

# NATIONAL Assessment Centre Services

Date In: 06/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC00000276/13	SAS e-filing		
Veh No: GBE9228B	E-mail (within 8hrs, AD: 2hrs)		
DOA: 06/01/20 1120	i-Motor Claim Form	MT/1079039-001	
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 / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBE2796Z	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

NA2000321	<b>Invoice Preparation Checklist</b>		Ant (\$)	Ant (\$)
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) iT : 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:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$3			
	*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	06/01/2020 15:12
Date Of Accident	06/01/2020 11:20
Exact Location Of Accident	3017 BEDOK NORTH ST 5(GOURMET EAST KITCHEN)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE9228B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	0XXXX000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784
<b>Vehicle Particulars</b>	
Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111881572
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHUA GEOK SIEW
NRIC No	SXXXX934E
Date Of Birth	05/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81144888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 13 BEDOK SOUTH RD #10-601
Postcode	460013
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 - OPENING DOOR OF VEHICLE
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

I WAS TRAVELLING STRAIGHT INSIDE 3017 BEDOK NORTH ST 5(GOURMET EAST KITCHEN)DRIVEWAY.SUDDENLY VEH B DRIVER OPEN THE DOOR AND HIT ONTO MY FRT LEFT 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	GBE2796Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RASU PANDISELVAM
NRIC/Passport Number	GXXXX311Q
Contact Number	98554824(MANAGER)MAMNI KANDAN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

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

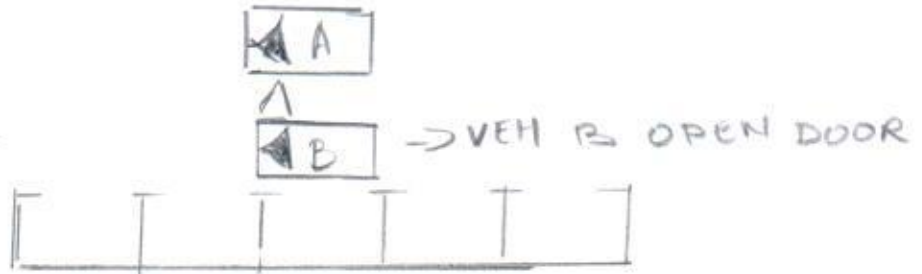
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

3017 BEDOK NORTH ST 5  
(GOURMET EAST KITCHEN)

A - GBE9228B

B - GBE2796Z



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:



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

Signature of the driver (if not the policyholder).

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

Signature of the reporting centre personnel and the date 06/01/20.



## 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 :** 5111881572-000004

**Cover :** Comprehensive

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : GBE9228B                                     |
| Chassis Number  | : ZFA26300006C28466                            |
| 2. Name of Policyholder   | : LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY |
| 3. Effective Date of Insurance  | : 10 Sep 2019                                  |
| 4. Expiry Date of Insurance   | : 09 Sep 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 : VICTOR MOTOR CREDIT PTE LTD (00000614276)  
 Date of Issue : 13 Aug 2019 14:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079039

Policy No.	5111881572	Vehicle No.	GBE9228B	GST Registr
Certificate No.	5111881572-000004			
Policyholder Name	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64420794	Contact No.(I
Email Address		Special Remark		eCode
KFK	- No - Yes	TCA	- No - Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	07/01/2020 18:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/01/2020	Time of Accident hh:mm	11:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	3017 BEDOK NORTH ST 5(GOURMET EAST KITCHEN)			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	150.00	
OD Standard Excess	600.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cow
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
GST Registration No.	2017/13715E	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	951 JALAN SENANG	Address 2	SINGAPORE 418489	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111881572	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHUA GEOK SEW	Driver NRIC	SXXXX934E	Driver DOB
Register Date of Driver License	26/12/1989	Driver Age	54	Driving Exper
Contact No.(Mobile)	81144888	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 13	Address 2	BEDOK SOUTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	Y10-601			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 OD-MX **New**

Claim Type \*

OD-MX

Insured Name

Contact No.(Mobile)

Contact No. (Home)

Email Address

OI Vehicle Number

Claim Description

GBE9228B / GBE2796Z ON 6 Jan 2020

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

07/01/2020 18:46

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No. NT/1079039

Claim No. 001

Last Doc. Received \* Yes No

Upload Date 07/01/2020 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

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Category \*

Confid

Please Select

NO

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NO

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:46	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:46	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:46	Photos		Normal	I
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:43	Photos		Normal	I

Video List

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