

NATIONAL Assessment Centre Services

Ref: 12-102

Date In: 06/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20000315/13	SAS e-filing		
Veh No: GBA 28074	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 06/01/20 1300	i-Motor Claim Form	MT/1079020-001	
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: PMM 3307Z	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 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

NA2000328	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On:		
	*N5: Courtesy Car / Tp 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: Idao Mobile \$0		
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2/3:			

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 17:27
Date Of Accident	06/01/2020 13:00
Exact Location Of Accident	COLLEGE RD TWDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA2807Y
Insured/Policyholder	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	2XXXXX964G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96619874
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5052487292-08
Cover Note Number	
Driver	
Name of Driver	LI PENG
Passport No/FIN	GXXXXX043Q
Date Of Birth	04/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83106072
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3015 BEDOK NORTH ST 5 #05-26
Postcode	486350
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 - 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?	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

MY VEH WAS STATIONARY AT COLLEGE RD TWDS CTE AT RED TRAFFIC LIGHT JUNC ON THE 2ND TURNING RIGHT LANE. SUDDENLY VEH B SWERVED HIS VEH TO THE LEFT WANTED TO MAKE A LEFT TURN AND HIT ONTO MY REAR LEFT 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	SMM3307Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96162202
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.

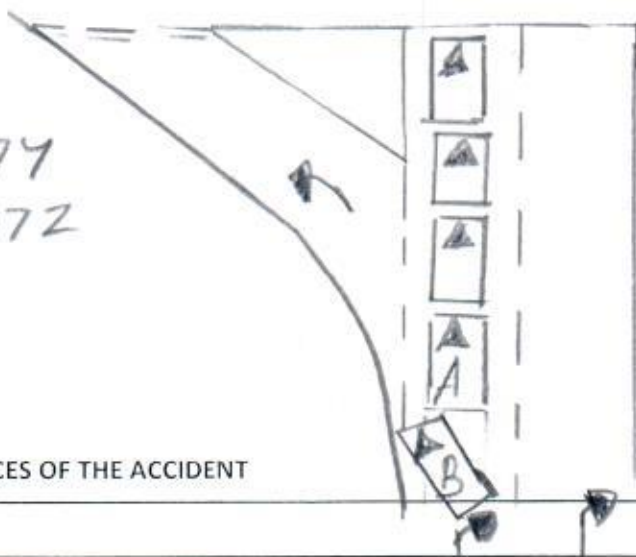


Policyholder's Signature
Date & Time:

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

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

A - GBA2807Y
B - SMM3307Z



COLLEGE RD
TWD5 CTE

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:

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

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 : 5052487292-08

Cover : Third Party

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBA2807Y |
| Chassis Number | : JTFNT24Y805000041 |
| 2. Name of Policyholder | : CHILLI API CATERING PTE LTD |
| 3. Effective Date of Insurance | : 16 Dec 2019 |
| 4. Expiry Date of Insurance | : 08 Nov 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)
Date of Issue : 07 Nov 2019 10:59 hrs
Reprint : 07 Nov 2019 10:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079030

Policy No.	5052487292-08	Vehicle No.	GBA2807Y	GST Registr
Certificate No.				
Policyholder Name	CHILLI API CATERING PTE LTD			Policyholder f
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading
Contact No.(Mobile)	96619874	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	07/01/2020 18:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/01/2020	Time of Accident hh:mm	12:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	COLLEGE RD, TWOS CTE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

Coverage	Sum Insured
Airside	99999999.99

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2005
GST Registration No.	200208964G	GST Status Verified	Yes
Modification History	07/01/2020 18:21:37 System changed GST Registered from No to Yes. 07/01/2020 18:21:37 System changed GST Registration No. from null to 200208964G. 07/01/2020 18:21:37 System changed GST Registration Date from null to 01/02/2005.		

Policyholder Mailing Address

Address 1	3015 BEDOK NORTH STREET 3	Address 2	#06-27 SHIMEI EAST KITCHEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069284952-05	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LI PENG	Driver NRIC	GXXXX043Q	Driver DOB
Register Date of Driver License	12/11/2019	Driver Age	31	Driving Exper
Contact No.(Mobile)	83106072	Contact No.(Office)	0	Contact No.(f
Address 1	3015 BEDOK NORTH STREET 3	Address 2	SHIMEI EAST KITCHEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-26			
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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address	judy@chillipadi.com.sg	OI Vehicle Number	
Claim Description	GBA2807Y / SMM3307Z ON 6 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	07/01/2020 18:24	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

[Print AK letter](#)

Save

Submit

Attachment

Accident No.

MT/10/9530

Claim No.

001

Last Doc. Received

* Yes No

Upload Date

07/01/2020 08:00

Path *

Category *

Confid

Choose File No file chosen

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Please Select

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NO

Choose File No file chosen

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NO

Choose File No file chosen

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Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:24	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:24	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:24	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:24	Photos		Normal	I
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:23	Photos		Normal	I
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 18:23	Photos		Normal	I

Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading