

NATIONAL Assessment Centre Services

Ref: JAC02

MMA 119167746

Date In: 21/12/19 09:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 19022411/64	E-mail (within 3hrs, ATC 2hrs)		
Veh No: 506 1166M	I-Motor Claim Form	MT/11076714-001	21/12/19 14:52
DATE: 20/12/19 07:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLP 2696C	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 repairer.

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

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

Remarks: (INC Ref No: 6789 4616)	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

Claimant's Particulars:	Invoice Ref: MMA1909507	Invoice Ref: MMA1909507	Amount (\$): 30.00	ASAR (\$):
Driver/Owner:	1) AR: Accident Reporting (\$30);	INC (\$30)		
Contact No:	2) DA: Damage Assessment (\$100);	\$40/\$45		
Damaged Portion:	3) TP: Towing Fee	\$120		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$30		
And/or Comments:	5) PT: Follow-Through Survey (Resurvey)	\$75		
	6) TR: Re-inspection	\$160		
	7) NI: Idao DA + SMRT Survey			
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tpt Allowance	\$3		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$23		
	*N8: DV / Collect Excess Coordination	\$3		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idao 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 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	21/12/2019 09:03
Date Of Accident	20/12/2019 07:30
Exact Location Of Accident	JLN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1166M
Insured/Policyholder	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	3XXXX800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98762297

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5069180637-04
Cover Note Number	

Driver

Name of Driver	CHUA HOCK KA
NRIC No	SXXXX208F
Date Of Birth	09/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90694458
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 147 BEDOK RESERVOIR RD #09-1655
Postcode	470147
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191220/2053

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	SLP2696C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

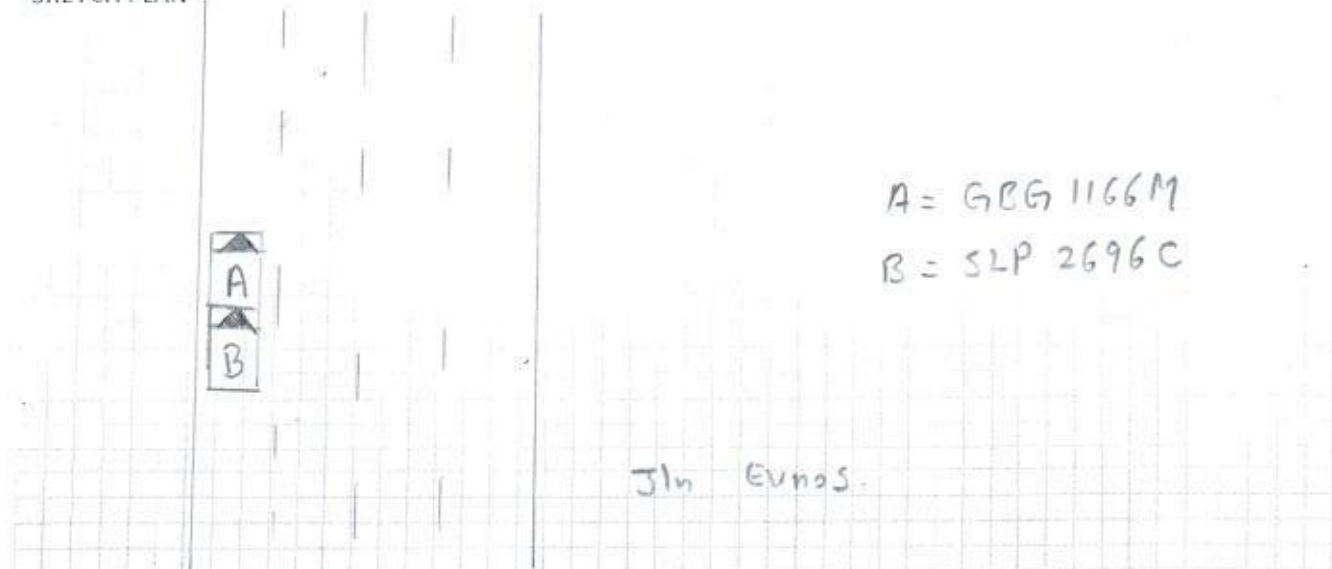
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 2019 1220 / 2053

[The remainder of the form is crossed out with a large diagonal line.]

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.:



SINGAPORE POLICE FORCE



T/20191220/2053

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20191220/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 12:41		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: CHUA HOCK KA			Address: APT BLK 147 BEDOK RESERVOIR ROAD #09-1655 SINGAPORE 470147		
ID Type / ID No.: NRIC NO / S7982208F			Contact No.: Home/Office: 98762297 Mobile: 90694458		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 09/07/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: RENOVATION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 JALAN EUNOS				
Lamp Post Number: 54				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: moving vehicle to stop vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1166M	Lorry				Slightly Damaged	0
SLP2696C	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191220/2053

2 of 3

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20191220/2053

CONTINUATION OF REPORT

Driver			
Name	CHUA HOCK KA	ID No.	S7982208F
Related Vehicle	NIL	Contact No.	98762297
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	James	ID No.	NIL
Related Vehicle	NIL	Contact No.	82253888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/12/2019 at about 0725 - 0730hrs I was driving along Jalan eunos as stop my vehicle at the traffic junction as the traffic light was red at the moment. The lamp post number is 54. As the light turns green the car in front of me did not move off, so I could not drive off. As the vehicle in front of me starting driving off and I was about to drive off. A vehicle from behind banged against my rear of my lorry. After that we wanted to exchange our particulars, but the other vehicle driver refuse to give his particulars and inform that I have already took a photo of his vehicle plate number and is enough. Subsequently, he got back into the car and drove off. Hence I am here lodging this report. I wish to inform that he has also taken a photo of my vehicle plate number. My boss can be contacted as below mention as I am not very good in understanding English.

My boss particulars

Chuah Ren Jie

S9220797H

90694458



**SINGAPORE
POLICE FORCE**



T/20191220/2053

3 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20191220/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 TAN JUN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

20/12/2019 12:41

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Personal Particulars

Date of accident: 20/12/2019 Time of Accident: 7:30am
Exact location of accident: Along Road 1 Jalan Eunos
Driver's Name: Chua Hock Ka NRIC: S7982208F HP No: 9876 2297
Vehicle No: GBG 1166 M Vehicle Make and Model: NISSAN
Relationship of the Driver with the Insured: _____

(Please Tick the relevant choices)

What do you wish to Claim?

☐ Own Insurance ☒ Other Vehicle (3rd party) ☐ Not claiming, just reporting only

Exact purpose for which the vehicle was being used at time of accident?

☐ Private Use ☒ Work ☐ Hire and reward

Weather condition?

☒ Clear ☐ Raining ☐ Other _____

Was any Body injured in the accident?

☒ No ☐ Yes (1)

Was the accident reported to the Police?

☐ No ☒ Yes, at which Police station? _____

Third Party Driver's Particulars:

Driver's Name: James NRIC: Refuse to provide HP No: 8275 3888
Vehicle No: SLP 2696 C Vehicle Make and Model: NISSAN X-TRAIL (No Passenger)
Insurance Co: _____

Passenger's Particulars:

Name: No passenger (Male / Female) Name: _____ (Male / Female)
Name: _____ (Male / Female) Name: _____ (Male / Female)

Witness's Particulars:

Witness's Name: _____ NRIC: _____ HP No: _____

(For IDAC use Only)

Driver requested for TP Claim instead of OD Claim.

[Signature] (Signature of Driver)

No Camera.

Name of preferred workshop: _____

Workshop Contact No: _____

Admin @ wellcome.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 : 5069180637-04 Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBG1166M**
Chassis Number : **JN15C2F24Z0859615**
2. Name of Policyholder : **WELLCOME MOTOR AGENCIES**
3. Effective Date of Insurance : **01 Jan 2019**
4. Expiry Date of Insurance : **31 Dec 2019**

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 or Hirer's business.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

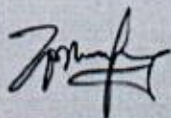
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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))

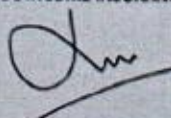
Agency : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)
Date of Issue : 03 Jan 2019 11:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1076714

Policy No.	5069180637-04	Vehicle No.	GBG1166M	GST Registration No.	M90001228R
Certificate No.					
Policyholder Name	WELLCOME MOTOR AGENCIES	Cover Type	Comprehensive	Policyholder NRIC	39853800W
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98762297	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	21/12/2019 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/12/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN EUNOS				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
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	18/08/1997		
GST Registration No.	M90001228R	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5113469243		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/07/1979
Unnamed driver Name	CHUA HOCK KA	Driver NRIC	SXXXX208F	Driving Experience	14
Register Date of Driver License	05/04/2005	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	90694458	Contact No.(Office)		Address 3	EUNOS SPRING
Address 1	BLK 147 #09-1655	Address 2	BEDOK RESERVOIR ROAD	Post Code	470147
Address 4	SINGAPORE 470147	Address Type	Singapore address		
Unit No.	09-1655				
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	WELLCOME MOTOR AGENCIES	Insured NRIC	39853800W	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	634444	
Email Address		OT	GBG1166M	TP	SLP266	
Claim Description	GBG1166M / SLP2666C ON 20 Dec 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Preferred Workshop, Name unknown						
Date Registered	21/12/2019 14:51	Claim Close Date		Date Received	21/12/2019	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

Attachment

Accident No.	MT/1076714	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	21/12/2019 14:52		
Path *					
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		Clear	Please Select		
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	21 Dec 2019 14:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-21



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2019 14:52	SAS	Normal	SAS 2019-12-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2019 14:52	Photos	Normal	Photos 2019-12-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2019 14:52	Photos	Normal	Photos 2019-12-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2019 14:52	Photos	Normal	Photos 2019-12-21
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Uploaded By/Date

Folder Date

File Name

Source

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Scan and uploading