

# NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

NA 4200/2457

Date In: 28/01/2020 18:04	Job description	Date & Time Completed	Done by
Ref No: NA 4200/1501/4	SAS e-filing		
Veh No: GRK 349M	E-mail (to guide 2hrs, AIC 2hrs)		
DOA: 28/01/2020 14:55	1-Motor Claim Form	NA 4200/1501/4	28/01/2020 18:24
OD: TP: Reporting Only	1-Motor W/O (with 2hrs OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLZ 1401R	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )
Driver/Owner: ( )
Contact No: ( )
Damaged Portion: ( )

NA 200/070	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TT: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Architect's Comments:	6) TR: Re-inspection \$75	
2nd Lt:	7) NI: IDA+SMRT Survey \$160	
2/2	8) NTUC Additional Services:	
	9) NI: IDA Mobile	
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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	28/01/2020 18:04
Date Of Accident	26/01/2020 14:55
Exact Location Of Accident	SLIP RD AT JLN BUKIT MERAH TURN INTO HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK349M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MV LOGISTIC TRANSPORT SERVICES
Co Reg No	5XXXX823D
Email Address	SRF.SHARON92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97679317
Alternative Phone No	OFFICE-97679317

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114088644
Cover Note Number	

Driver

Name of Driver	SHARON SIM ROU FEN
NRIC No	SXXXX459B
Date Of Birth	14/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97679317
Fax Number	
Contact Number	OTHERS-97679317
EMail Address	SRF.SHARON92@GMAIL.COM

Address	BLK 68 COMMONWEALTH DRIVE #03-229
Postcode	140068
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: : CHUA SONG HUAM MELVIN GENDER: : MALE
Passenger 2	NAME: : ETHAN CHUA JIA LE GENDER: : MALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLZ1401R
Vehicle Make/Model/Colour	TOYOTA RUSH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4



## 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**.
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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.



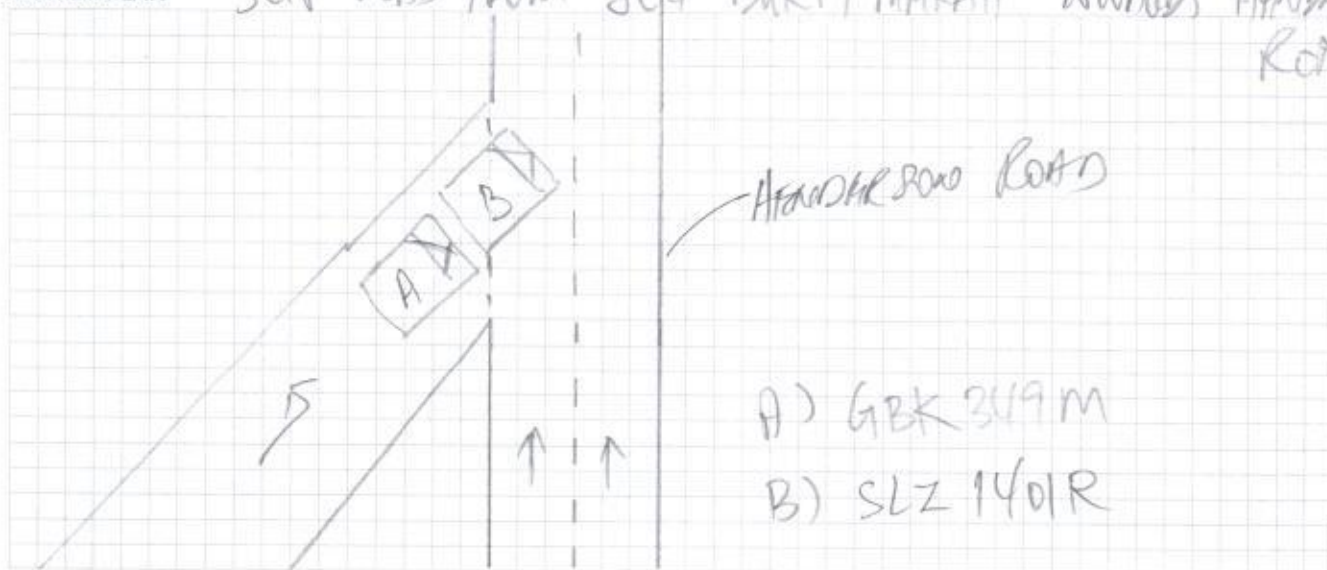
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/01/2020  
09:00 am

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

# SKETCH PLAN

SLIP ROAD FROM JLN BUKIT MERAH TOWARDS HENDERSON ROAD



A) GPK 309 M

B) SLZ 1401 R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/01/2020 at 1455, at slip road of Jalan Bukit Merah turning left to Henderson Road. In front of me was a car, SLZ 1401 R suddenly jam brake after the give way line and I couldn't brake on time. Then I hit on rear of the said car.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMIC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/01/2020  
0900 am

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



28/01/2020  
Name: [Signature]  
NRIC/FIN No.: [Signature]



# ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 01 / 2020) (DD/MM/YYYY), TIME: (14 : 55) (HH:MM)  
 LOCATION: Along Henderson Road

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBK 349 M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5114088644  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Hiace, Super GL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
 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: MY Logistic Transport Services (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 9767 9317  
 c) ADDRESS: Bk 68 Commonwealth Dr # 03-229  
 S(140068)

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

### DRIVER

a) NAME: Sharon Sim Pau Fen (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 9278459B CONTACT: 9767 9317  
 c) ADDRESS: Bk 68 Commonwealth Dr # 03-229  
 S(140068)

\* d) DATE OF BIRTH: (14 / 10 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/04/19

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: SLZ 1401 R MODEL: Toyota Rush  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

Chua Rong Hua, Melvin  
 Male  
 Ethan Chua Jia Le  
 Male.

No of passengers  
 (including driver)  
 (3)

No of passengers  
 (including driver)  
 (4)

No of passengers  
 (including driver)  
 ( )

Email: srf.sharon92@gmail.com  
 VIDEO

Claim Handling

Accident MT/1081865

Policy No.	5114088644	Vehicle No.	GBK349M	GST Registrati
Certificate No.				
Policyholder Name	MV LOGISTIC TRANSPORT SERVICES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97679317	Contact No.(Office)		Contact No.(H
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	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	28/01/2020 18:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2020	Time of Accident hh:mm	14:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD AT JLN BUKIT MERAH TURN INTO HENDERSON 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	1000.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History	28/01/2020 18:19:32 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	BLK 68 #03-229	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-229	Related Policy Number	5106983416-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SHARON SIM ROU FEN	Driver NRIC	SXXXX459B	Driver DOB
Register Date of Driver License	24/10/2019	Driver Age	27	Driving Experi
Contact No.(Mobile)	97679317	Contact No.(Office)		Contact No.(H
Address 1	BLK 68 #03-229	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	03-229			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBK349M	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MV
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GB
Claim Description	GBK349M / SLZ1401R ON 26 Jan 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/01/2020 18:23
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			



Save Submit

Attachment

Accident No.  
Last Doc. Received

MT/1081865  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
28/01/2020 18:24

Path \*

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Message Read

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Category \*

Please Select

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Confider

NO

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NO

NO

NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 18:24	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 18:24	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 18:23	SAS	Normal	S

Video List

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

## 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 :** 5114088644

**Cover :** Comprehensive

- |  |   |                                |
|--|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : | To Be Advised                  |
| Chassis Number   | : | GDH2011024093                  |
| 2. Name of Policyholder  | : | MV LOGISTIC TRANSPORT SERVICES |
| 3. Effective Date of Insurance   | : | 14 Nov 2019                    |
| 4. Expiry Date of Insurance  | : | 13 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.<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	:	SKYLINK CREDIT PTE. LTD
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

/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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 14 Nov 2019 13:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of MV LOGISTIC TRANSPORT SERVICES (53389823D)

Date: 12/11/2019

## The Following Are The Brief Particulars of :

Name of Business	MV LOGISTIC TRANSPORT SERVICES
Former Name(s) if any	
Date of Change of Name	
Registration No.	53389823D
Registration Date	10/11/2018
Commencement Date	12/11/2018
Status of Business	Live
Status Date	10/11/2018
Renewal Date	11/11/2019
Expiry Date	10/11/2020
Renewal via GIRO	NO
Constitution of Business	Partnership
Principal Place of Business	68 COMMONWEALTH DRIVE #03-229 SINGAPORE (140068)
Date of Change of Address	

## Principal Activities

Activities (I)	FREIGHT FORWARDING, PACKING AND CRATING SERVICES (52292)
Description	
Activities (II)	MOVING SERVICES (EG DELIVERY SERVICES, BAGGAGE TRANSFER SERVICES, FURNITURE MOVING SERVICES) (49232)
Description	

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
------	----	-------------	---------	----------------	---------------------

Authentication No. : R19816314J

Page 1 of 2

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

26/01/2020 09:03

Vehicle No.(For Motor)

GBK349M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114088644		MV LOGISTIC TRANSPORT SERVICES	53389823D	GCV	Comprehensive	GBK349M	GBK349M	14/11/2019	13/11/2020

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