

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 05/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20002024 1/2	SAS e-filing		
Veh No: SJL8616P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/02/20 1120	i-Motor Claim Form	MT/1083255-001	
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: (Tel:	Fax:
TP Particulars:	Veh No: GBE822/B	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

NA2001168	Invoice Preparation Checklist		Amk (\$)	Amk (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
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 (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	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: 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	05/02/2020 16:07
Date Of Accident	04/02/2020 11:20
Exact Location Of Accident	477 GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL8616P
Insured/Policyholder	
Name Of Registered Owner	K & M MOTOR PTE. LTD.
Co Reg No	2XXXXX536R
Email Address	MOTOR@KM.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97538067
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MOTOR TRADE

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107882516
Cover Note Number	
Driver	
Name of Driver	LEONG CHAU MANG
NRIC No	SXXXXX928D
Date Of Birth	11/04/1974
Occupation	INDOOR
Date Of Driving Pass	02/03/1995
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98924362
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 733 WOODLANDS CIRCLE #11-101
Postcode	730733
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	HIT BY FALLEN TREE / OTHER OBJECTS
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

I WAS TRAVELLING STRAIGHT ALONG GEYLANG RD ON THE 2ND LANE OF A5-LANES RD.SUDDENLY I LOST CONTROL OF MY VEH AND MY VEH HIT ONTO THE VEH B THAT WAS PARKED AT THE CARPARK LOT THAN HIT ONTO THE TEMPLE DOOR.

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	GBE8221B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TEMPLE DOOR

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

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:

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

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

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the statement.

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:

 05/02/20 Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Google Maps 444 Geylang Rd

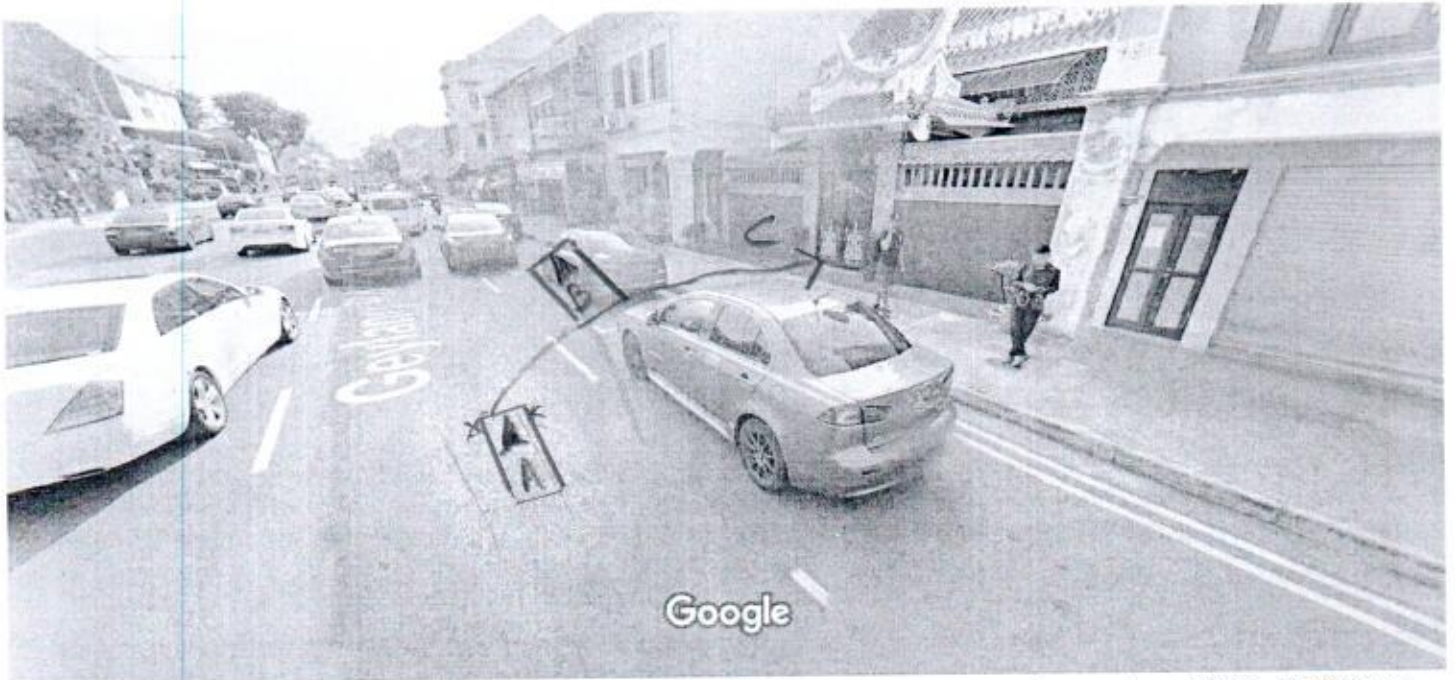


Image capture: Jul 2019 © 2020 Google

Singapore

Google

Street View

477 GEYLANG RD

A - SJL8616P

B - GBE8001B

Aljunied



Jim Hin Lim Gum

G

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 : 5107882516

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **N/A**
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : **K & M MOTOR PTE. LTD.**
3. Effective Date of Insurance : **01 Mar 2019**
4. Expiry Date of Insurance : **29 Feb 2020**
5. Persons or Classes of Persons entitled to drive*
Refer to List Attached
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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: WORKSHOPS CUM DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 1
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

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 : 28 Feb 2019 18:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1083255

Policy No.	5115190661	Vehicle No.	SJL8616P	GST Registra
Certificate No.	5115190661-000002			
Policyholder Name	K & M LEASING PTE LTD			Policyholder I
Product Code	FLUET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97539567	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	06/02/2020 14:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/02/2020	Time of Accident hh:mm	13:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	177 SEPULANG RD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess	0.00			
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History	06/02/2020 16:00:13 System auto update fail time-out		

Policyholder Mailing Address

Address 1	2 USHUN INDUSTRIAL STREET	Address 2	809-10 NORTH POINT BLVDUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-10	Related Policy Number	5115190661	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEONG CHAU NANN	Driver NRIC	SXXXX9280	Driver DOB
Register Date of Driver License	02/02/1990	Driver Age	35	Driving Exper
Contact No.(Mobile)	99024362	Contact No.(Office)	0	Contact No.(I
Address 1	BUCKY33	Address 2	WOODLANDS CIRCLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-101			
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	k
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	S
Claim Description	SJL8616P / GBE8221B ON 4 Feb 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			

Save

Submit

Attachment

Accident No. HT/1080355

Claim No. 001

Last Doc. Received * Yes No

Upload Date 06/02/2020 08:06

Path

Category * Confid

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

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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	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:03	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:02	Photos		Normal	I
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 15:02	Photos		Normal	I

Video List

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