

NATIONAL Assessment Centre Services. (ver 1 Jan'00) **MAN/00007455**

Date In: 02/03/2020 17:09	Job description	Date & Time Completed	Done by
Ref No: XBA/INC2000346/Y	SAS e-illing		
Veh No: SMF 81577	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 29/02/2020 09:30	I-Motor Claim Form	ml/086520001	02/03/2020 17:31
OD: TP: Reporting Only	I-Motor W/O (Withlo: 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: SIP 3680P	INC () / Non-INC ()
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 > \$5000] ()		

Injury: _____

Date: _____

XIA2000781	Invoice / Receipt / Statement of Charges
Driver/Owner:	1) AIC: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40.245
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110
	5) PT: Follow-Through Survey (Resurvey) \$10
	For claiming against INC Only (ver 10 Jan 2000)
	6) TR: Re-inspection \$70
	7) NI: Idas DA + EMRT Survey \$160
	8) NTUC Additional Services
	ON:
	*NI: Courtesy Car / Tpl Allowance \$5
	*NI: Repairs Co-ordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	TP (NI) / TP (Non-INC) against INC \$20
	9) NI: Idas 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	02/03/2020 17:09
Date Of Accident	29/02/2020 09:30
Exact Location Of Accident	ALONG YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8157T
Insured/Policyholder	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	2XXXXX568K
Email Address	AARON.LAIJL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-93899125

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	5111772470
Cover Note Number	

Driver

Name of Driver	LAI JIA LEONG (LI JIALIANG)
NRIC No	SXXXX840B
Date Of Birth	30/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96177565
Fax Number	
Contact Number	OTHERS-91090170
Email Address	AARON.LAIJL@GMAIL.COM

Address	BLK 935 YISHUN CENTRAL 1 #05-23
Postcode	760935
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	SJP3680P
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NURULJANNAH BINTE SALIM
NRIC/Passport Number	SXXXX955H
Contact Number	96925090
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

Veh A: SMF 8157 T
Veh B: SJP 3680P

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAY TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GT PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 2.3.2020
11:30a.m.

02/03/2020
Reporting Centre Personnel's Signature
Name: Rosli Luthan

NRIC/FIN No.:

SKETCH PLAN

Veh A: SMF 8157 T

Veh B: SJP 3680 P

← Yishun Ave 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along Yishun Central traffic lights was turning green.
Vehicle in front of me was stationary and i moved my vehicle and
Collided to rear of the vehicle.

DECLARATION

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

GT PTELTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2-3-2020

11:30am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/03/2020

Red Hottos

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 29.02.2020

*Time of Accident: 9:30am

*Accident Location: Yishun Central

Vehicle Details

*Vehicle Number: SMF 8157T

*Make & Model: Hyundai Avante 1.6 AT ABS

Insured / Policyholder

*Owner Name: GT Pte Ltd

*NRIC: 201622568K

*Address:

*Email:

*HP: 9389 9125

*Occupation: (Indoor / Outdoor)

*Tel / H / Other:

Driver () same as above

*Driver Name: LAZ JIA LEONG

*NRIC: 59246890J

*Address: Yishun Central S11 011 935 #05-23 S(760935)

*Date of Birth: 30 Nov 1992

*Driving Pass Date: 19 Aug 2013

*HP: 9690170 / 96177565

*Email: aaron.lai.jl@gmail.com

*Gender: Male / Female

*Occupation: Property Agent (Indoor / Outdoor)

*Tel / H / Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: (Male/Female) *P/Name: (Male/Female)

*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SSP 3680P

Make & Model: Honda Fit 1.3

Vehicle Category:

Name of Driver: Nuruljannah Binte Salim

NRIC : 58932955H

HP : 9692 5090

No. of Passengers (Including Driver): 2

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Bear / Side swipe / others:

*Weather conditions: Clear / Raining / others:

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: NRIC: HP:)

*Accident reported to police: Yes / No

*Summon against whom:

*Injured party: Yes / No

*No. of passengers (include driver):

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident NT/108553H

Policy No.	511772470	Vehicle No.	SHF81571	GST Registration No.	
Certificate No.	511772470-000011				
Policyholder Name	GT PTE. LTD.			Policyholder NRIC	201627588H
Product Code	FLEET MASTER INSURANCE	Cover Type	Drive CLASSIC	Location	2
Contact No. (Mobile)	93899135	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
EPF	No Yes	TCA	No Yes	eCode Reason	
WCD Protection	No	NCD Entitlement (%)	0	Private Hire	No

Accident Details

Report Date	02/03/2020 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/02/2020	Time of Accident (Approx)	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		SLM No.	
Accident Location	ALONG YONGHUN CENTRAL				

Total Excess Applicable

Excess Type	Per Accident	Whichever Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
11SD OD Excess	0.00	11SD TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	1,500.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Registration History			

Policyholder Mailing Address

Address 1	29 PADOGA STREET	Address 2	SINGAPORE 059799	Address 3	
Address 4		Address Type	Singapore address	Post Code	094148
Unit No.		Related Policy Number	511772470		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	2011/1/30
Unnamed driver Name	LIU JIN LING (LJ JALANG)	Driver NRIC	50000000	Driving Experience	5
Register Date of Driver License	19/05/2013	Driver Age	27	Contact No. (Home)	
Contact No. (Mobile)	9100017096177005	Contact No. (Office)		Address 1	SINGAPORE 761935
Address 1	814 815 405-07	Address 2	YONGHUN CENTRAL 1	Address 3	
Address 4		Address Type	Foreign address	Form Date	19/03/20
Unit No.	05-23			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SHF81571		

Declaration

Insured/owner or third party leading?	3 mg	Any injury?	Yes - No
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Mobilization History

Claim 995

Claim Type *	OD-PR	Insured Name	GT PTE. LTD.	Insured NRIC	201627588H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SHF81571	Vehicle Number	51P2680P
Claim Description	SHF81571 / SHF81571 ON 29 Feb 2020			Name of Preferred Workshop	
Insured Workshop		Insured Workshop		Insured Workshop	
Contact No. (Mobile)	Yes	Contact No. (Home)	Yes	Contact No. (Office)	Yes
Date Registered	02/03/2020 17:32	Claim Date	02/03/2020 00:00	Date Received	02/03/2020 00:00
Report Taken By	00001 SHANAB				











Print AX label

Save Submit

Attachment

Accident No.	NT/108553H	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/03/2020 17:31
Batch *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size (KB)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Mar 2020 17:31	NRIC Driving License	Normal	NRIC Driving License 2020-3-1		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Mar 2020 17:31	SAS	Normal	SAS 2020-3-1		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Mar 2020 17:31	Photos	Normal	Photos 2020-3-1		Edit

	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 17:28	Photos	Normal	Photos 2020-3-2	Edit

Video List

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

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text" value="5111772470"/>	Date of Accident	<input type="text" value="29/02/2020 17:07"/>
Vehicle No.(For Motor)	<input type="text" value="SMF8157T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5111772470	5111772470-000021	GT PTE. LTD.	201622569K	GFM	drive CLASSIC	SMF8157T	SMF8157T	18/08/2019	11/08/2020
<input type="button" value="Continue"/>										

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: 5111772470-000021

Cover: Drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | SMFB157T |
| Chassis Number | KMHDL41E0MA11400001 |
| 2. Name of Policyholder | GI PTE. LTD |
| 3. Effective Date of Insurance | 18 Aug 2019 |
| 4. Expiry Date of Insurance | 17 Aug 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 or Hirer's business | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 07 Aug 2019 16:27 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive