

NATIONAL Assessment Centre Services

[ver 1 Jan 09]

MMA 120016286

Date In	5/2/20 14:58	Job description	Date & Time Completed	Done by
Ref No	MA11ME 20002026144	SAS e-filing		
Veh No	9BF 5754U	E-mail (within 2hrs, AIC 2hrs)		
ICCA	4/2/20 15:40	I-Motor Claim Form	MT11083100-001	5/2/20 16:36
OT	<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 Assgn Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: YP 3982R	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: ()

Comments:	(INC 100000 6748 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

Client's Particulars	Invoice Identification Check	Am (5)	Am (3)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: 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		
	For claimant's use only (INC Only) (ver 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (N11) INC against INC \$20		
	9) N12: Idan 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 14:58
Date Of Accident	04/02/2020 15:40
Exact Location Of Accident	AMK AVE 5 NORTH STAR BUILDING LOADING/UNLOADING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5754U
Insured/Policyholder	
Name Of Registered Owner	KELVIN TRANSPORT EXPRESS
Co Reg No	5XXXX881W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86140643

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5115604964
Cover Note Number	

Driver

Name of Driver	OH MEIN PHENG KELVIN(HU MIANBING)
NRIC No	SXXXX382E
Date Of Birth	28/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86140643
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 217B COMPASSVALE DR #03-604
Postcode	542217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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?	YES
Remarks/ Reasons:	BUILDING CCTV
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3982R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VARINDER SINGH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



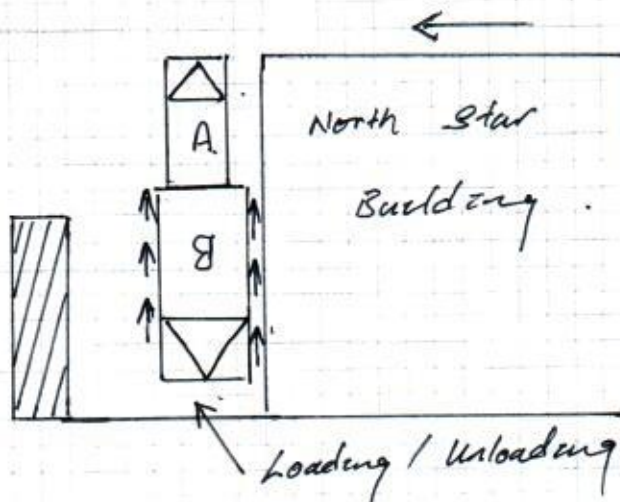
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

(A) GBF 5754U
(B) YP 3982R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/02/2020 at @ 1530 hrs, I parked my vehicle (GBF 5754U) at the loading / unloading Bay of North Star Building and went to do my delivery. At @ 1545 hrs, I came back to my vehicle and found that my vehicle rear portion was damaged. The security officer ask me to shift my vehicle for the lorry to exit and I do so. I then went to the security office to ask for the CCTV. I then noticed that the lorry (YP 3982R) had reversed and collided onto my vehicle. I then called the company and speak to the incharge (Vijay) and he provide me with the driver particular and vehicle number. The incharge (Vijay) wanted to private settle but after quotation, we could not come to an agreement and we agreed to report insurance for claims.

DECLARATION

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

2



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.:

Vehicle No.	HW	GBF 5754U	Model / Make	Mer. Vito
Date of Accident		04/02/2020		
Time of Accident		1540HRS		
Location of Accident		Ang Mo Kio Ave 5 (North Star Building loading/unloading)		
Exact purpose use during accident		Commercial Used		
Name of Owner		Kelvin Transport Express		
Telephone No.		H/P: 8614 0643	Home:	Office:
NRIC		S3396881W		
Address		BLK 217B Compassvale Drive #03-604 (S) 542217.		
Claim type		OD	THIRD PARTY REPORTING ONLY	
Insurance Company		NFC.		
Type of Coverage		Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.		5115604964		
Name of Driver		As Above If No, ON MEIN PHENG, KELVIN.		
NRIC		S 8847382 E	Any Passengers: N.A.	
Date of birth		28/11/1988		
Occupation		Outdoor	Indoor	
Driving License Pass Date		13/04/2011		
Gender		Male	Female	
Contact No.		H/P: 8614 0643	Home:	Office:
Address		BLK 217B Compassvale Drive #03-604 (S) 542217.		
Driver have any own vehicle		No,	If yes, Reg No.	
Relationship		Employee,	If no, state Owner	
Weather condition		Clear	Raining	Other
Road Surface		Dry	Wet	Other
Any Injuries		No,	If Yes, Who?	
Name And Contact No.				
Name And Contact No.				
Police Report		No,	If Yes, Where?	
Vehicle B No.		YP 3982 R	Any Passengers: 01 (m).	
Name of Driver		Varinder Singh	Contact No.: 8222 4704	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name		N.A.	Witness Contact: N.A.	
Accident Portion		Rear Portion		
Camera Recorder		Yes	No	Building CCTV
Email Address		kelvin-oh-88@yahoo.com.sg		
PARTICULAR WORKSHOP		N-51		
CONTACT NO.		6842 0051 / 6744 0510		
CONTACT PERSON		Zi Ting		
FAX NO		6741 0510		
WORKSHOP EMAIL ADDRESS		sales@n51.com.sg		

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 : 5115604964

Cover : Comprehensive

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF5754U |
| Chassis Number | : WDF44760323063931 |
| 2. Name of Policyholder | : KELVIN TRANSPORT EXPRESS |
| 3. Effective Date of Insurance | : 17 Jan 2020 |
| 4. Expiry Date of Insurance | : 16 Jan 2021 |
| 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE 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 : STARBRIGHT AUTO PTE. LTD. (00000615330)

Date of Issue : 17 Jan 2020 12:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Vehicle Registration Detail Information

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 53396881W
 Owner ID Type: Business
 Owner Name: KELVIN TRANSPORT EXPRESS
 Registered Address: APT BLK 217B COMPASSVALE DRIVE #03-604 COMPASSVALE MAST SINGAPORE 542217
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: GBF5754U
 Previous Vehicle No.: -
 Effective Date of Ownership: 17 Jan 2020
 Original Regn Date: 14 Dec 2016
 Registration Date: 14 Dec 2016
 Year of Manufacture: 2015
 Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: MERCEDES BENZ
 Vehicle Model: VITO 109 CDI MT LONG
 Primary Colour: Grey
 Secondary Colour: -
 Passenger Capacity: 2
 Chassis No.: WDF44760323063931
 Engine No.: R9MA502C013320
 Engine Capacity / Power Rating: 1598 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 1740 kg
 Maximum Laden Weight: 2800 kg
 Open Market Value: \$30,921.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 1
 IU Label No.: 1042804682
 COE No.: 2016120105000206N
 COE Expiry Date: 13 Dec 2026
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus
 Quota Premium (QP) / Prevailing Quota Premium: \$49,002.00 / -
 Actual QP Paid: \$49,002.00
 QP (Regn Cat): \$49,002.00
 OPC Cash Rebate Eligibility: No
 QP during COE Bidding Exercise: \$49,002.00
 Additional Registration Fee Rate: 5.00 %
 Actual ARF Paid: \$1,547.00
 Vehicle Lifespan Expiry Date: 13 Dec 2036
 CO2 Emission: 163.00 (g/km)
 CEV/VES Rebate Utilised Amount: -
 CO Emission: -
 HC Emission: -
 NOx Emission: -
 PM Emission: -
 Message: -

Claim Handling

Accident MT/1083100

Policy No.	5115604964	Vehicle No.	GBF5754U	GST Registration No.	
Certificate No.					
Policyholder Name	KELVIN TRANSPORT EXPRESS			Policyholder NRIC	53396881W
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	86140643	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	05/02/2020 16:32	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/02/2020	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 5 NORTH STAR BUILDING LOADING/UNLOADING				
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 Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	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	05/02/2020 16:34:27 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 217B #03-604	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE MAST
Address 4	SINGAPORE 542217	Address Type	Singapore address	Post Code	542217
Unit No.	03-604	Related Policy Number	5115604964		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OH MEIN PHENG KELVIN(HU HU)	Driver NRIC	SXXXX382E	Driver DOB	28/11/1988
Register Date of Driver License	13/04/2011	Driver Age	31	Driving Experience	8
Contact No.(Mobile)	86140643	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 217B #03-604	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE MAST
Address 4	SINGAPORE 542217	Address Type	Singapore address	Post Code	542217
Unit No.	03-604				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KELVIN TRANSPORT EXPRESS	Insured NRIC	53396881W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/A
Email Address		DI	GBF5754U	TP	Vehicle Number
Claim Description	GBF5754U / YP3982R ON 4 Feb 2020			Name of Preferred Workshop	0
Preferred Workshop	Insured Liability	Not at Fault			
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	05/02/2020 16:35
Report Taken By				Date Received	05/02/2020
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1083100	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	05/02/2020 16:36		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					
Attachment List					

Attachment	Uploaded By/Date	Category		Urgency	Description	PS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:36	SAS		Normal	SAS 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:36	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:36	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:35	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:35	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:35	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:35	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:35	Photos		Normal	Photos 2020-2-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 05 Feb 2020 16:35	Photos		Normal	Photos 2020-2-5	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						