NATIONAL Assessment Centre Services. [wef 1 Jan/00]. N2801/9/64642

Date In: 14/12/2019 14:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9022042/Y	SAS e-filing		
Veh No: YP 4667 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/12/2019 20:35	I-Motor Claim Form	MT1075727-001	14/12/2019 16:03
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: GBJ 380 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%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Reminders

( ) 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: ( )

Customer Instructions	Completed	Actioned 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

NA1909550

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat 1:

2/3

Services		Status
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($10)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75	
6) TR : Re-Inspection	$160	
7) N1 : Idea DA + SMRT Survey		
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	$30	
9) N12: Idea 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 witholding 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	14/12/2019 14:52
Date Of Accident	13/12/2019 20:35
Exact Location Of Accident	TAMPINES ST 32 TURNING RIGHT INTO TAMPINES AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP4667U
Insured/Policyholder	
Name Of Registered Owner	HARRIS CONSTRUCTION PTE LTD
Co Reg No	201612204H
Email Address	HARRISCON7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94490960
Alternative Phone No	OFFICE-94490960
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5104629900-01
Cover Note Number	
Driver	
Name of Driver	BRAR GURJINDER SINGH
Passport No/FIN	G8480258T
Date Of Birth	26/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94490960
Fax Number	
Contact Number	OTHERS-94490960
EMail Address	HARRISCON7@GMAIL.COM

Address	S11 PUNGGOL DORMETARY
Postcode	797601
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

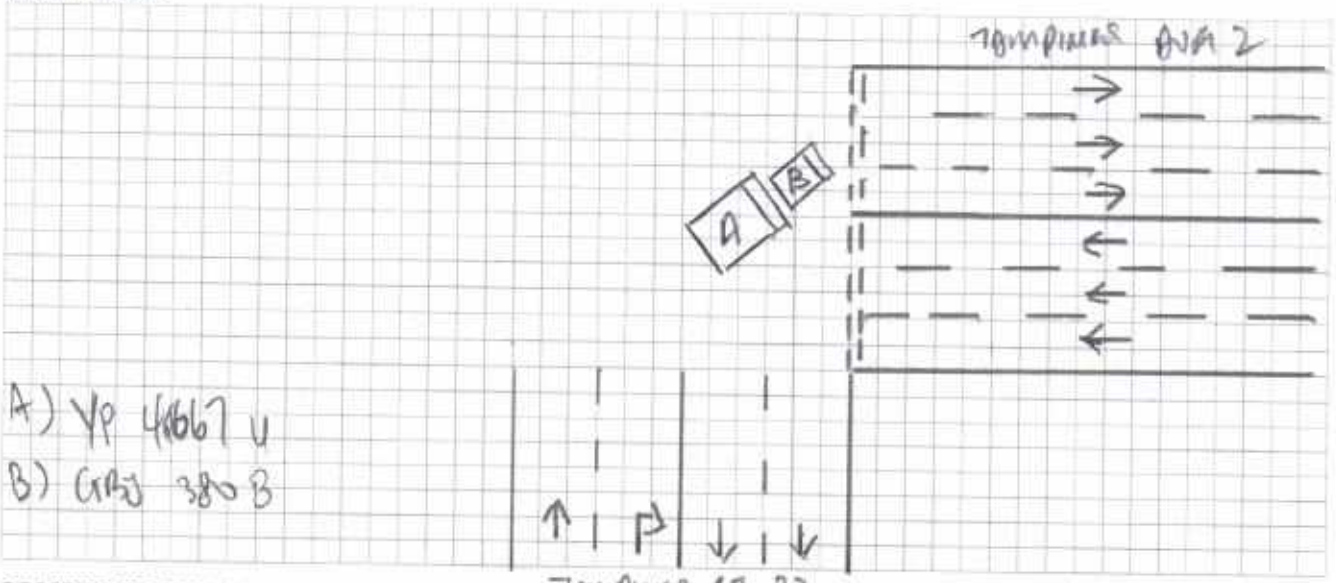
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	30
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER GENDER: : MALE
Passenger 7	NAME: : WORKER GENDER: : MALE
Passenger 8	NAME: : WORKER GENDER: : MALE
Passenger 9	NAME: : WORKER GENDER: : MALE
Passenger 10	NAME: : WORKER GENDER: : MALE

Passenger 11	NAME:	: WORKER
	GENDER:	: MALE
Passenger 12	NAME:	: WORKER
	GENDER:	: MALE
Passenger 13	NAME:	: WORKER
	GENDER:	: MALE
Passenger 14	NAME:	: WORKER
	GENDER:	: MALE
Passenger 15	NAME:	: WORKER
	GENDER:	: MALE
Passenger 16	NAME:	: WORKER
	GENDER:	: MALE
Passenger 17	NAME:	: WORKER
	GENDER:	: MALE
Passenger 18	NAME:	: WORKER
	GENDER:	: MALE
Passenger 19	NAME:	: WORKER
	GENDER:	: MALE
Passenger 20	NAME:	: WORKER
	GENDER:	: MALE
Passenger 21	NAME:	: WORKER
	GENDER:	: MALE
Passenger 22	NAME:	: WORKER
	GENDER:	: MALE
Passenger 23	NAME:	: WORKER
	GENDER:	: MALE
Passenger 24	NAME:	: WORKER
	GENDER:	: MALE
Passenger 25	NAME:	: WORKER
	GENDER:	: MALE
Passenger 26	NAME:	: WORKER
	GENDER:	: MALE
Passenger 27	NAME:	: WORKER
	GENDER:	: MALE
Passenger 28	NAME:	: WORKER
	GENDER:	: MALE

SKETCH PLAN



A) YP 4867 U
B) GBJ 380 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hi, yestrday I was driving 24' Lorry to Pik up my Company workes to hostel From Tampines st 32 turn Right to Tampines Ave-2 in Front of me one ©·van when he turn Right Signal also Green and he move out and suddenly hand breck behing my lorry also move out hit his van back Lift Side Indigator Lorry Litter slip because of Raining that time and Road was wet

DECLARATION

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

HARRIS CONSTRUCTION PTE LTD

Policyholder's Signature
Date & Time:

14-12-2019

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

14/12/2019

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

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 12 / 2019) (DD/MM/YYYY), TIME: (20 : 36) (HH:MM)

LOCATION: Tampines St 32 turn Right Tampines Ave 2

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: YP 4667U
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5104629900001
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: FUSO
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: working
   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: HARRIS Construction Pte Ltd (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (30)

3. DRIVER
   a) NAME: BRAR Gurjinder Singh (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: G8480258T CONTACT: 9449-0960
   c) ADDRESS: S11 punggol Dormentry 797601
   *d) DATE OF BIRTH: (26 / 03 / 1987) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 19-JUN-2017
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

*No of passenger (including driver) (__)

   a) VEHICLE NUMBER: GBJ 3808 MODEL: Mercedes
   b) DRIVER'S NAME: FU XINGSHENG
   c) NRIC/FIN/PASSPORT: 077555536 CONTACT: 8127 3294
9. THIRD PARTY VEHICLE

*No of passenger (including driver) (__)

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

email = harriscons7@gmail.com

VIDEO YES

Claim Handling

Accident MT/1075727

Policy No.	5104629900-01	Vehicle No.	YP4667U	GST Registration No.	201612204H
*Certificate No.					
Policyholder Name	HARRIS CONSTRUCTION PTE LTD			Policyholder NRIC	201612204H
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	94490960	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eTK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	14/12/2019 16:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/12/2019	Time of Accident hh:mm	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ST 32 TURNING RIGHT INTO TAMPINES AVE 2				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	08/10/2016
GST Registration No.	201612204H	GST Status Verified	Yes
Modification History	14/12/2019 15:57:16 System changed GST Registered from No to Yes 14/12/2019 15:57:16 System changed GST Registration No. from null to 201612204H 14/12/2019 15:57:16 System changed GST Registration Date from null to 08/10/2016		

Policyholder Mailing Address

Address 1	BLK 808 #03-02	Address 2	FRENCH ROAD	Address 3	KITCHENER COMPLEX
Address 4	SINGAPORE 200808	Address Type	Singapore address	Post Code	200808
Unit No.	03-02	Related Policy Number	5104629900-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BRAR GURJINDER SINGH	Driver NRIC	G8480258T	Driver DOB	26/03/1987
Register Date of Driver License	19/06/2017	Driver Age	32	Driving Experience	2
Contact No.(Mobile)	94490960	Contact No.(Office)		Contact No.(Home)	
Address 1	1 SELETAR NORTH LINK	Address 2	# PPT LODGE 18	Address 3	SINGAPORE 797601
Address 4		Address Type	Foreign address	Post Code	797601
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	YP4667U	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	HARRIS CONSTRUCTION PTE LT	Insured NRIC	2016
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	YP4667U	TP Vehicle Number	GR33
Claim Description	YP4667U / GB13808 ON 13 Dec 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Renewal No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		14/12/2019 16:02	Claim Close Date		Date Received 14/1
Report Taken By		ROSLI WAHAB	Workshop Repairer		Total Loss Bill Repaired

Print AK letter

Save Submit

Attachment

Accident No.	MT/1075727	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/12/2019 16:03

Path *		Category *	Confidential	Urgency *	Des
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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:03	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:03	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:03	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:03	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:03	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:00	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:00	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:00	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:00	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:00	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 16:00	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 15:59	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 15:59	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 15:59	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 15:59	Photos		Normal	Photos 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 15:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2019 15:59	SAS		Normal	SAS 2019-12-14

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

income
made different

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 : 5104629900-01 **Cover** : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **YP4667U**
   Chassis Number : FK62FMA30216
2. Name of Policyholder : HARRIS CONSTRUCTION PTE LTD
3. Effective Date of Insurance : 15 Nov 2019
4. Expiry Date of Insurance : 14 Nov 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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : THIS MARKETING INSURANCE AGENCY (00000572208)
Date of Issue : 05 Nov 2019 11:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive