

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA 2000 26514

Date In: 29/01/2020 09:32	Job description	Date & Time Completed	Done by
Ref No: NA 2000 3367/4	SAS e-filing		
Veh No: YP 6998 B	E-mail (to Jala 2hrs, AIC 2hrs)		
D.O.A: 29/01/2020 08:15	I-Motor Claims Form	MT108629-001	29/02/2020
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:30
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: XE 1246K

INC ( ) / Non-INC ( )

Owner / Driver: (

Policy No: (

Period: (

Tel:

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 repolar.

( ) 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: ( )

Date:	Time:	Location:	By:

NA 2001622

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref: 1:

2/3

Fees Charged		Fees Charged	
1) AR: Accident Reporting (\$30)		1) NI: Idea Mobile	
2) DA: Damage Assessment (\$100)	INC (\$10)	Invoice dated	
3) TP: Towing Fee	\$40/\$45	Invoice dated	
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		
7) NI: Idea DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TF (NI): TP (Non INC) against INC	\$20		
9) NI: Idea Mobile	\$0		



## 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	29/02/2020 09:32
Date Of Accident	24/02/2020 08:15
Exact Location Of Accident	NO 9 KAKI BUKIT ROAD 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6998B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOOD FRIEND AGENCY
Co Reg No	2XXXX900W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90663656
Alternative Phone No	OFFICE-90663656

### Vehicle Particulars

Manufacturer	ISUZU
Model	FSR34SUQCC
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	5092925100-02
Cover Note Number	

### Driver

Name of Driver	TOK KAH SIN
NRIC No	SXXXX875A
Date Of Birth	29/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90663656
Fax Number	
Contact Number	OTHERS-90663656
EMail Address	NOEMAIL

Address	BLK 119A RIVERVALE DRIVE #09-308
Postcode	541119
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

ON 24/02/2020 AT ABOUT 08:15HRS I WAS MOVING OUT FROM THE CARPARK OF MY COMPANY AT NO. 9 KAKI BUKIT ROAD 2, I ACCIDENTALLY HIT A LORRY XE1346K ON THE LEFT FRONT OF THE LORRY WHILE MOVING OUT THAT ALL.

#### 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	XE1346K
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEOW GIM TECK(LIAO LINZHU)
NRIC/Passport Number	SXXXX920H
Contact Number	93880009
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0



## 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.



29/2/20

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

NO.9 KAKI BUKIT ROAD 2

A) YP6998B  
B) XE1346K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO SKETCHMAN

DECLARATION

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



Policyholder's Signature  
Date & Time:

29/2/20  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

29/02/2020  
Reporting Centre Personnel's Signature  
Name: Keshav Kumar  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 2 / 20) (DD/MM/YYYY), TIME: (08.15 am) (HH:MM)

LOCATION: \_\_\_\_\_

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP6998B  
b) INSURANCE COMPANY: GFA  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: Tok Keh sin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 11698751A CONTACT: 90663656  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: GFA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) 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: XE 1346K MODEL: Volvo  
b) DRIVER'S NAME: Lim Gim Hock (Liao Jim 244)  
c) NRIC/FIN/PASSPORT: S74209204 CONTACT: 93880009

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

VIDEO



Claim Handling

Accident MT/1086291

Policy No.	5092925100-02	Vehicle No.	YP6998B	GST Registration No.	
Certificate No.					
Policyholder Name	GOOD FRIEND AGENCY			Policyholder NRIC	21159900W
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	90663656	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

Report Date		29/02/2020 10:24	Accident Report Within 24 hrs:		Yes	Accident Type		Collided into
Date of Accident		24/02/2020	Time of Accident hh:mm		08:15	Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location		NO 9 KAKI BUKIT ROAD 2						

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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M880020595	GST Status Verified	Yes
Modification History 29/02/2020 10:32:55 System changed GST Registration No. from null to M880020595 29/02/2020 10:32:55 System changed GST Registration Date from null to 01/04/1994 29/02/2020 10:32:55 System changed GST Status Verified from No to Yes			

Policyholder Mailing Address					
Address 1	60 KAKI BUKIT PLACE	Address 2	#09-01 EUNOS TECHPARK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	415979
Unit No.	09-01	Related Policy Number	5068623679-05		

O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/06/1956
Unnamed driver Name	TOK KAH SIN	Driver NRIC	SXXXX875A	Driving Experience	42
Register Date of Driver License	14/11/1977	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	90663656	Contact No.(Office)		Address 3	RIVERVALE C
Address 1	BLK 119A #09-308	Address 2	RIVERVALE DRIVE	Post Code	541119
Address 4	SINGAPORE 541119	Address Type	Foreign address		
Unit No.	09-308				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	YP6998B	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GOOD FRIEND AGENCY	Insu NRI	
Contact No.(Mobile)		Contact No. (Home)		Cont No. (Offi	
Email Address		Vehicle Number	YP6998B	TP Num	
Claim Description	YP6998B / XE1346K ON 24 Feb 2020				Nam Pref Worl
Preferred Workshop		Insured Liability	Fully at Fault		
Repair Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				29/02/2020 10:35	Claim Close Date
Report Taken By				ROSLI WAHAB	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1086291	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/02/2020 10:36
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Category *		Confidential	Urgency *
Please Select		NO	Normal
Please Select		NO	Normal
Please Select		NO	Normal



Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:36	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:36	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:36	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:36	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:36	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:36	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:35	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:35	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:35	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:35	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 10:35	SAS		Normal	SAS 2020-2-29

Video List

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



**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 :** 5092925100-02

**Cover :** Preferred Workshop Plan

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle   | : YP6998B            |
| Chassis Number   | : JALFSR347H7000044  |
| 2. Name of Policyholder  | : GOOD FRIEND AGENCY |
| 3. Effective Date of Insurance   | : 01 Aug 2019        |
| 4. Expiry Date of Insurance  | : 31 Jul 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.<br>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	: N/A
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 : SHIRLEY TAY MIN CHOO (00000518893)  
Date of Issue : 28 Jun 2019 18:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive