

NATIONAL Assessment Centre Services. [Part 1 of 2 of 003]

MAY 20033500

Date In: 17/03/2020 12:13	Job description	Date & Time Completed	Done by
Ref No: NPA/INC 20004107/Y	SAS e-filing		
Veh No: SKR 41382	E-mail (24hrs thru, AIC 2hrs)		
DDA: 15/03/2020 13:58	I-Motor Claims Form	17/10/2020	
OID: (TP) Reporting Only	I-Motor W/O (With in OD 2hrs, TP 4hrs)		12:53
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Worker		

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

TP Particulars: Veh No: SAB 1608K 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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	Assign

NA2002069 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's comments: Sat: 1:	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$40)	
	3) TP: Towing Fee \$40/245	
	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (vs 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (Nil) / TP (Non INC) against I-IC \$10		
9) N12: Idas Mobile \$0		
Invoice dated	Fee Charged	SWISS 100015
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	17/03/2020 12:13
Date Of Accident	15/03/2020 13:55
Exact Location Of Accident	HAVELOCK ROAD AND NEW BRIDGE ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4138Z
Insured/Policyholder	
Name Of Registered Owner	V TWO TRANSPORT SERVICES
Co Reg No	5XXXX136K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97882604
Alternative Phone No	OFFICE-97882604

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	5093613949-02
Cover Note Number	

Driver

Name of Driver	KEE HUA CHENG
NRIC No	SXXXX289J
Date Of Birth	13/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1977
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-97882604
Fax Number	
Contact Number	OTHERS-97882604
Email Address	NOEMAIL

Address	BLK 633 HOUGANG AVENUE 8 #02-17
Postcode	530633
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1608K
Vehicle Make/Model/Colour	SMRT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TUAN KIT NEN
NRIC/Passport Number	SXXXX332I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KEE HUA CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR4138Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN PASSANGER (FEMALE)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR4138Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN

A) SLR 4138Z
B) SH/B 1608K

PEDESTRIAN CROSS
OK



HAVELOCK RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on Havelock Road approaching junction of New Bridge Rd.

As there was a pedestrian crossing the road I had to stop to give way as it was green man showing.

Suddenly I felt a strong bumping at the back of my car. I came down to see my car have many damages.

I was working as grab driver and had passenger in my car.

DECLARATION

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

[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.:

17/03/2020

[Handwritten signature]

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report 17/1/10
Date Of Accident 15/1/2010 13:55pm
Exact Location Of Accident Havelock Rd ~~Tanjong~~ & New Bridge Rd Junction
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4138E
Insured/Policyholder
Name Of Registered Owner * V TWO Transport Services
Co Reg No
Email Address
Mobile Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer Honda
Model Jazz
Exact Purpose for which vehicle was being used at time of accident transporter
Are you claiming under your own insurance policy for repair to your vehicle? TP
If No, Please state action to be taken
Vehicle Category
Insurance Company
Name of Insurance Company NTUC
Type Of Coverage
Fleet Policy
Policy Number
Cover Note Number
Driver
Name of Driver Kee Hua Cheng
NRIC No S022207288J
Date Of Birth 13/12/1952
Occupation Arab Histor.
Date Of Driving Pass 03/01/1977
Driving Experience
Gender M
Mobile Number 97887604
Fax Number
Contact Number
EMail Address

Address
Postcode
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

020001

General Information of the Accident

Type Of Accident
Weather Conditions
Road Surface

near front to Rear
dry

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged?
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police?
If Yes, Please state which Police Station
Was notice of intended Prosecution given?
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?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Details of Witness
Name
Phone Number
Email Address

SHISHOK
SHIRT TAXI
TUAN KIT NEN
S 6920322 I

Claim Handling

Accident NT/109530

Exit

Policy No.	507623444-02	Vehicle No.	0L841382	GST Registration No.	
Policyholder Name	TWO TRANSPORT SERVICES	Cover Type	Comprehensive	Policyholder NRIC	S12241366
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	97482604	Special Permits		Contact No.(Home)	
Email Address		TCA	No	eCode	No
ATK	No	NCO Entitlement(%)	20	eCode Reason	
NCO Protection	No			Franchise Hire	No

Accident Details

Report Date	17/03/2020 12:42	Accident Report Within 24 hrs	Yes	Accident Type	Options - Head to Rear
Date of Accident	15/03/2020	Time of Accident (hh:mm)	13:55	Country of Accident	Singapore
Reporting Centre		Damage Party		ICM No.	
Accident Location	HAVELOCK ROAD AND NEW BRIDGE ROAD JUNCTION				

Total Excess Applicable

Excess Type	Per Accident	Written Excess	100.00	Driver is Covered?	Covered
GD Standard Excess	2,000.00	TD Standard Excess	2,000.00		
Yield GD Excess	0.00	Yield TD Excess	0.00		
Additional Excess		Total TD Excess Applicable	2,000.00		
Total GD Excess Applicable	2,000.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/03/2020 12:00:00 System changed GST status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 423 #02-17	Address 2	HOUKANG AVENUE 8	Address 3	SINGAPORE 530433
Address 4		Address Type	Singapore address	Post Code	530433
Unit No.	02-17	Related Policy Number	507623444-02		

Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/12/1954
Unnamed Driver Name	KEE HUA CHENG	Driver NRIC	SXXXX2881	Driving Experience	41
Register Date of Driver License	03/02/1977	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	97482604	Contact No.(Office)		Address 1	SINGAPORE 530433
Address 1	BLK 423 #02-17	Address 2	HOUKANG AVENUE 8	Address 2	SINGAPORE 530433
Address 4		Address Type	Foreign address	Post Code	530433
Unit No.	02-17	Driver Vehicle No.	SUN1138	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Destination:
 Breakdown or Blood Test Request? 0 mg
 Any Injury? Yes - No

Modification History
 Claim ID: **NEW**

Claim Type
 Contact No.(Mobile)
 Email Address
 Claim Description
 Preferred Workshop
 Date Registered
 Report Taken By

GD No.	Insured Name	Two Transport Services	Insured NRIC	S12241366
507623444	Contact No.		Contact No. (Office)	NTU
	Vehicle No.	0L841382	Vehicle Number	0L841382
	0L841382 / 5081300W ON 15 Mar 2020		Name of Preferred Workshop	
	Claim Close Date	17/03/2020 12:52	Date Reported	17/03/2020 00:00
	RCSI, YAMSB			

Print, Add, Copy
 Save Submit

Attachment

Accident No.	NT/109530	Claim No.	071
Last Doc. Received	Yes - No	Upload Date	17/03/2020 12:52

Choose File: No file chosen
 Choose File: No file chosen

Reshape Read

Category	Confidential	Agency	Description
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Private	Description	Msg Sent (CO)	Action
		NRIC Driving License	Normal	NRIC Driving License 2020-3-17		EDIT
		NRIC Driving License	Normal	NRIC Driving License 2020-3-17		EDIT
		SAR	Normal	SAR 2020-3-17		EDIT

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 : 5093613949-01

Cover : Comprehensive

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle: | : SLR4138Z |
| Chassis Number | : JHMGE885095203433 |
| 2. Name of Policyholder | : V TWO TRANSPORT SERVICES |
| 3. Effective Date of Insurance | : 21 Aug 2018 |
| 4. Expiry Date of Insurance | : 20 Jul 2019 |
| 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. | |
| (b) Use for the carriage of passengers or goods 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 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\$2,000
EXCESS (SECTION 2)	: S\$2,000
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 12 Jul 2018 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNAV2003350 Vehicle Registration No: 5UR 4138Z
Name (as shown in NRIC): KEE HUA CHANG NRIC/FIN/Passport No: 888829J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 9788 2604
Email Address: _____
Date of Accident: 15/03/2020 Time of Accident: 13:55
Place of Accident: HAVELOCK ROAD / NEW BRIDGE ROAD JUNCTION
Insurance Company: NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload sketch from my company stamp

Policyholder's Signature
Date & Time:



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 20/03/2020