

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 11915314

Date In: 21/11/19-07:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC/190205314	SAS e-filing		
Veh No: 6808450L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/10/19-20:00	i-Motor Claim Form	27/10/2023-001	21/11/19 09:38
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: (	Tel: (	Fax: (
TP Particulars: Vch No: 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 & 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

NA1908777	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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 \$3		
	TP (N11) : TP (N-11 INC) against INC \$20		
	9) N12: Idac 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	20/11/2019 09:48
Date Of Accident	25/10/2019 20:00
Exact Location Of Accident	SIN LIM SQUARE GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8450L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG JIT TRADING COMPANY
Co Reg No	30823400J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62892529

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5100733323-01
Cover Note Number	

### Driver

Name of Driver	YAP SOON HENG
NRIC No	S1333665B
Date Of Birth	22/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98994030
Fax Number	
Contact Number	OFFICE-98994030
Email Address	NOEMAIL

Address	31 PASIR RIS DRIVE 3 #04-02
Postcode	519491
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	COLLIDED INTO PROPERTY
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

## 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.

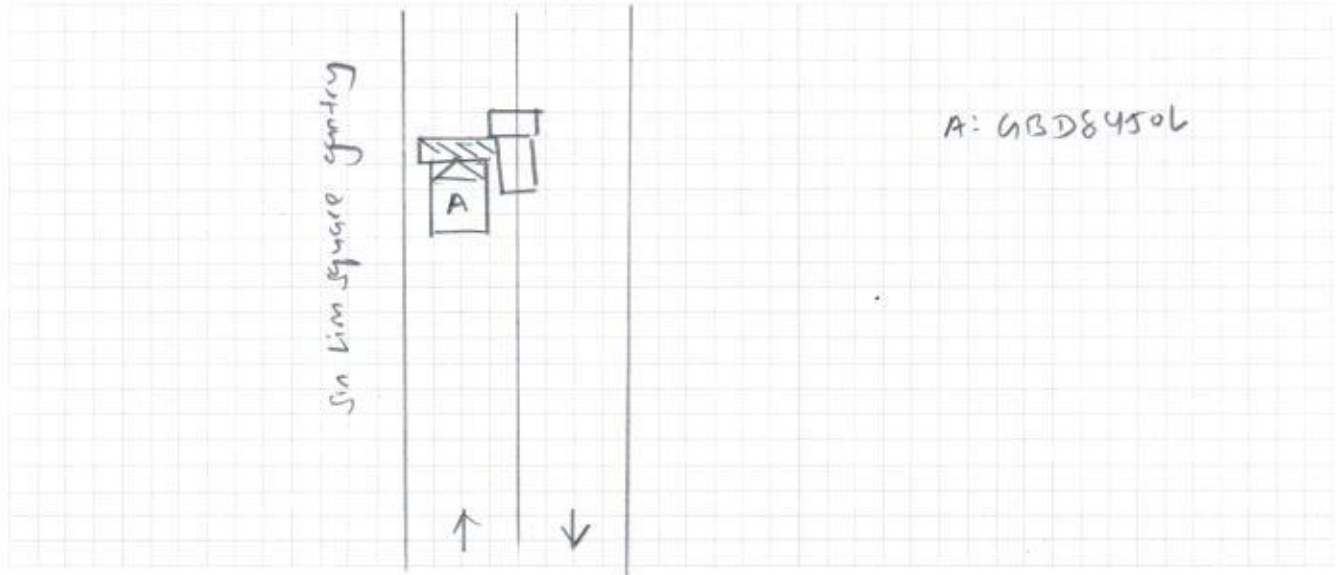


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## 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.:

ON STATED DATE AND TIME, AS I EXIT FROM THE SIN LIM SQUARE BUILDING. I  
ACCIDENTALLY HIT ONTO THE BARRIER.

# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 12 / 19.) (DD/MM/YYYY). TIME: (22 : 00.) (HH:MM)

LOCATION: Sim Lim Square Gentry

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GSD8450L  
b) INSURANCE COMPANY: HTOC  
c) POLICY NUMBER: S10273332301  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: for private  
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: Yang Jit Trading Company (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 6289 2529  
c) ADDRESS:

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

## DRIVER

- a) NAME: Yap Soon Heng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1335665B CONTACT: 9899 4030  
c) ADDRESS:

\*d) DATE OF BIRTH: (22 / 12 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: Barrier MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

Email = shyap2@yahoo.com

fax =

VIDEO = X

10-05-19:17:17 LQ

F512

16334 0624



GBD 8450L

8/6/19

7/6/20

F512

## 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 : 5100733323-01

- |  |                                 |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle   | Cover : Preferred Workshop Plan |
| Chassis Number   | GBD8450L                        |
| 2. Name of Policyholder  | JTFHT02P800161952               |
| 3. Effective Date of Insurance   | YONG JIT TRADING COMPANY        |
| 4. Expiry Date of Insurance  | 08 Jun 2019                     |
| 5. Persons or Classes of Persons entitled to drive#  | 07 Jun 2020                     |
| (a) The Policyholder.  |                                 |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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	: HONG LEONG FINANCE 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
 Date of Issue : 10 May 2019 16:49 hrs

LQ INSURANCE AGENCY PTE LTD

180B BENCOOLEN STREET  
 #04-01 THE BENCOOLEN  
 SINGAPORE 109348

TEL: 6-334-0793 FAX: 6-334-0524  
 Co. Reg. No: 100005500/V

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/10/2019 20:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GBD8450L"/>	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 type="radio"/>	5100733323-01		YONG JIT TRADING COMPANY	308234003	GCV	Preferred Workshop Plan	GBD8450L	GBD8450L	08/06/2019	07/06/2020
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1070373

Policy No.	5100733223-01	Vehicle No.	GB08450L	GST Registration No.	
Certificate No.					
Policyholder Name	YONG JIT TRADING COMPANY			Policyholder NRIC	308234003
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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(%)	20	Private Hire	No

**Accident Details**

Report Date	07/11/2019 13:53	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	25/10/2019	Time of Accident (hh:mm)	19:58	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THE EXIT OF B1 CARPARK TOWARDS BENCOOLEN STREET				

**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
YIED OD Excess		YIED TP Excess			
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	07/11/2019 14:09:58 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	6 UBI ROAD 1	Address 2	#02-06 WINTECH CENTRE	Address 3	SINGAPORE 408726
Address 4		Address Type	Singapore address	Post Code	408726
Unit No.		Related Policy Number	5094749019-02		

**Q1 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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	YONG JIT TRADING COMPANY	Insured NRIC	308234003
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62892529
Email Address		Q1 Vehicle Number	GB08450L	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GB08450L ON 25 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/11/2019 09:58	Claim Close Date		Date Received	20/11/2019 09:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print Ack letter					

Save Submit

## Attachment

Accident No.	MT/1070373	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	20/11/2019 09:58

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 20 Nov 2019 09:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 20 Nov 2019 09:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 20 Nov 2019 09:58	SAS		Normal	SAS 2019-11-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 20 Nov 2019 09:58	Photos		Normal	Photos 2019-11-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 20 Nov 2019 09:58	Photos		Normal	Photos 2019-11-20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 20 Nov 2019 09:58	Photos		Normal	Photos 2019-11-20
Video List					
Uploaded By/Date		Folder Date		File Name	Source
				Display in New Window	Scan and uploading