

# NATIONAL Assessment Centre Services

Date In <b>09/12/19</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC19021671/13</b>	SAS e-filing		
Veh No <b>XE26744</b>	E-mail (within 3hrs, MC 2hrs)		
DOA <b>05/12/19</b> <b>1330</b>	i-Motor Claim Form <b>MT/1075000-001</b>		
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within 1Hr 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLN900L</b>	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%; F: 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

<b>NA1909250</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile 30		

**Auditors' Comments :-**

Cat 1:

Cat 2 / 3:

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	09/12/2019 17:36
Date Of Accident	05/12/2019 13:30
Exact Location Of Accident	TRAFFIC LIGHT JUNC @ SENGKANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XE2674G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Co Reg No	199305775C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63667000
<b>Vehicle Particulars</b>	
Manufacturer	SCANIA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106621699
Cover Note Number	
<b>Driver</b>	
Name of Driver	LAW ENG HO
Passport No/FIN	F7518259R
Date Of Birth	10/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91400369
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	18 PASIR RIS AVE
Postcode	519685
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	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SENT VIDEO TO OD SUPPORT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN900L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO MEI CHIN
NRIC/Passport Number	S2222927C
Contact Number	98763666
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.



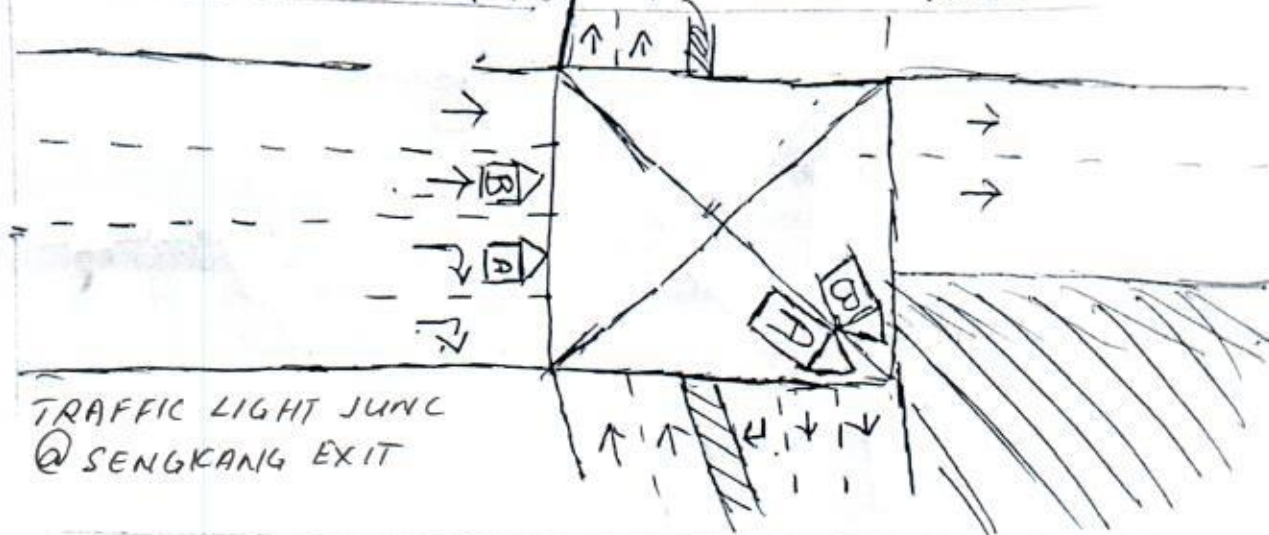
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN:

SKETCH PLAN

A-XE2674G / B-SLN900L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When turning right, vehicle 'B' from the only Lane that can go straight suddenly turned right & hit onto my vehicle LHS Portion.

My vehicle sustained only scratch & vehicle 'B' RHS portion was damage.

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.

11-40 6-12-2019 09/12/19



ACCIDENT STATEMENT FOR INPUT	
DATE OF ACCIDENT	05/12/2019
TIME OF ACCIDENT	1330 HRS
PLACE OF ACCIDENT	TRAFFIC LIGHT JUNCTION @ SENGKANG EXIT
VEHICLE NUMBER	XE 2674G NO. OF PAX (INCLUDE DRIVER) : 1 PAX
INFORMATION OF INSURED	
NAME OF REGISTERED OWNER	HOCK CHUAN HONG WASTE MANAGEMENT P/L
COMPANY REGISTRATION / NRIC OF OWNER	199305775C OFFICE NO. : 6366 7000
VEHICLE MODEL / MAKE	SCNIA / P360CB6X4MHZ
INSURANCE COMPANY	NTUC INCOME
TYPE OF COVERAGE	COMPREHENSIVE <input checked="" type="radio"/> THIRD PARTY FIRE & THEFT <input type="radio"/> THIRD PARTY
POLICY NUMBER	5106621699 FLEET POLICY : YES <input type="radio"/> NO <input checked="" type="radio"/>
ARE YOU CLAIMING?	OWN POLICY <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> RECORD PURPOSE ( )
INFORMATION OF DRIVER	
NAME OF DRIVER	LAW ENG HO
NRIC OF DRIVER	F7518259R
DATE OF BIRTH	10/08/1954
OCCUPATION	INDOOR <input checked="" type="radio"/> OUTDOOR <input type="radio"/>
DATE OF DRIVING PASS	28/05/1994
GENDER	MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>
MOBILE NUMBER	9140 0369
OFFICE NUMBER	
ADDRESS	
EMAIL ADDRESS	
RELATIONSHIP OF DRIVER WITH INSURED	EMPLOYEE
DO YOU OWN OTHER VEHICLE?	YES <input type="radio"/> NO <input checked="" type="radio"/> VEHICLE NO.: INSURANCE CO:-
INFORMATION OF ACCIDENT	
WEATHER CONDITIONS	CLEAR <input checked="" type="radio"/> RAINING / OTHERS:
ROAD SURFACE	WET <input type="radio"/> DRY <input checked="" type="radio"/> OTHERS:
OTHER INFORMATION	
ANY INJURY	YES <input type="radio"/> NO <input checked="" type="radio"/>
ANY FOREIGN VEHICLE INVOLVED?	YES <input type="radio"/> NO <input checked="" type="radio"/> (FOREIGN VEHICLE NUMBER: )
IS ACCIDENT CAPTURED BY VIDEO	YES <input checked="" type="radio"/> NO <input type="radio"/>
ACCIDENT REPORT AT POLICE STN WHICH POLICE STATION?	NO
WAS NOTICE OF INTENDED PROSECUTION GIVEN?	NO
DETAILS OF THIRD PARTY (1)	
VEHICLE NUMBER	SLN 900L NO. OF PAX (INCLUDE DRIVER) : 1 PAX
NAME OF DRIVER	CHOO MEI CHIN
NRIC OF DRIVER	S2222927C
ADDRESS OF DRIVER	
CONTACT NUMBER	9876 3666
OTHER INFO	
DETAILS OF THIRD PARTY (2)	
VEHICLE NUMBER	NO. OF PAX (INCLUDE DRIVER) :
NAME OF DRIVER	
NRIC OF DRIVER	
ADDRESS OF DRIVER	
CONTACT NUMBER	
OTHER INFO	

## 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 : 5106621699

Cover : Third Party, Fire & Theft

- |  |  |
|--|--|
| 1. Index mark and Registration Number of Vehicle | : XE2674G                                  |
| Chassis Number                                   | : YS2P6X4000544447                         |
| 2. Name of Policyholder                          | : HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD |
| 3. Effective Date of Insurance                   | : 20 Feb 2019                              |
| 4. Expiry Date of Insurance                      | : 19 Feb 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)	: N/A
EXCESS (SECTION 2)	: N/A
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 : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)

Date of Issue : 26 Dec 2018 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

The premium on this policy has not been collected.

Accident MT/1075000

Policy No.	5106621699	Vehicle No.	XE2674G	GST Registrat
Certificate No.				
Policyholder Name	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD			Policyholder f
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	0	Contact No.(Office)	63667000	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	10/12/2019 09:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/12/2019	Time of Accident hh:mm	13:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TRAFFIC LIGHT JUNE @ SENGKANG EXIT			
▼ Excess				
Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	28/	
GST Registration No.	199305775C	GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	18 PASIR RIS AVENUE	Address 2	SINGAPORE S19685	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114061090	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LAW ENG HO	Driver NRIC	F7518259R	Driver DOB
Register Date of Driver License	28/05/1994	Driver Age	65	Driving Exper
Contact No.(Mobile)	91400369	Contact No.(Office)	0	Contact No.(f
Address 1	18 PASIR RIS AVENUE	Address 2	PASIR RIS BEACH PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	
Modification History				
Claim 001 OD-MX <span>New</span>				
Claim Type *				
Contact No.(Mobile)				Insured Name
Email Address				Contact No. (Home)
Claim Description	XE2674G / SLN900L ON 5 Dec 2019			OI Vehicle Number
Preferred Workshop				
Source No. Finalisation	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault	GIA report
Date Registered	10/12/2019 09:44	Preferred Repair Option	Preferred Workshop, Name unknown	Received
Report Taken By	ROSINDA			Claim Close Date
Print AK letter				
Save Submit				



Attachment

Accident No.

MT/1075000

Claim No.

001

Last Doc. Received

\* Yes

No

Upload Date

10/12/2019 00:00

Path \*

Category \*

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

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NO

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No file chosen

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:44	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:44	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:43	Photos		Normal	Pt
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:42	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:42	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:42	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:42	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Dec 2019 09:42	Photos		Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	?
		Display in New Window	Scan and uploading