

NATIONAL Assessment Centre Services

Date In: 26/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022641/13	SAS e-filing		
Veh No: GBH7244B	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 24/12/19 1350	i-Motor Claim Form	MT/1077343-001	
OD (TP) 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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: 9BB5779U 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%; F: 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 hotline: 6788 6616)	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

NA2000166	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	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 \$20		
	9) N12: Idac 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	26/12/2019 10:25
Date Of Accident	24/12/2019 13:50
Exact Location Of Accident	ALONG 30 KAKI BUKIT RD 3 GANTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7244B
Insured/Policyholder	
Name Of Registered Owner	IX TECHNOLOGY PTE LTD
Co Reg No	2XXXXX345E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90229301
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110834195
Cover Note Number	
Driver	
Name of Driver	TAY KIAN HOO
Passport No/FIN	GXXXX105X
Date Of Birth	26/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87784755
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	10 ARUMUGAM RD #09-01 LTC BUILDING A
Postcode	409957
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB5779U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEONG HEE LEONG
NRIC/Passport Number	
Contact Number	91686811
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.

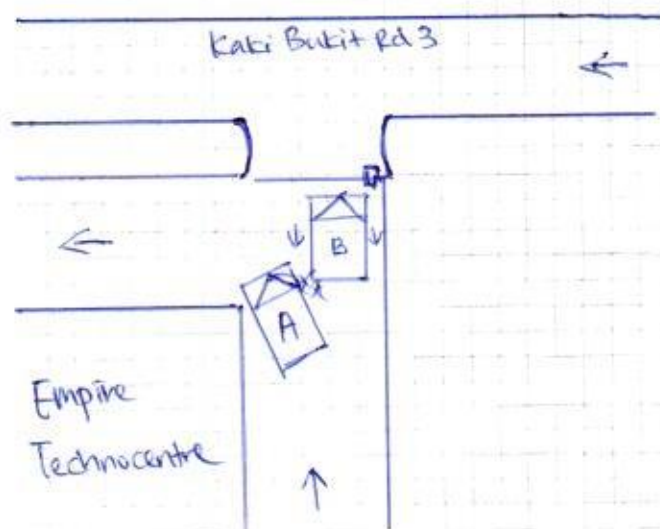


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: GBH 7244B

Veh B: GBB 5779U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBH 7244B) traveling along 30 Kaki Bukit Rd 3 (Empire Technocentre) car park on a single lane, one way road. Somewhere near the exit gantry, I saw vehicle B (GBB 5779U) stationary at the exit gantry. So I kept to my left and wanted to make my turn to left. Out of sudden, vehicle B made a hard reverse when I was turning my left. As a result, the rear left of vehicle B collided onto the right portion of my vehicle.

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]

Reporting Centre Personnel's Signature
Name: *[Signature]* 26/12/19
NRIC/FIN No.:

Vehicle No.	GBH 7244B	Model / Make	Toyota Hiace
Date of Accident	24 / 12 / 2019		
Time of Accident	1350	HRS	
Location of Accident	Along 30 Kaki Bukit Rd 3 gantry		
Exact purpose use during accident	Work		
Name of Owner	IX Technology Pte Ltd		
Telephone No.	H/P : 9022 9301	Home :	Office :
NRIC	20030934E		
Address	10 Arumugam Road #09-01 LTC Building A s (409957)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110834195 - 000004		
Name of Driver	As Above If No, Tay Kian Hoo		
NRIC	98333105X	Any Passengers : 1 (M)	
Date of birth	26 / 1 / 1989		
Occupation	Outdoor /	Indoor	
Driving License Pass Date	9 / 4 / 2010		
Gender	Male /	Female	
Contact No.	H/P : 8778 4755	Home :	Office :
Address	10 Arumugam Road #09-01 LTC Building A s (409957)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GBB 57794	Any Passengers : 1	
Name of Driver	Cheong Hee Leang	Contact No. : 9168 6811	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Right portion		
Camera Recorder	Yes / No		
Email Address	sengyong.wong@ixtechnology.com.sg		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	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 : 5110834195-000004

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **GBH7244B**
Chassis Number : GDH2012001830
2. Name of Policyholder : **IX TECHNOLOGY PTE LTD**
3. Effective Date of Insurance : **01 Jul 2019**
4. Expiry Date of Insurance : **30 Jun 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	: SHUN HENG CREDIT PTE 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 : RICKY HO ENG KHOON (00000584395) (N/p: 9639 9997)
Date of Issue : 01 Jul 2019 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1077343

Policy No.	5110834195	Vehicle No.	GBH7244B	GST Registrati
Certificate No.	5110834195-000004			
Policyholder Name	IX TECHNOLOGY PTE LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	90229301	Contact No.(Office)	0	Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<div><div>No</div><div>Yes</div></div>	TCA	<div><div>No</div><div>Yes</div></div>	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date:	26/12/2019 19:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2019	Time of Accident hh:mm	13:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG 30 KAKI BUKIT RD 3 GANTRY			

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/1
GST Registration No.	200309345E	GST Status Verified	Yes
Modification History	26/12/2019 20:01:35 System changed GST Registered from No to Yes 26/12/2019 20:01:35 System changed GST Registration No. from null to 200309345E 26/12/2019 20:01:35 System changed GST Registration Date from null to 01/04/2004		

Policyholder Mailing Address

Address 1	10 ARUMUGAM ROAD	Address 2	#09-01 LION BUILDING A	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110834435	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAY KIAN HOO	Driver NRIC	GXXXX105X	Driver DOB
Register Date of Driver License	09/04/2010	Driver Age	30	Driving Experie
Contact No.(Mobile)	87784755	Contact No.(Office)	0	Contact No.(Hi
Address 1	10 ARUMUGAM ROAD	Address 2	LTC BUILDING A	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-01			
Does he own a Singapore Registered car?	<div><div>Yes</div><div>No</div></div>	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div><div>Yes</div><div>No</div></div>
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Report No. Finalisation

Date Registered

Report Taken By

Print AK letter

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Insured Name

IX

Contact No. (Home)

01

Vehicle Number

GB

GBH7244B / GBB5779U ON 24 Dec 2019

26/12/2019 20:03

Claim Close Date

ROSINDA

Save

Submit

Attachment

Accident No.

MT/1077343

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

26/12/2019 20:04

Path *

Category *

Confider

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

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NO

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No file chosen

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:04	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:04	SAS		Normal	Si
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:04	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:04	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:04	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:03	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:03	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:03	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:03	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 20:03	Photos		Normal	Pho

Video List

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