631

Policyholder's Signature

Date & Time: 07/11/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/11/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along THIOK BLANGAH ROAD Infront of Vivo City

- A) GY 7301U  
B) SIM 9076L  
C) SKB 9240Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The first car decided to jam brake and switch lane so the second car brake behind him but me as the last car got no time to brake and bang onto the back of the second car.

DECLARATION

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

**MOVIT TRANSPORT**

Reg. No: 53369694A  
268B Boon Lay Drive #07-566  
Singapore 642268  
HP: 65 9422 2631

Policyholder:  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/11/2019

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (07/11/2019) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: Along Telok Hengah Road Infront of Vivacity Bus Stop

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GT73104  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: S111203667  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Nissan Cabstar  
 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: Mervin Transport (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9618488C CONTACT: 91062911  
 c) ADDRESS: 268B Boon Lay Drive #07-566 S642268

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: Ong Wei Bin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9618488C CONTACT: 91062911  
 c) ADDRESS: 631 Choa Chu Kang North 6 #11-223

\*d) DATE OF BIRTH: (26/05/1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/01/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: SLM 9076L MODEL: Toyota Prius  
 b) DRIVER'S NAME: Teoh Eng Teck  
 c) NRIC/FIN/PASSPORT: S1561039E CONTACT: 9099 3898

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKB 9240Z MODEL: Toyota  
 e) DRIVER'S NAME: Lee Ng See Fatt  
 f) NRIC/FIN/PASSPORT: S1333573G CONTACT: 9683 9229

email = weibinnn@gmail.com

VIDEO

11/7/2019

Claim Handling( Claim Task )

## Claim Handling

Accident MT/1070387

Policy No.	5111203667	Vehicle No.	GY7310U	GST Registrati
Certificate No.				
Policyholder Name	MOVIT TRANSPORT			
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party	Policyholder NI
Contact No.(Mobile)	NA	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(H
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason
				Private Hire

## ▼ Accident Details

Report Date	07/11/2019 15:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/11/2019	Time of Accident hh:mm	00:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	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	07/11/2019 15:09:36 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 268B #07-566	Address 2	BOON LAY DRIVE	Address 3
Address 4	SINGAPORE 642268	Address Type	Singapore address	Post Code
Unit No.	07-566	Related Policy Number	5111203667	

## ▼ OI Driver Info

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

Modification History

Claim 002

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Fully at Fault	GIA report	Received	Insured Name	MO
Workshop No.	<input type="text"/>	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No.	
Finalisation	Yes					(Home)	
Date Registered	<input type="text"/>					Vehicle Number	GY
Report Taken By	<input type="text"/>						

Print AK letter

Save Submit

Attachment





Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

## Policy Query

Policy No.	<input type="text" value="5111203667"/>	Date of Accident	<input type="text" value="07/11/2019 14:24"/>
Vehicle No.(For Motor)	<input type="text" value="GY7310U"/>	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"/>	5111203667		MOVIT TRANSPORT	53369694A	GCV	Third Party	GY7310U	GY7310U	17/07/2019	18/07/2020