

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 07/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20000346/13	SAS e-filing		
Veh No: 50W 9769M	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 06/01/20 1000	i-Motor Claim Form	MT/1079049-001	
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: (SUCCESS	Tel:	Fax:
TP Particulars:	Veh No: AX9274D	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

NA2000376	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

Sat. 1:

Sat. 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	07/01/2020 09:16
Date Of Accident	06/01/2020 10:00
Exact Location Of Accident	ALEXANDRA RD TWDS JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDW9769M
Insured/Policyholder	
Name Of Registered Owner	ZHI YI SERVICES
Co Reg No	5XXXX929J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98189215
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104239862
Cover Note Number	
Driver	
Name of Driver	LEE EK NGO
NRIC No	SXXXX054A
Date Of Birth	15/08/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1972
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98189215
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 346 UBI AVE 1 #05-1077
Postcode	400346
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	AX9274D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
------	---------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	AX9274D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

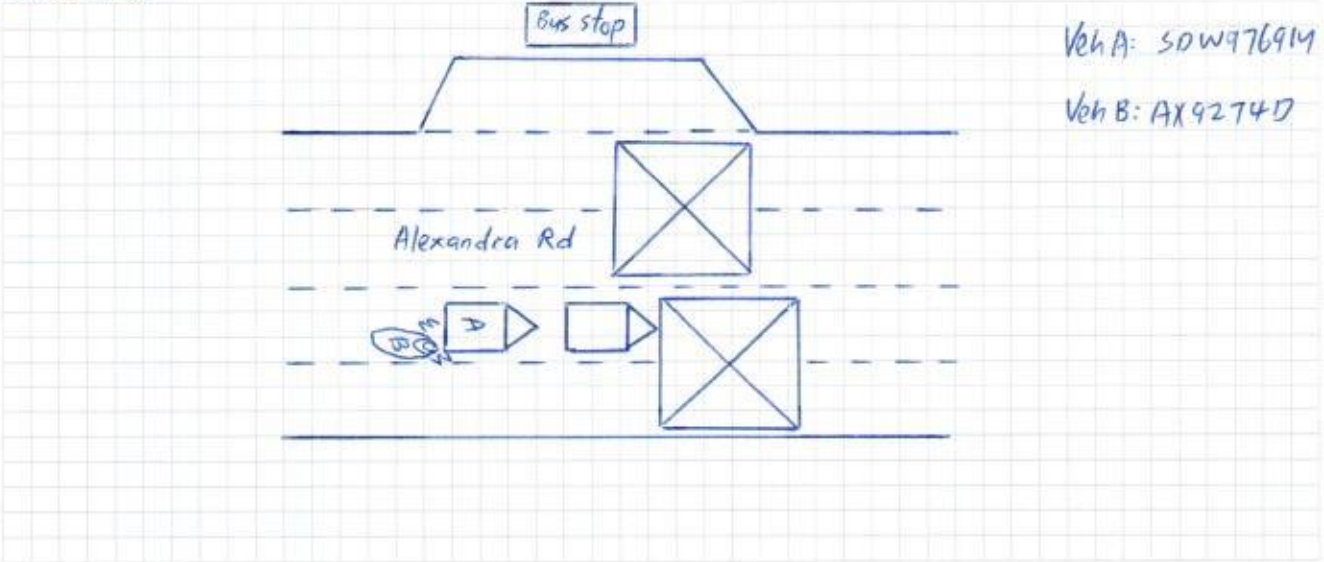


Policyholder's Signature:
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Alexandra Road on the second lane. When the vehicle ahead stopped, I followed suit. Suddenly, I felt an impact on the rear of my vehicle. Then I alighted and noticed that Veh B (AX 9274D) had collided into the rear of my vehicle and the motorcyclist fell off from his motorcycle. Traffic police and ambulance arrived at the scene. Then the paramedic help to treat the motorcyclist and left the scene. We the exchange particulars and left the scene.

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.:

VEHICLE NO : SOW9719M		MAKE/MODEL : TOYOTA WISH	
Date of Accident	06/01/2020	Time: 10:00	Foreign Veh Involved YES / NO
Location of Accident	ALEXANDRA RD TWOS JLN	Foreign Veh No	
Country of Loss	BUKIT MERAH		
Vehicle Damaged		No. of Veh Involved : 2	
Claim Type	OD / (TP) / REPORTING	Was There Any Witness YES / NO	
INSURANCE CO	NTUC INCOME	Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	504234862		
Fleet Policy	YES / (NO)		
OTHER VEHICLES			
OWNER / CO. NAME	ZHI YE SERVICES	VEHICLE B	: AX9274D
NRIC / Co's Reg No.	53370929J	Category	:
Address	APT BLK 346 UBS AVENUE 1	Driver's Name	: MUHAMMAD FARIZ BIN HJZAM
	#05-1077 S(400346)	NRIC No	: S94159406
Contact / Mobile No	98189215	Contact No	:
Email Address		No. of Passenger	:
Date of Birth			
Gender	M / F	VEHICLE C	:
DRIVER'S NAME	LEE EK NGO	Category	:
NRIC No	S0092054A	Driver's Name	:
Address	APT BLK 346 UBS AVENUE 1	NRIC No	:
	#05-1077 S(400346)	Contact No	:
Contact / Mobile No	98189215	No. of Passenger	:
Email Address	NOEMAIL		
Date of Birth	15/08/1949	VEHICLE D	:
Gender	(M) / F	Category	:
LICENSE PASSED DATE	09/03/1972	Driver's Name	:
		NRIC No	:
Occupation	Indoor / Outdoor	Contact No	:
Relation with Owner	EMPLOYEE	No. of Passenger	:
Does Driver Own Any Other Veh ? YES / (NO)			
Vehicle Reg No			
Insurance Co			
Weather Condition	(Clear) / Raining / Others	Video Captured : Yes / (No)	
Road Surface	Dry / Wet / Others		
INJURED	: YES / NO		
Name of Injured	: MOTORCYCLIST	Police Report	: YES / (NO)
Convey To Hospital by Ambulance	: YES / (NO)	If YES, Where	:
NO. OF PASSENGERS	: -		
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS : SUCCESS HUB PTE LTD			
Name of Workshop	: 2 Kaki Bukit, Tohub	Contact No	:
Address	: Kaki Bukit Ave 2, #01-33/#02-29	Email	:
	Singapore 417921		
	Tel. 6746 1515 Fax: 6748 5015		

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: 5104239862 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SDW9769M
 Chassis Number : JTDGG20W00J004599
2. Name of Policyholder : ZHI YI SERVICES
3. Effective Date of Insurance : 05 Oct 2018
4. Expiry Date of Insurance : 20 Jan 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\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
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 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 05 Oct 2018 12:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079049

Policy No.	9104239862	Vehicle No.	SDW9769M	GST Registrat
Certificate No.				
Policyholder Name	ZHI YI SERVICES			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98189215	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	07/01/2020 19:07	Accident Report Within 24 hrs	Yes	Accident Typr
Date of Accident	06/01/2020	Time of Accident hh:mm	10:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALEXANDRA RD TWOS JLN BUKIT MERAH			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 346 #05-1077	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-1077	Related Policy Number	9104239862-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE EK NGO	Driver NRIC	SXXXX054A	Driver DOB
Register Date of Driver License	05/03/1972	Driver Age	30	Driving Exper
Contact No.(Mobile)	98189215	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 346	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-1077			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	Z
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	S
Claim Description	SDW9769M / AX9274D ON 6 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/01/2020 19:12	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	
<input type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.
Last Doc. Received

MT/1679049
* Yes No

Claim No.
Upload Date

001
07/01/2020 00:00

Path +

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category +

Confid

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

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Clear Please Select NO

Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2020 19:12	Photos		Normal	I

Video List

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