

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MNA 20025798**

Date In: 27/1/10 - 13:58	Job description	Date & Time Completed	Done by
Ref No: LA/INC 2000327674	SAS e-filing		
Veh No: 68F8473K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 27/1/10 - 14:10	i-Motor Claim Form	27/1/10 10:31-001	27/1/10 14:35
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: **SLP96468** 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: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
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 claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
	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	27/02/2020 13:58
Date Of Accident	26/02/2020 14:20
Exact Location Of Accident	PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8473K
Insured/Policyholder	
Name Of Registered Owner	CA M&E ENGINEERING PTE LTD
Co Reg No	2XXXXX189G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67481155

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	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	5099161579-01
Cover Note Number	

Driver

Name of Driver	LAU LIANG MUI
NRIC No	SXXXX959Z
Date Of Birth	10/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98273068
Fax Number	
Contact Number	OFFICE-98273068
Email Address	NOEMAIL

Address	BLK 211 ANG MO KIO AVENUE 3 #09-1432
Postcode	560211
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?	YES
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

REFER TO STATEMENT.

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	SLP9646B
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELAINE CHONG
NRIC/Passport Number	
Contact Number	81218937
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAU LIANG MUI
------	---------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBF8473K

YES

NO

10

10

- #### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (e) the information so collected under (d) above may be shared / disclosed:



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.:

Date of Accident : 26/02/2020 Accident Time: 1420 (24-HR-Format)
Accident Place : Punggol Road before X-Junction of Punggol Field & Punggol Road
Vehicle No. (Car Plate No.) : GBF 8473K Make/Model: Toyota Hiace
Insurance Company : NTUC Policy No: 5099161579 - 01
Owner or Company Name / IC No. : CA M&E Engineering Private Ltd.
Owner or Company Contact No. : 67481155 Owner's Hp : -1- Company Tel :
DRIVER'S Name / IC No. : Lau Liang Mui (S11339592)
DRIVER'S Date Of Birth : 10-06-1955 DRIVER'S License Pass Date : 13 June 1977
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others :
DRIVER'S Address : 211 Ang Mo Kio Ave 3, #09-1432, S(560211)
DRIVER'S Contact No. / Alt No. : 1) 98273068. 2)
DRIVER'S Occupation : ~~INDOOR~~ OUTDOOR (e.g. working inside or outside office)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes Driver

Other Party Driver's Particular (if any)

Vehicle No: SLP 96468	Vehicle No: _____
Vehicle Make/Model: Mazda	Vehicle Make/Model: _____
Name Driver: Elaine Chong	Name Driver: _____
IC No. Driver/Contact: 61218937	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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 : 5099161579-01

Cover : Comprehensive

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBFB473K |
| Chassis Number | : JTFHT02P400215389 |
| 2. Name of Policyholder | : CA M&E ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 28 Mar 2019 |
| 4. Expiry Date of Insurance | : 27 Mar 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 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	: ETHOZ CAPITAL LTD
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 : MEDNEFITS PTE. LTD. (00000573485)

Date of Issue : 05 Mar 2019 15:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General/Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099161579-01		CA M&E ENGINEERING PTE LTD	200501189G	GCV	Comprehensive	GBF8473K	GBF8473K	28/03/2019	27/03/2020

Policy Information

Policy No.	5099161579-01	Policyholder Name	CA M&E ENGINEERING PTE LTD	Policyholder NRIC	200501189G
Certificate No.					
Address	50 UBI AVENUE 3 #05-03 FRONTIER SINGAPORE 408866				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/03/2019	Effective Date	28/03/2019 00:00	Expiry Date	27/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	MEDNEFITS PTE. LTD.	Agent Tel.	62547889	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	50 UBI AVENUE 3	Address 2	#05-03 FRONTIER	Address 3	SINGAPORE 408866
Address 4		Address Type	Singapore address	Post Code	408866
Unit No.		Related Policy Number	5088897273-03		

Insured Object: GBF8473K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1086031

Policy No.	5099161579-01	Vehicle No.	GBF8473K	GST Registration No.	200501189G
Certificate No.					
Policyholder Name	CA M&E ENGINEERING PTE LTD			Policyholder NRIC	200501189G
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67481155	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	No
Accident Details					
Report Date	27/02/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/02/2020	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL RD				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	16/05/2005		
GST Registration No.	200501189G	GST Status Verified	Yes		
Modification History	27/02/2020 14:34:32 System changed GST Registration Date from 01/01/2015 to 16/05/2005 27/02/2020 14:34:32 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	50 UBI AVENUE 3	Address 2	#05-03 FRONTIER	Address 3	SINGAPORE 408866
Address 4		Address Type	Singapore address	Post Code	408866
Unit No.		Related Policy Number	508897273-03		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LAU LIANG MUI	Driver NRIC	S000X959Z	Driver DOB	10/06/1955
Register Date of Driver License	13/06/1977	Driver Age	64	Driving Experience	42
Contact No.(Mobile)	98273068	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 211	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560211
Address 4		Address Type	Singapore address	Post Code	560211
Unit No.	09-1432				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CA M&E ENGINEERING PTE LTD	Insured NRIC	200501189G
Contact No.(Mobile)	94575728	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	GBF8473K	TP Vehicle Number	SLP9646B
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF8473K / SLP9646B ON 26 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/02/2020 14:35	Claim Close Date		Date Received	27/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1086031	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2020 14:40						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
<input type="checkbox"/> Send Message									

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:36	SAS		Normal	SAS 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:36	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:36	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:36	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Feb 2020 14:35	Photos		Normal	Photos 2020-2-27

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				