

NATIONAL Assessment Centre Services

Date In: 24/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20001459/13	SAS e-filing		
Veh No: GBD30615	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/01/20 1445	i-Motor Claim Form	MT/1081712-001	
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	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 7837.2 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)

Remarks	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

NA2000882

Client's Particulars:	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	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: Idno 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	24/01/2020 09:37
Date Of Accident	23/01/2020 14:45
Exact Location Of Accident	PIE EXIT PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3061J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAS PHARMA & BIOCHEM PTE. LTD.
Co Reg No	2XXXXX059K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68427188

### 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073218153-04
Cover Note Number	

### Driver

Name of Driver	WOO YIEK MENG
NRIC No	SXXXX426F
Date Of Birth	02/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93699298
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 774 PASIR RIS ST 71  
 #15-392  
 Postcode 510774  
 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) 3  
 Passenger 1 NAME: : WENDY TAN  
 GENDER: : FEMALE  
 Passenger 2 NAME: : ANNY REN  
 GENDER: : FEMALE

**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 DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLV7837Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number SXXXX338E  
 Contact Number 97695495  
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

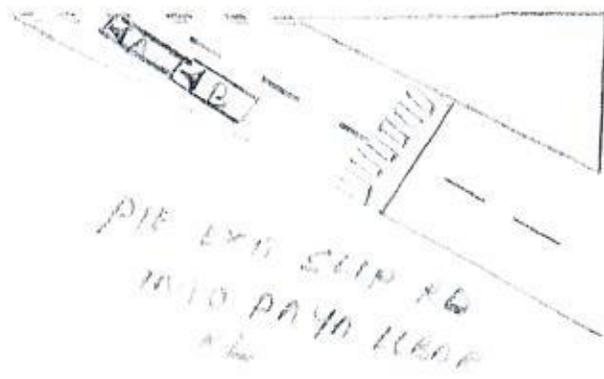
*Dhy 23/01/2020*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*2lyn 27/01/20*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

PAYA LEBAR  
RD

A GED3061J  
B-SLV78372



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the attached statement.*

DECLARATION

I/We declare the foregoing particulars are true in every respect.

\*   
 Policyholder's Signature  
 Date & Time:

*[Signature]* 23/01/2020  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 24/01/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

MY VEH WAS STATIONARY AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AT PIE EXIT  
SLIP RD INTO PAYA LEBAR RD. SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR  
PORTION OF MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 2020) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: PIE Exit Paya Lebar Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 3061J
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5073218153-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA Hi Ace
f) TYPE: (SALOON / COUPE / MPV (VAN) / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: RBS Pharma & Biochem P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 68427188
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WOO YIEK MENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 515884261F CONTACT: 93699298
c) ADDRESS: 774, PASIR RIS ST 71, 15-392, S (510774)

\*d) DATE OF BIRTH: (02 / 12 / 1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 7837 Z MODEL: MB C-CLASS
b) DRIVER'S NAME: LIM CHIN SOOH
c) NRIC/FIN/PASSPORT: 58017338E CONTACT: 97695495

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

\*No of passengers (including driver) (3)

Wendy Tan
Anny Ren

\*No of passenger (including driver)

\*No of passenger (including driver)

23/01/20
waiting for company stamp

Email =
fax =
VIDEO = YES

**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 :** 5073218153-04

**Cover :** Comprehensive

- |  |                                  |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBD3061J                       |
| Chassis Number   | : JTFHT02P200145620              |
| 2. Name of Policyholder  | : RAS PHARMA & BIOCHEM PTE. LTD. |
| 3. Effective Date of Insurance   | : 01 Sep 2019                    |
| 4. Expiry Date of Insurance  | : 31 Aug 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.<br>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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 20 Aug 2019 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorized Officer



\_\_\_\_\_  
Chief Executive

**Claim Handling**

**Accident MT/1081712**

Policy No.	5073218153-04	Vehicle No.	G8D3061J	GST Registra
Certificate No.				
Policyholder Name	RAS PHARMA & BIOCHEM PTE. LTD.			Policyholder f
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	68427185	Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

**Accident Details**

Report Date	24/01/2020 13:03	Accident Report Within 24 hrs	Yes	Accident Typr
Date of Accident	23/01/2020	Time of Accident hh:mm	14:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PTE EXIT PAYA LEBAR RD			

**Total Excess Applicable**

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

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	10/10/2011
GST Registration No.	201023059K	GST Status Verified	Yes
Modification History	24/01/2020 13:04:35 System changed GST Registered from No to Yes 24/01/2020 13:04:35 System changed GST Registration No. from null to 201023059K 24/01/2020 13:04:35 System changed GST Registration Date from null to 10/10/2011		

**Policyholder Mailing Address**

Address 1	18 KAKI BUKIT ROAD 3	Address 2	#02-02 ENTREPRENEUR BUSINE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-03	Related Policy Number	5073218153-04	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	WOO YIEK MENG	Driver NRIC	SXXXX426F	Driver DOB
Register Date of Driver License	22/09/1981	Driver Age	56	Driving Exper
Contact No.(Mobile)	93699258	Contact No.(Office)	0	Contact No.(
Address 1	BLK 774	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#15-192			
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	R
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RUNWAY.T@RASPHARMA.COM	OI Vehicle Number	C
Claim Description	G8D3061J / SLV7837Z ON 23 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	24/01/2020 13:06	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT1081712	Claim No.	901
Last Doc. Received	* Yes No	Upload Date	24/01/2020 00:00
Choose File	No file chosen	Clear	Category * 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	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confid
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:06	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:06	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:06	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:06	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:06	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:05	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:05	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:05	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:05	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:05	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:05	Photos	Normal	P

Video List

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