

# NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MNA 119162257

Date In: 10/12/19 09:00	Job description	Date & Time Completed	Done by
Ref No: NAI INC 19021680/h4	SAS e-filing		
Veh No: GBC 6822R	E-mail (within 3hrs, AIC 2hrs)		
DOA: 9/12/19 11:00	I-Motor Claim Form	MT/1075095 <sup>001</sup>	10/12/19 14:42
OB: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBB 9431X	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 repaier.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC Rollins: 6788 6616)	Date Claim 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

MNA 1909193

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	Adm (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Tel: 11	For claiming against INC Only (we 10 Jan 2005)		
2/2/2	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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: Idao 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	10/12/2019 09:00
Date Of Accident	09/12/2019 11:00
Exact Location Of Accident	ALONG WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6822R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HS INTERNATIONAL PTE. LTD.
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90273666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
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	5111365911
Cover Note Number	

### Driver

Name of Driver	INDERJEET SINGH
NRIC No	G8005681N
Date Of Birth	15/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85914053
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	48 TOH GUAN RD EAST #09-116
Postcode	608586
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	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : UNKNOWN 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

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9431X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THAN WEI TIEN
NRIC/Passport Number	
Contact Number	86219232
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



H.S

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

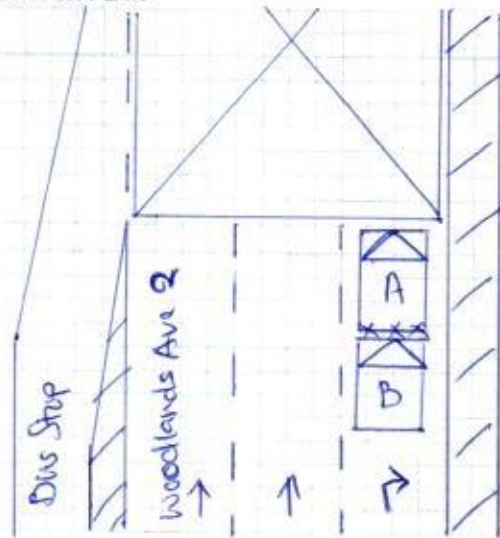
*[Signature]*

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

*[Signature]*

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

# SKETCH PLAN



Vehicle A: GBC 6822R

Vehicle B: GBB9431X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (GBC 6822R) traveling along Woodlands Avenue 2 towards Riverside Road on first lane of a 3-lanes, road. Somewhere before Woodlands Avenue 9, my vehicle was stationary before the yellow box due to the heavy traffic flow. Out of sudden, vehicle B (GBB9431X) came from rear and collided onto the rear portion of my vehicle.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:



<b>Vehicle No.</b>	GBC 6822R	<b>Model / Make</b>	Toyota Dyna 150
<b>Date of Accident</b>	9/12/2019		
<b>Time of Accident</b>	1100	<b>HRS</b>	
<b>Location of Accident</b>	Along Woodlands Avenue 2		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	HS International Pte Ltd		
<b>Telephone No.</b>	H/P : 90273666	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	200909445C		
<b>Address</b>	48 Toh Guan Road East #09-116 S(608586)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5111365911		
<b>Name of Driver</b>	As Above If No, Inderjeet Singh		
<b>NRIC</b>	G8005681N	<b>Any Passengers :</b>	1
<b>Date of birth</b>	15/6/1988	<b>Marimuthu Anandababu (M)</b>	
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	11/7/2018		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 85914053	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	48 Toh Guan Road East #09-116 S(608586)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	GBB 9431X	<b>Any Passengers :</b>	2
<b>Name of Driver</b>	Than Wei Tien	<b>Contact No. :</b>	8621 9232
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	cs1@hsinternational.com.sg		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		



## 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 :** 5111365911

**Cover :** Comprehensive

- |  |                              |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>GBC6822R</b>            |
| Chassis Number   | : JTFAT35Y40K202444          |
| 2. Name of Policyholder  | : HS INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance   | : 23 Jul 2019                |
| 4. Expiry Date of Insurance  | : 22 Jul 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.<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	: 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 : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 23 Jul 2019 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## Claim Handling

## Accident MT/1075095

Policy No.	5111365911	Vehicle No.	GBC6822R	GST Registration No.	
Certificate No.					
Policyholder Name	HS INTERNATIONAL PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	200909445C
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90273666	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCB Entitlement(%)	15	eCode Reason	
NCB Protection	No			Private Hire	No

## Accident Details

Report Date	10/12/2019 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/12/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS AVE 2				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YED OD Excess	1000.00	YED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History	10/12/2019 14:40:45 System changed GST Registered from No to Yes 10/12/2019 14:40:45 System changed GST Registration No. from null to 200909445C 10/12/2019 14:40:45 System changed GST Registration Date from null to 15/06/2009		

## Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-139 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-139	Related Policy Number	5104420130-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/06/1988
Unnamed driver Name	INDERJEET SINGH	Driver NRIC	G8005681N	Driving Experience	1
Register Date of Driver License	11/07/2018	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	85914053	Contact No.(Office)		Address 3	SINGAPORE 608586
Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-116 ENTERPRISE HUB	Post Code	608586
Address 4		Address Type	Singapore address		
Unit No.	09-116				
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
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## Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	HS INTERNATIONAL PTE. LTD.	Insured NRIC	200909445C
Contact No.(Mobile)	98731300	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	GBC6822R	TP Vehicle Number	G8894
Claim Description	GBC6822R / G889431X ON 9 Dec 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		Claim Close Date	10/12/2019 14:41	Date Received	10/12/2019
Report Taken By	JIEW SHIAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1075095	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/12/2019 14:42
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

## Attachment List



2/2