

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MA449/53046

Date In: 25/11/2009 11:01	Job description	Date & Time Completed	Done by
Ref No: X18A/INC 9020767/4	SAS e-filing		
Veh No: Ym 9470C	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 19/11/2009 10:00	I-Motor Claim Form	MT11012313-002	25/11/2009
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:28
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: SKB5172	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:
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time:	Location:

MA449/53046	Work Done / Charges	Amount (\$)
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: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TE (Nil) : TP (Nil) INC against INC \$20	
	9) N12: Ideal Mobile \$0	
	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	25/11/2019 11:01
Date Of Accident	19/11/2019 10:00
Exact Location Of Accident	IN FRONT OF #03-20 10 KAKI BUKIT ROAD 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9470C
Insured/Policyholder	
Name Of Registered Owner	TECK HE FA ENGINEERING
Co Reg No	53392356E
Email Address	TECKHESENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97692713
Alternative Phone No	OFFICE-94875904

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A
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	5107229680
Cover Note Number	

Driver

Name of Driver	BOEY KOK KEE
NRIC No	S1186525I
Date Of Birth	07/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692713
Fax Number	
Contact Number	OFFICE-94875904
Email Address	TECKHESENG@YAHOO.COM.SG

Address	41A SURIN AVENUE
Postcode	535636
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : WEN HUAN
	GENDER: : MALE

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	SKB5117Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



Full Signature & Stamp
Date & Time

25/11/2019
Rosa Lopez

SKETCH PLAN

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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.

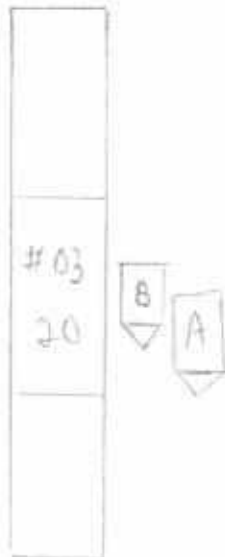


Policyholder's Signature
Date & Time:

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

25/11/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = YM9470C

B = SKB5117Z

In front of #03-20

(10 Kaki Bukit Road 2

First East Centre,

Singapore 417866)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACH

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



25/11/2019
Reda

On 19.11.19 at about 10.00 hours, in front of #03-20 (10 Kaki Bukit Road 2 First East Centre, Singapore 417868).

While I was driving my lorry, suddenly I hear got people ask me to stop my lorry. When I alighted I realize I turning too fast and too close due to road too narrow and accidentally hit the car parked in front of #03-20. I wish to state that I have one passenger inside my vehicle

Vehicle (A) : YM9470C

Vehicle (B) : SKB5117Z

A handwritten signature in black ink, appearing to be "JS".

 25/11/2019
Roha WABAB

SINGAPORE ACCIDENT STATEMENT

Accident Date: 17/11/17	Time: 10:00	(hh:mm) 24 hr format
Location In front of #03-20 (10 KRA Bldg Road 2, First East Centre, S(418668))		
Vehicle Number JM7470C		
Insured Name TECK HE FOO Engineering		
NRIC/FIN 53292356E	Contact Number 64675904	
Make Suzuki	Model NHR5AUE4A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting		
Insurance Company NTUC		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 5107229680		
Name of Driver Boey Kok Fel		() Same as Insured
NRIC/FIN 211865251	Contact Number 97692713	
Date of Birth 07/12/1955		
Driving Pass Date 13/06/1979		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address teckheseng@yahoo.com.sg		() NO EMAIL
Address of Driver 41A Surin Avenue		
SC 5356367		
Was driver an employee of the Insured's Company? () Yes () No Director		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B	SCB 5117Z	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger: Wen Huan (Male)

Claim Handling

Accident MT/1072313

Policy No.	5107229680	Vehicle No.	YM9470C	GST Registrati
Certificate No.				
Policyholder Name	TECK HE FA ENGINEERING			Policyholder No
Product Code	COMMERCIAL VEHICLE (INSURAT	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	Nil	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	21/11/2019 10:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/11/2019	Time of Accident hh:mm	10:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	IN FRONT OF #03-20 KAKI BUKIT RD 2(FAR EAST CENTRE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
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	21/11/2019 10:19:05 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	41A SURIN AVENUE	Address 2	SURIN GROVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107229680-01	

OT Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
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?	Yes + No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	TEC
Contact No.(Mobile)		Contact No. (Home)	Nil
Email Address		OT Vehicle Number	YM
Claim Description	YM9470C / SKB5117Z ON 19 Nov 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered			25/11/2019 11:22
Report Taken By			ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1072313

Claim No.

002

Last Doc. Received

* Yes ☐ No ☐

Upload Date

25/11/2019 11:28

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Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:28	SAS		Normal	Sr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:28	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:28	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:22	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:22	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:22	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:22	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIDNAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 11:22	Photos		Normal	Phc

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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	5107229680	Cover	Preferred Workshop Plan
1. Index mark and Registration Number of Vehicle	YM9470C		
Chassis Number	JAANHB85E87100208		
2. Name of Policyholder	TECK HE PA ENGINEERING		
3. Effective Date of Insurance	01 Feb 2019		
4. Expiry Date of Insurance	31 Jan 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	: N/A
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 : ABWIN PTE LTD (00000614234)
Date of Issue : 01 Feb 2019 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ABWIN PTE LTD
8 Kaki Bukit Road 2 #01-33
Ruby Warehouse Complex
Singapore 417841

Tel: 6842 3332 Fax: 6842 3301 (Admin Office)



Countersigned By:

Authorised Officer

Chief Executive