

NATIONAL Assessment Centre Services. [ver 1 Jan 2001] *MANE/20020845*

Date In: <i>15/02/2000</i> <i>17:08</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/INC20002632/4</i>	SAS e-filing		
Veh No: <i>GBD 73187</i>	E-mail (4 John 3hrs, AIC 2hrs)		
D.O.A: <i>15/02/2000</i> <i>13.45</i>	I-Motor Claims Form	<i>17/1084503-001</i>	<i>15/02/2000</i>
OID: <i>TP</i> / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>19:30</i>
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <i>Fax / Hand to Owner / Wksr</i>		

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

TP Particulars: Vch No: *242470* 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date of Inj:	Time of Inj:	Location of Inj:

<i>NA 2001222</i>		
Driver/Owner:	1) AIR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection For claiming against INC Only (ver 10 Jan 2001) \$75	
Auditor's Comments:	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
Tel: 1: <i>2/3</i>	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	IF (NIU): TP (Non INC) against INC \$20	
	9) NI: Idea 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	15/02/2020 17:08
Date Of Accident	15/02/2020 13:45
Exact Location Of Accident	SEMBAWANG HILL DR TURNING RIGHT TO THOMSON HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7318T
Insured/Policyholder	
Name Of Registered Owner	TKF PROJECT PTE LTD
Co Reg No	2XXXXX203E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91801613
Alternative Phone No	OFFICE-91801613

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	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	5070831574-04
Cover Note Number	

Driver

Name of Driver	CHOY KENG CHONG
NRIC No	SXXXX720D
Date Of Birth	01/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91801613
Fax Number	
Contact Number	OTHERS-91801613
EEmail Address	NOEMAIL

Address	BLK 836 TAMPINES STREET 82 #06-63
Postcode	520836
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	SIDE SWIPE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU2247U
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PUK CHAI LYE
NRIC/Passport Number	SXXXX777B
Contact Number	92321304
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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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.



[Handwritten Signature]

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.:

[Handwritten Signature]
15/02/2022
[Handwritten Name]

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/02/2022 AT ABOUT 13:45 HRS I WAS AT SIMBODWANG HILL ROAD of WARRHO to turn to Thompson Hill. AT THE TURNING I SIGNAL RIGHT, SUDDENLY A CAR SUDDENLY OVERTAKE ME & HIT MY FRONT RIGHT OF MY Lorry.

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:

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

15/02/2022
Robi L...

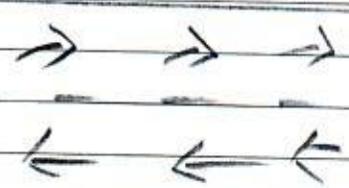
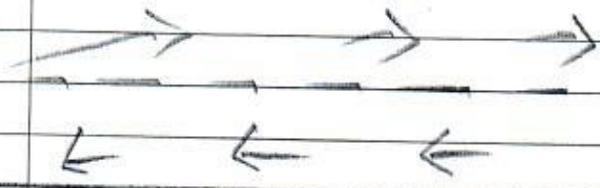
1.45 pm

Date:

No:

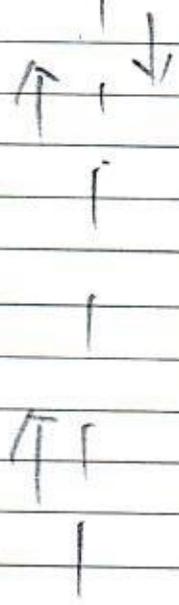
JIN Leban

THOMSON HILL



SEMBAWANG HILLS DR

GB107318T(A)
SLU247C (B)



15/05/2020
Resh Limars

ACCIDENT STATEMENT

ACCIDENT DATE: 15/12/2002 (DD/MM/YYYY), TIME: 13:45 (HH:MM)

LOCATION: JUNCTION OF SHIMPOWANG HILL DR.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 73187
b) INSURANCE COMPANY: NAC
c) POLICY NUMBER: 5070881574-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA PRUN
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: TRF PROJECT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91801613
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOY KAM L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91801613
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS _____

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 247 C MODEL: Honda Vezel

b) DRIVER'S NAME: PUK CHALLUK

c) NRIC/FIN/PASSPORT: 57015 TMB CONTACT: 92321304

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO

EMAIL to N51

Claim Handling

Accident MT/1084503

Policy No.	5070831574-04	Vehicle No.	GBD7318T	GST Registrati
Certificate No.				
Policyholder Name	TKF PROJECT PTE LTD			Policyholder Ni
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91801613	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	15/02/2020 17:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/02/2020	Time of Accident hh:mm	13:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SEMBAWANG HILL DR TURNING RIGHT TO THOMSON HILL			

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/1
GST Registration No.	201135203E	GST Status Verified	Yes
Modification History	15/02/2020 17:33:41 System changed GST Registered from No to Yes 15/02/2020 17:33:41 System changed GST Registration No. from null to 201135203E 15/02/2020 17:33:41 System changed GST Registration Date from null to 01/12/2013		

▼ Policyholder Mailing Address

Address 1	BLK 1041 #01-98	Address 2	EUNOS AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-98	Related Policy Number	5070831574-04	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHOY KENG CHONG	Driver NRIC	S1194720D	Driver DOB
Register Date of Driver License	21/10/1977	Driver Age	63	Driving Experi
Contact No.(Mobile)	91801613	Contact No.(Office)		Contact No.(H
Address 1	BLK 836 #06-63	Address 2	TAMPINES STREET 82	Address 3
Address 4	SINGAPORE 520836	Address Type	Foreign address	Post Code
Unit No.	06-63			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBD7318T	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TKI
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBD7318T / SLU247C ON 15 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			15/02/2020 17:34
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/02/2020 15:58"/>
Vehicle No.(For Motor)	<input type="text" value="GBD7318T"/>	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"/>	5070831574-04		TKF PROJECT PTE LTD	201135203E	GCV	Comprehensive	GBD7318T	GBD7318T	30/03/2019	29/03/2020

Continue