

# NATIONAL Assessment Centre Services. [part 1 Jan03] : MMA 119155591

Date In: 25/11/19 16:39	Job description	Date & Time Completed	Done by
Ref No: MA/INC19020821164	SAS e-illing		
Veh No: PC 4896A	E-mail (within 3hrs, AIC 2hrs)		
TPA: 24/11/19 0115	I-Motor Claim Form	MT/1072861-001	25/11/19 16:56
OD: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SMA 73 27 C.	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: YBS ( ) / 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	Action

<p>MA1908829</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sub J:</p> <p>Page 2/3</p>	<p>Invoice Particulars:</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idea DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpt Allowance \$5</p> <p>*NG: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$5</p> <p>TP (NI): TP (Inc INC) against INC \$20</p> <p>9) N12: Idea Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
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## 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 16:39
Date Of Accident	24/11/2019 01:15
Exact Location Of Accident	FORT RD ENTER ECP B4 ZEBRA CROSSING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4896A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEI YUE TRANSPORTATION SERVICES
Co Reg No	53132655A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93662977

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5113847443
Cover Note Number	

### Driver

Name of Driver	MOHAMAD JUFRI BIN AHMAD
NRIC No	S7136858J
Date Of Birth	19/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96627449
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 491G TAMPINES ST 45 #12-262
Postcode	526491
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	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?	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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7327C
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

### 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.

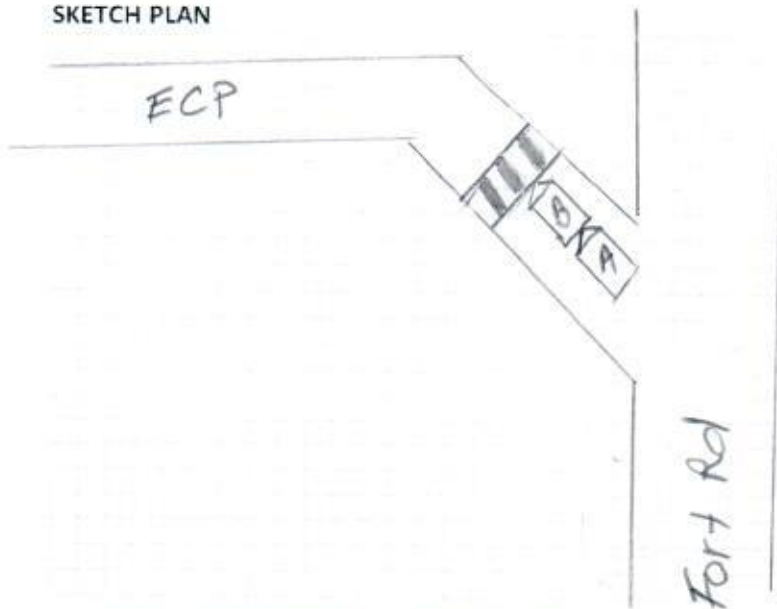


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = PC 4896A

B = SMA 7327C

Fort Road

Entering ECP

(Before Zebra Crossing)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/19 I was travelling from Fort Rd entering ECP before zebra crossing a car in front of me suddenly stop and I can't brake in time and hit the back of the car. There was three cyclist crossing the zebra.

Vehicle involved : SMA 7327C

Time : 01:13 hrs

In van : 4 passengers.

## 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.:



5113847443.

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/11/19	Time: 01:13 hrs	(hh:mm) 24 hr format
Location Fort Road entering ECP before Tebrau Crossing		
Vehicle Number PC4896A		
Insured Name Wei Jue Transportation Services		
NRIC/FIN 53132655A	Contact Number 9366 2977	
Make Toyota	Model Hrace	
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 NINE		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 5075418240-03		
Name of Driver Mohamad Jufri Bin Ahmad ( ) Same as Insured		
NRIC / FIN 57136858J	Contact Number 9662 7449	
Date of Birth 19/10/1971		
Driving Pass Date 27/07/2001		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address - No e-mail - ( ) NO EMAIL		
Address of Driver B1K 419G Tampines Street 45		
#12-262, SC526491		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) 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? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	SMA7327C	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger: 4  $\begin{cases} 2 \text{ male} \\ 2 \text{ Female} \end{cases}$

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="5113847443"/>	Date of Accident	<input type="text" value="24/11/2019 16:21"/>
Vehicle No.(For Motor)	<input type="text" value="PC4896A"/>	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"/>	5113847443	5113847443-000006	WEI YUE TRANSPORTATION SERVICES	53132655A	GFM	Comprehensive	PC4896A	PC4896A	20/11/2019	19/11/2020



This receipt is not valid unless amount paid is receipted in machine printed figures.  
RENEWAL NOTICE FOR VOCATIONAL LICENCE

Name: MR MOHAMAD JUFRI BIN AHMAD

Licence No.: S7136856J

Licence Group: 03/04

Next Expiry Date: 31/10/2020

PC4896A  
driver

Land Transport  
  
Authority

Please see overleaf for renewal instructions

Transaction ref 20190610102245349623

Please check that the owner and vehicle details are correct:

1. Name	: WEI YUE TRANSPORTATION SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 53132655A
4. Country/Region	: -
5. Vehicle Registration No.	: PC4896A
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 10 Jun 2019
8. Original Registration Date	: 19 May 2016
9. First Registration Date	: 19 May 2016
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE COMMUTER 3.0GL
17. Year of Manufacture	: 2016
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 13
21. Chassis/Trailer Chassis No.	: KDH2230027139 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD2593994 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 2140
27. Maximum Laden Weight(kg)	: 2990
28. Open Market Value	: S42,182.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: S0.00
32. No. of Transfers	: 2



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1072861

Policy No.	5113847443	Vehicle No.	PC4896A	GST Registration No.	
Certificate No.	5113847443-000006				
Policyholder Name	WEI YUE TRANSPORTATION SERVICES			Policyholder NRIC	53132655A
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93662977	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	25/11/2019 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/11/2019	Time of Accident hh:mm	01:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FORT RD ENTER ECP B4 ZEBRA CROSSING				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YJED OD Excess	0.00	YJED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	25/11/2019 16:54:50 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 211 #14-139	Address 2	BOON LAY PLACE	Address 3	SINGAPORE 640211
Address 4		Address Type	Singapore address	Post Code	640211
Unit No.		Related Policy Number	5113847443		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD JUFRI BIN AHMAD	Driver NRIC	57136838J	Driver DOB	19/10/1971
Register Date of Driver License	27/07/2001	Driver Age	48	Driving Experience	18
Contact No.(Mobile)	96627449	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 491G #12-262	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 526491
Address 4		Address Type	Singapore address	Post Code	526491
Unit No.	12-262				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

## Modification History

## Claim 001

## New


Claim Type *	OD-MX	Insured Name	WEI YUE TRANSPORTATION SER	Insured NRIC	531326
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		01 Vehicle Number	PC4896A	TP Vehicle Number	SMA73
Claim Description	PC4896A / SMA7327C ON 24 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	25/11/2019 16:55
Date Registered				Date Received	25/11/2019
Report Taken By	LIEW SHAN HUI				

## Print AK letter

Save Submit

## Attachment

Accident No.	MT/1072861	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/11/2019 16:56
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO
Attachment List			

Attachment	Uploaded By/Date	Category		Urgency	Description	H
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	SAS		Normal	SAS 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:56	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:55	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:55	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:55	Photos		Normal	Photos 2019-11-25	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 16:55	Photos		Normal	Photos 2019-11-25	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
		Display in New Window	Scan and uploading			