

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022554/13	SAS e-filing		
Veh No: 51V4220X	E-mail (Agenda 3hrs, AIC 2hrs)		
DOA: 23/12/19 1710	1-Motor Claims Form	07/1077336-001	
OD (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wkep / INC Assign Wkep / QW: ( ASIA MOTOR Tel: Fax: )

TP Particulars: Veh No: 4P9534L 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 repair.

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

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

Complete by: ( ) Done by: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Signature: ( )

Signature: ( )

Signature: ( )

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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	24/12/2019 11:05
Date Of Accident	23/12/2019 17:10
Exact Location Of Accident	NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV4220X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUCCESS FOREVER SERVICES PTE. LTD.
Co Reg No	2XXXXX136R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97668811
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	AVANTE
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107831886
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN WEE CHUAN(CHEN WEIQUAN)
NRIC No	SXXXX880Z
Date Of Birth	12/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96991717
Fax Number	
Contact Number	
EMail Address	DAVETAN121090@GMAIL.COM

Address	BLK 80A LOR 4 TOA PAYOH #13-452
Postcode	311080
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	SLIGHTLY 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)	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

I WAS TRAVELLING FROM NORTH BUONA VISTA RD TURNING LEFT INTO AYER RAJAH AVE ON THE EXTREME TURNING LEFT LANE. SUDDENLY VEH B FROM MY RIGHT STRAIGHT LANE CUT INTO MY LANE AND HIT ONTO MY RIGHT SIDE PORTION OF MY VEH.

#### 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	YP9534L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG YABIN
NRIC/Passport Number	0XXXXXX959-
Contact Number	
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 No.:

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

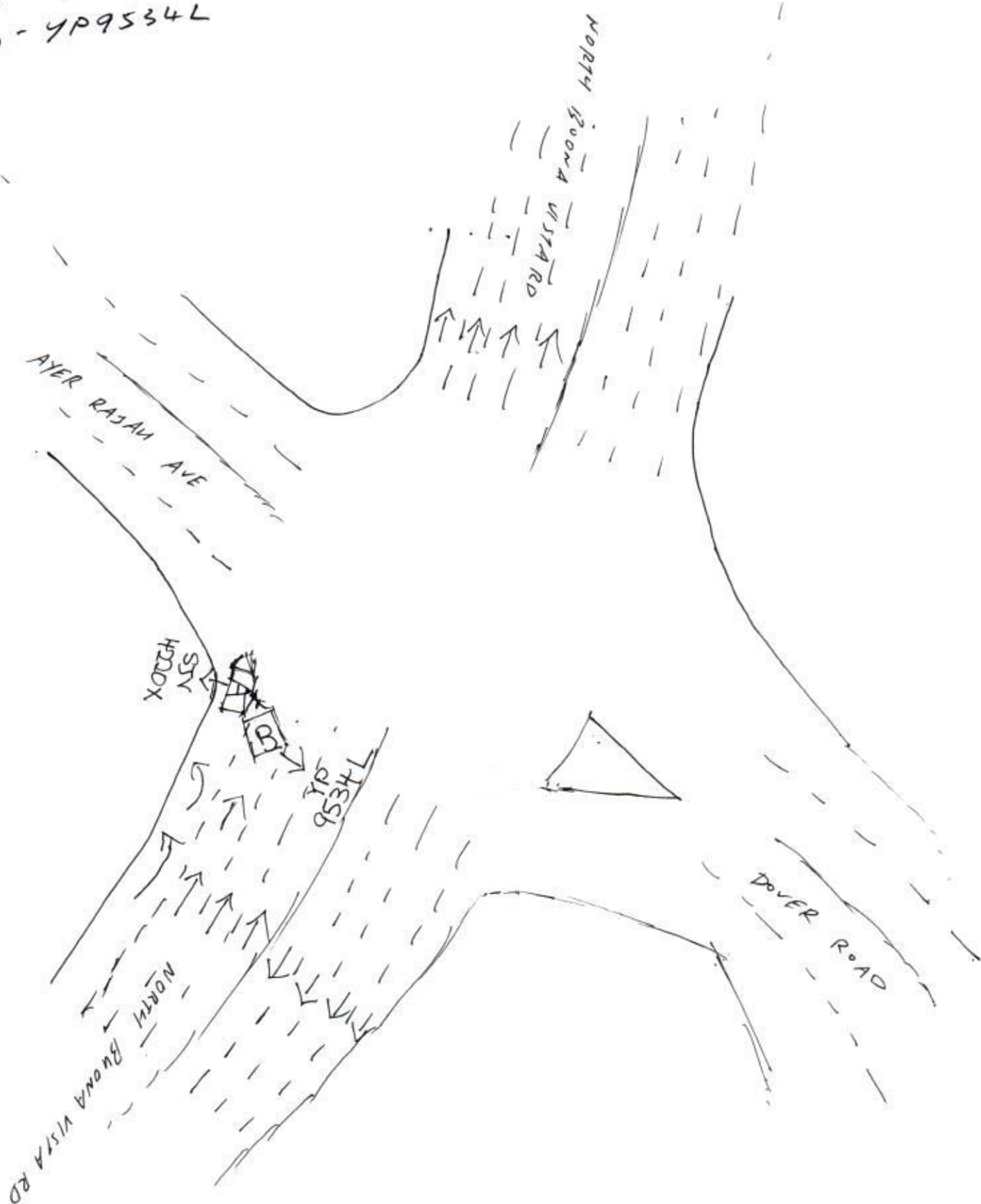
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 24/12/19

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

租车公司 HP 97668811 23/12/2019  
司机 HP 96991717 17-10 PM  
SJV H220 X

A - SJV4220X  
B - YP9534L





## 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:** 5107831886-000003

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV4220X**  
Chassis Number : KMHDU41BMAU965659
2. Name of Policyholder : **SUCCESS FOREVER SERVICES PTE. LTD.**
3. Effective Date of Insurance : **21 Feb 2019**
4. Expiry Date of Insurance : **20 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # 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)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 26 Feb 2019 18:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1077336

Policy No.	5107831886	Vehicle No.	SJV4220X	GST Registrati
Certificate No.	5107831886-000003			
Policyholder Name	SUCCESS FOREVER SERVICES PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90668811	Contact No.(Office)	0	Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	26/12/2019 19:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/12/2019	Time of Accident hh:mm	17:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NORTH BUONA VISTA RD			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	2,000.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date		01/0
GST Registration No.	200808136R	GST Status Verified		Yes
Modification History	26/12/2019 19:24:55 System changed GST Registered from No to Yes 26/12/2019 19:24:55 System changed GST Registration No. from null to 200808136R 26/12/2019 19:24:55 System changed GST Registration Date from null to 01/06/2013			
▼ Policyholder Mailing Address				
Address 1	1-BUKIT BATOK CRESCENT	Address 2	#08-52 WCEGA PLAZA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-1265	Related Policy Number	5107831886	
▼ O1 Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TAN WEE CHUAN(CHEN WEIQUA	Driver NRIC	SXXXX880Z	Driving Exper
Register Date of Driver License	27/12/2016	Driver Age	29	Contact No.(H
Contact No.(Mobile)	96991717	Contact No.(Office)	0	Address 3
Address 1	BLK 804	Address 2	LORONG 4 TOA PAYOH	Post Code
Address 4	SINGAPORE 311060	Address Type	Singapore address	
Unit No.	#13-542			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SU
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Of Vehicle Number	SJ
Claim Description	SJV4220X / YP9534L ON 23 Dec 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	26/12/2019 19:26	Claim Close Date	
Report Taken By	ROSLINDA		
<input checked="" type="checkbox"/> Print AK letter			



Save Submit

Attachment

Accident No.  
Last Doc. Received

MT/1077336  
\* Yes No

Claim No.  
Upload Date

001  
26/12/2019 19:27

Path

Category

Confidential

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:27	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:27	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:27	SAS	Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:27	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:26	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:26	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:26	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:26	Photos	Normal	Phc

Video List

Uploaded By/Date	Folder Date	File Name
<div>Display in New Window Scan and uploading</div>		