

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

24 MAY 200 14873

Date In: 02/02/2020 14:34	Job description	Date & Time Completed	Done by
Ref No: NIA 200 18244	SAS e-illing		
Veh No: SMP 802TB	E-mail (by date time, AIC time)		
DOA: 01/04/2020 08:40	I-Motor Claim Form	22/11/08 2630-001	03/02/2020
OD: TP / Reporting Only	I-Motor W/O (With/Out OD time, TP time)		14:40
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Manufacturer: () Veh No: HC 569R 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 ()

() 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: ()

NIA 200 1254 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Bugr-In-Charge): Date: 2/3	1) ART Accident Reporting (\$30)	
	2) DA Damage Assessment (\$100) INC (\$10)	
	3) TP Towing Fee	\$40/\$45
	4) TP Follow-Through Survey	\$120
	5) TP Follow-Through Survey (Resurvey) For claiming against INC Only (ver 10 Jan 2005)	\$30
	6) TR Re-inspection	\$75
	7) NI Idas DA + SMRT Survey	\$180
	8) NTUC Additional Services:	
	• NI Courtesy Car / Tpt Allowance	\$3
	• NI Legal Coordination	\$10
• NI Post Repair Inspection	\$23	
• NI DV / Collect Excess Coordination	\$3	
• TP (NI) / TP (Non INC) against IAG	\$20	
• NI In 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	03/02/2020 14:24
Date Of Accident	01/02/2020 09:40
Exact Location Of Accident	EXITING HORNE ROAD TO KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8627B
Insured/Policyholder	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	5XXXXX2470
Email Address	RONALD265@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-86619807

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE-1.6 GLS S (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5111772470
Cover Note Number	

Driver

Name of Driver	ONG ZHI BIN (WANG ZHIBIN)
NRIC No	SXXXX396A
Date Of Birth	05/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899125
Fax Number	
Contact Number	HOME-86619807
E-Mail Address	RONALD265@GMAIL.COM

Address	BLK 456 ANG MO KIO AVENUE 10 #05-1564
Postcode	560456
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

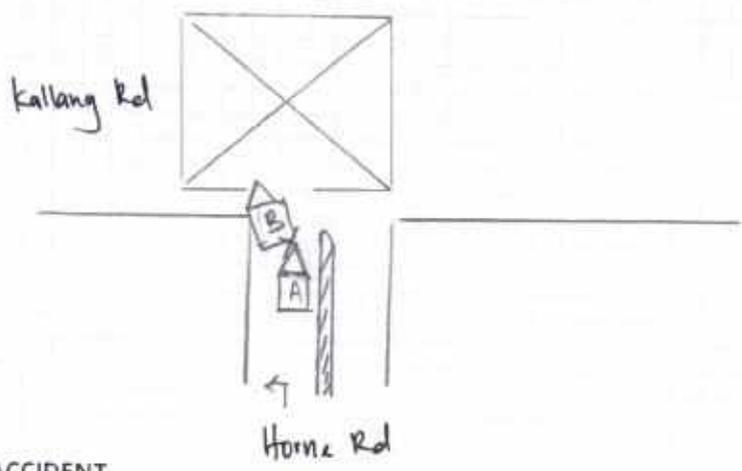
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC569R
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SONG CHIN SENG
NRIC/Passport Number	SXXXX685G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SHP 8627B

Veh B: SHC 569 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along Home Rd toward Kallang Rd.
In coming traffic was clear. Vehicle B moved, i followed. However he sudden
jam brake to complete stop i could not stop in time and collided to
rear of Vehicle B.

DECLARATION

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

GT PTELTD

Policyholder's Signature: *[Signature]*
Date & Time:

Driver's Signature: *[Signature]*
(If driver is not the policyholder)
Date & Time: 01/02/2020 / -11:00am

Reporting Centre Personnel's Signature: *[Signature]*
Name: *[Name]*
NRIC/FIN No.: *[Number]*
03/02/2020

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 01/02/2020 ⁽¹⁾ *Time of Accident: 0939
*Accident Location: Exiting Horne Road to Kallang Road

Vehicle Details

*Vehicle Number: SMP8627B *Make & Model: Hyundai AD Avante 1.6 Gls (A)S
Hyundai (S) model

Insured / Policyholder

*Owner Name: GT Pte Ltd *NRIC: 201622568K
*Address: _____
*Email: _____ *HP: 93899125
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: Day Zhin *NRIC: 88427396A
*Address: Blk 556, Bukit Merah, #05-1564
*Date of Birth: 05/04/1984 *Driving Pass Date: 27/06/2011 *HP: 86619807
*Email: ronald265@gmail.com *Gender: Male / Female
*Occupation: Grab Driver (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SHC 569R
Make & Model: Hyundai I40
Vehicle Category: _____
Name of Driver: Seng Chen Seng
NRIC : S7026685G
HP : _____
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head On / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1082630

Policy No.	5111772470	Vehicle No.	SMP86278	GST Registration No.
Certificate No.	5111772470-000033			
Policyholder Name	GT PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER (INSURANCE)	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93899125	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▾ **Accident Details**

Report Date	03/02/2020 14:35	Accident Report Within 24 hrs	Yes	Accident Type
Data of Accident	01/02/2020	Time of Accident (h:mm)	09:40	Country of Accident
Reporting Centre		Grange Force		ICM No.
Accident Location	EXITING HORNE ROAD TO KALLANG ROAD			

▾ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	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	28 PAGODA STREET	Address 2	SINGAPORE 059188	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111772470	

▾ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	ONG ZHI BIN (WANG ZHIBIN)	Driver NRIC	SXXXX396A	Driving Experience
Register Date of Driver License	27/06/2011	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	86019807	Contact No.(Office)		Address 1
Address 1	BLK 456 #05-1564	Address 2	ANG MO KIO AVENUE 10	Address 3
Address 4	SINGAPORE 560456	Address Type	Foreign address	Post Code
Unit No.	05-1564			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMP86278	Driver Insurer Company

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

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	GT PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Of Vehicle Number	SMP86278
Claim Description	SMP86278 / SHC569R ON 1 Feb 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	03/02/2020 14:39	GIA report	Received
Report Taken By	ROSLI WAHAB		
Print AK letter	<input checked="" type="checkbox"/>		

Attachment

Accident No.	MT/1082630	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/02/2020 14:40

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: 5111772470-000023

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMP8627B |
| Chassis Number | : KMHD841CMLU965696 |
| 2. Name of Policyholder | : GT PTE, LTD. |
| 3. Effective Date of Insurance | : 21 Oct 2019 |
| 4. Expiry Date of Insurance | : 20 Oct 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\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
 Date of Issue : 07 Aug 2019 16:27 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5111772470"/>	Date of Accident	<input type="text" value="01/02/2020 14:23"/>
Vehicle No.(For Motor)	<input type="text" value="SMP8627B"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5111772470	5111772470-000023	GT PTE. LTD.	201622568K	GFM	drive CLASSIC	SMP8627B	SMP8627B	21/10/2019	13/08/2020

Continue