

NATIONAL Assessment Centre Services. [Unit 1 Service] **MA91916514**

Date In: 16/12/19 16:23	Job description	Date & Time Completed	Done by
Ref No: NA/NC1902039/11	SAS e-filing		
Veh No: G9J7837E	E-mail (to John Sims, AIC 2hrs)		
DOA: 16/12/19 10:30	I-Motor Claim Form	M11075939001	16/12/2019
OID: 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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLK 1647C** INC () / Non-INC ()

Owner / Drivers: () 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()	Sample	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Activity

NA/909552	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: 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
Additional Comments:	6) TR: Re-inspection	\$75
Est. 1:	7) NI: No DA + SMRT Survey	\$160
Est. 2:	8) NTUC Additional Services:	
Est. 3:	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NO: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non INC) against Ins	\$20
	9) NI: No 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	16/12/2019 16:23
Date Of Accident	16/12/2019 10:30
Exact Location Of Accident	192 PANDAN LOOP (PANTECH BUSINESS HUB) LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7837E
Insured/Policyholder	
Name Of Registered Owner	DAIOHS SINGAPORE PTE. LTD
Co Reg No	201437042Z
Email Address	FINANCE@DAIOHS.SG
Mobile Phone No	(LOCAL) +65-82926327
Alternative Phone No	OFFICE-82926327

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY-658CC GA (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	5112049747
Cover Note Number	

Driver

Name of Driver	WU TIONG GHEE
NRIC No	S7642945F
Date Of Birth	28/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82926327
Fax Number	
Contact Number	
Email Address	FINANCE@DAIOHS.SG

Address	BLK 75 TELOK BLANGAH DRIVE #08-294
Postcode	100075
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

PLEASE REFER TO CIRCUMSTANCES OF THE ACCIDENT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1647C
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROBERT SIU WING CHAN
NRIC/Passport Number	S2593322B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

Wm 16 DEC 19

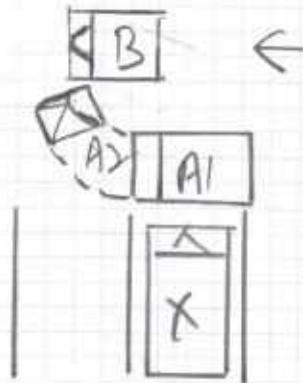
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

SKETCH PLAN

192 PANORAM LOOP LOADING/UNLOADING BAY



- A) GR5J 1837E
- B) SLK 1647C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/12/2019 AT ABOUT 10:30 I WAS 192 PANORAM LOOP LOADING BAY. I SAW AN EMPTY SLOT SO I STOP TO GIVE WAY TO A1 ON COMING VAN. AFTER THE VAN MOVE OFF I SIGNAL & START TO MOVE OUT, SUDDENLY A CAR SK1647C CAME FROM THE RIGHT SIDE & BRUSH AGAINST MY FRONT RIGHT SIDE OF MY VAN. VIDEO ATTACH.

DECLARATION

I/We declare the following 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.:

Handwritten signature and date: 16 Dec 19

Handwritten signature

ACCIDENT STATEMENT

ACCIDENT DATE: 16/12/2019 (DD/MM/YYYY), TIME: 10:30 (HH:MM) AM

LOCATION: 192 Pandan Loop (Pantech Business Hub) loading bay

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBJ 7837E
b) INSURANCE COMPANY: NTUC Income Insurance
c) POLICY NUMBER: 5112019747
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING PURPOSE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
A) NAME: DAI CHS (S) PTE (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 20143742E CONTACT: _____
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: WU TIONG GHEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S762945F CONTACT: 92926527
c) ADDRESS: BLK 75 TELUK BANGAH DRIVE
#08-294 Singapore 100075

* d) DATE OF BIRTH: 28/12/1976 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 01/11/2007

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) NO

7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SLK 1647C MODEL: BMW
b) DRIVER'S NAME: ROBERT SIV WALS CHAN
c) NRIC/FIN/PASSPORT: S2593322B CONTACT: _____

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email = finance@daions.sg
VIDEO

Claim Handling

Accident MT/1075939

Policy No.	5112049747	Vehicle No.	GBJ7837E
Certificate No.			
Policyholder Name	DAIOHS SINGAPORE PTE. LTD.		
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive
Contact No.(Mobile)	82926327	Contact No.(Office)	82926327
Email Address	finance@daiohs.sg	Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	0

▼ Accident Details

Report Date	16/12/2019 17:41	Accident Report Within 24 hrs	Yes
Date of Accident	16/12/2019	Time of Accident hh:mm	10:30
Reporting Centre		Orange Force	
Accident Location	192 PANDAN LOOP (Pantech Business Hub) Loading Bay		

▼ 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
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	
GST Registration No.	201437042Z	GST Status Verified	
Modification History	16/12/2019 17:50:50 System changed GST Registered from No to Yes 16/12/2019 17:50:50 System changed GST Registration No. from null to 201437042Z 16/12/2019 17:50:50 System changed GST Registration Date from null to 01/05/2015		

▼ Policyholder Mailing Address

Address 1	211 HENDERSON ROAD	Address 2	#14-02 211 HENDERSON
Address 4		Address Type	Singapore address
Unit No.	14-02	Related Policy Number	S106665075-01

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	WU TIONG GHEE	Driver NRIC	S7642945F
Register Date of Driver License	01/11/2007	Driver Age	42
Contact No.(Mobile)	82926327	Contact No.(Office)	
Address 1	BLK 75 #08-294	Address 2	TELOK BLANGAH DRIVE
Address 4		Address Type	Singapore address
Unit No.	08-294		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBJ7837E

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

OD-MX

Contact No.(Mobile)

Email Address

Claim Description

GBJ7837E / S

Preferred Workshop: UNKNOWN Insured Liability: Partially at Fault
 Repair Option: Preferred Repair Option Preferred Workshop, Name unknown
 Date Registered: 16/12/2019 1
 Report Taken By: UNKNOWN

Print AK letter

Save Submit

Attachment

Accident No. MT/1075939 Claim No. 001
 Last Doc. Received Yes No Upload Date 16/12/2019 00

Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:57	NRIC/ Driving License	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:57	SAS	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:57	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:57	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:57	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:56	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:56	Photos	Normal
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:56	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 17:56	Photos	Normal



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 : 5112049747

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : DA17V257760 |
| 2. Name of Policyholder | : DAIOHS SINGAPORE PTE. LTD. |
| 3. Effective Date of Insurance | : 21 Aug 2019 |
| 4. Expiry Date of Insurance | : 20 Aug 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	: HL BANK
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of issue : 20 Aug 2019 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorized Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119165414 Vehicle Registration No: GBJ 7834E
 Name (as shown in NRIC) : WU TIONG GER NRIC/FIN/Passport No : S 7642945F
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
 Address : BLK 75 Telok Blangah Dr #08-291 Singapore 10075
 Contact (Tel) : 82926377 Mobile No. : _____
 Email Address : finance @ daiichis.sg
 Date of Accident : 16/12/12 Time of Accident : 1030
 Place of Accident : 192 Pindan Way (Prestech Business Hub) Coedy Ray
 Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

My vehicle number is GBJ 7837E instead of
GBJ 7834E.

Policyholder / Driver's Signature
Date:

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