

# NATIONAL Assessment Centre Services

Part 1 Jan 2021

MMA 120009936

Date In: 21/1/20 15:12	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20001258 1h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: XD 3405 R	1-Motor Claim Form	M7/1081097-002	21/1/20 15:24
TPA: 18/1/20 15:30	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - TP? Reporting Only	1-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: SLV 3299 C	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 Reference: 6708 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

MA 2000706	Invoice Preparation Checklist	Amount (\$)	ASH (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engn-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2021)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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: Idao Mobile \$0		
	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	21/01/2020 15:12
Date Of Accident	18/01/2020 15:30
Exact Location Of Accident	ALONG AYE TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3405R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HCH ENVIRONMENTAL ENGINEERING PTE. LTD.
Co Reg No	2XXXXX428W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63667000

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52L-15.7 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115046024
Cover Note Number	

### Driver

Name of Driver	YI BAOQIANG
NRIC No	GXXXX490R
Date Of Birth	08/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90465403
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	18 PASIR RIS AVENUE PASIR RIS BEACH PARK
Postcode	519685
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	RAINING
Road Surface	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?	
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

REFER TO 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	SLV3299C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	86279895
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## 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:

20.01.2020

10:50 AM

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



SKETCH PLAN

A-XD3405R / SLV3299C-B



→ AYE → CITY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along AYE towards CITY.  
Front vehicle stopped suddenly & I didn't manage  
to stop in time & hit onto his rear.

My vehicle front sustain minor damage & vehicle  
'B' rear portion was damage.

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:

20.01.2020

10:50 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN N:





ACCIDENT STATEMENT FOR INPUT	
DATE OF ACCIDENT	18/01/2020
TIME OF ACCIDENT	1530 HRS
PLACE OF ACCIDENT	ALONG AYE (CITY)
VEHICLE NUMBER	XD 3405R NO. OF PAX (INCLUDE DRIVER) : 1 PAX
INFORMATION OF INSURED	
NAME OF REGISTERED OWNER	HCH ENVIRONMENTAL ENGINEERING PTE LTD
COMPANY REGISTRATION / NRIC OF OWNER	200407428W OFFICE NO. : 6366 7000
VEHICLE MODEL / MAKE	ISUZU / CYZ52L
INSURANCE COMPANY	NTUC INCOME
TYPE OF COVERAGE	COMPREHENSIVE <input checked="" type="checkbox"/> THIRD PARTY FIRE & THEFT <input checked="" type="checkbox"/> THIRD PARTY
POLICY NUMBER	5107202303 FLEET POLICY : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ARE YOU CLAIMING?	OWN POLICY / THIRD PARTY <input checked="" type="checkbox"/> RECORD PURPOSE <input type="checkbox"/>
INFORMATION OF DRIVER	
NAME OF DRIVER	YI BAOQIANG
NRIC OF DRIVER	G2495490R
DATE OF BIRTH	08/08/1985
OCCUPATION	INDOOR <input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/>
DATE OF DRIVING PASS	24/08/2016
GENDER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER	9046 5403
OFFICE NUMBER	
ADDRESS	
EMAIL ADDRESS	
RELATIONSHIP OF DRIVER WITH INSURED	EMPLOYEE
DO YOU OWN OTHER VEHICLE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> VEHICLE NO.: INSURANCE CO:-
INFORMATION OF ACCIDENT	
WEATHER CONDITIONS	CLEAR <input type="checkbox"/> RAINING <input checked="" type="checkbox"/> OTHERS:
ROAD SURFACE	<input checked="" type="checkbox"/> WET <input type="checkbox"/> DRY / OTHERS:
OTHER INFORMATION	
ANY INJURY	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ANY FOREIGN VEHICLE INVOLVED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (FOREIGN VEHICLE NUMBER: )
IS ACCIDENT CAPTURED BY VIDEO	NO
ACCIDENT REPORT AT POLICE STN WHICH POLICE STATION?	NO
WAS NOTICE OF INTENDED PROSECUTION GIVEN?	NO
DETAILS OF THIRD PARTY (1)	
VEHICLE NUMBER	SLV 3299C NO. OF PAX (INCLUDE DRIVER) : 2 PAX
NAME OF DRIVER	MALE PASSENGER
NRIC OF DRIVER	
ADDRESS OF DRIVER	
CONTACT NUMBER	8627 9895
OTHER INFO	
DETAILS OF THIRD PARTY (2)	
VEHICLE NUMBER	NO. OF PAX (INCLUDE DRIVER) :
NAME OF DRIVER	
NRIC OF DRIVER	
ADDRESS OF DRIVER	
CONTACT NUMBER	
OTHER INFO	

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5115046024-000003

**Cover :** Third Party, Fire & Theft

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : XD3405R                                 |
| Chassis Number  | : JALCY252L87000078                       |
| 2. Name of Policyholder   | : HCH ENVIRONMENTAL ENGINEERING PTE. LTD. |
| 3. Effective Date of Insurance  | : 30 Dec 2019                             |
| 4. Expiry Date of Insurance   | : 29 Dec 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	: YES
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 : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)  
Date of Issue : 19 Dec 2019 18:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



Claim Handling

Accident MT/1081097

Policy No.	5115046024	Vehicle No.	XD3405R	GST Registration No.	200407428W
Certificate No.	5115046024-000003				
Policyholder Name	HCH ENVIRONMENTAL ENGINEERING PTE. LTD.	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	200407428W
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<div><div>No</div><div>Yes</div></div>	eCode	No
KFK	<div><div>No</div><div>Yes</div></div>	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
▼ Accident Details					
Report Date	21/01/2020 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	18/01/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess			
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage		Sum Insured			
Third Party Working Risk		999999999.99			
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/02/2005		
GST Registration No.	200407428W	GST Status Verified	Yes		
Modification History	21/01/2020 10:02:39 System changed GST Registration Date from 01/01/2015 to 01/02/2005 21/01/2020 10:02:39 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	18 PASIR RIS AVENUE	Address 2	PASIR RIS BEACH PARK	Address 3	SINGAPORE S19685
Address 4		Address Type	Singapore address	Post Code	S19685
Unit No.		Related Policy Number	5115046024		
▼ O1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<div><div>Yes</div><div>No</div></div>	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

Claim Type *	GG-MX	Insured Name	HCH ENVIRONMENTAL ENGINEERING	Insured NRIC	200407428W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65827
Email Address		Q1 Vehicle Number	XD3405R	TP Vehicle Number	SLV329
Claim Description	XD3405R / SLV3299C ON 18 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	21/01/2020 15:23
Report Taken By	JIEW SHAN HUI			Date Received	21/01/2020
<div><div>Print AK letter</div></div>					
<div><div>Save</div><div>Submit</div></div>					

Attachment

▼

Accident No.	MT/1081097	Claim No.	002		
Last Doc. Received	<div><div>Yes</div><div>No</div></div>	Upload Date	21/01/2020 15:24		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	M





NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o

21 Jan 2020 15:24

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-1-21



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Photos

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Photos 2020-1-21

Video List

Uploaded By/Date

Folder/Date

File Name

Source

Display in New Window

Scan and uploading