

NATIONAL Assessment Centre Services.

June 1 Jan 003

MMAY 2003 17/17

Date In: 18/03/2020 16:52	Job description	Date & Time Completed	Done by
Ref No: NBSA/INC 2000420714	SAS e-filing		
Veh No: XE 1482A	E-mail (3-4 days, AIC 2hrs)		
D.O.A: 17/03/2020 18:10	I-Motor Claims Form	17/03/2020 17:09	
OID 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/WH32		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SUU 18295	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: _____

NA2002083	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditor's Comments:	For claiming against INC Only (was 10 Jan 2003)	\$75
Sal. 1:	6) TR: Re-inspection	\$160
2/2:	7) NI: Idas DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TE (NI): TP & on INC against INC	\$20
	2) NI: Idas Mobile	\$30
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	18/03/2020 16:52
Date Of Accident	17/03/2020 18:10
Exact Location Of Accident	ALONG PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1482A
Insured/Policyholder	
Name Of Registered Owner	CHYE JOO CONSTRUCTION PTE LTD
Co Reg No	1XXXXX808K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86723623
Alternative Phone No	OFFICE-86723623
Vehicle Particulars	
Manufacturer	IVECO
Model	TRAKKER-12.9 D AT340T41 (MY2013EURO V) (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	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	5115402728
Cover Note Number	
Driver	
Name of Driver	MICHAEL AROCKIA PRABU
NRIC No	GXXXX092P
Date Of Birth	03/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86723623
Fax Number	
Contact Number	OTHERS-86723623
Email Address	NOEMAIL

Address	19 KIAN TECK ROAD
Postcode	628772
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	SLU1829S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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. 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.

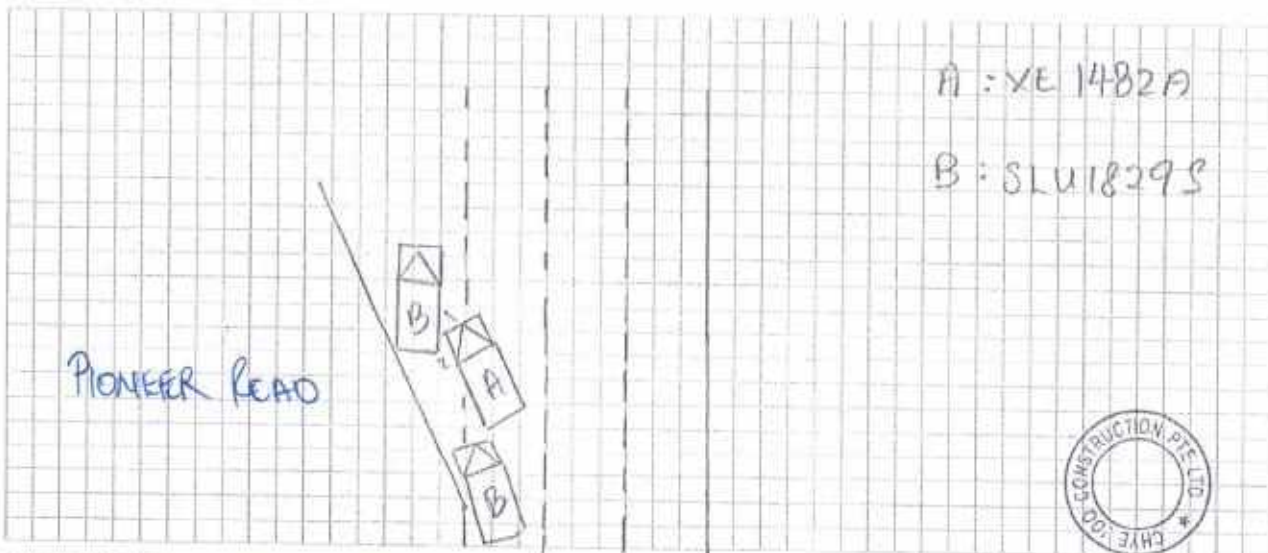


Policyholder's Signature
Date & Time:

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

18/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th March 2020, at about 18:10hrs, I was travelling along Pioneer Road towards PIE. As I was filtering left, I felt an impact from my left. I alighted and realised vehicle B squeezed through and tried to filter before me and therefore collided.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 17th MARCH 2020	TIME: 18:10	(hh:mm) 24 hrs Format
LOCATION PIONEER ROAD		
VEHICLE NUMBER XE 1482A		
INSURED NAME CHYE JOO Construction Pte Ltd		
NRIC / FIN 198800808K	CONTACT:	
MAKE IVECO Trakker	MODEL ATO AT260T41 (MY2013, EURO V)	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY NTUC		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 5116 402728-000015		
NAME DRIVER: Michael Arockia Prabu () SAME AS INSURED		
NRIC / FIN 68079092P	CONTACT: 86123623	
DATE OF BIRTH: 03.06.1977		
DRIVING PASS DATE: 22-08-2013		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 19 Kiam Tuck Rd S(628772)		
Number Of Passenger Include Driver: Driver only		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others		
Does The Driver Own Any Other Vehicle? : () YES () NO <i>Employed</i>		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)
Veh B 8LU 1829S		() / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()

Claim Handling

Accident WT/1088782

Police No.	S-44682709	Vehicle No.	KE1482A	GST Registration No.	W000001415
Certificate No.	9115462728-000015				
Policyholder Name	ONE JOO CONSTRUCTION PTE LTD			Policyholder NRIC	1088000086
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Location	
Contact No.(Mobile)	96723523	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eDate	No *
MPV	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	uDate Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

Accident Details

Report Date	16/03/2020 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Self Swap
Date of Accident	15/03/2020	Time of Accident (H:M:S)	10:10	Country of Accident	Singapore
Reporting Centre		Charge Point		ICM No.	
Accident Location	ALONG PIONEER ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	125.00		
OD Standard Excess	1,000.00	TP Standard Excess			
YES OD Excess	0.00	YES TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/2014
GST Registration No.	W000001415	GST Status verified	Yes
Notification History			

Policyholder Mailing Address

Address 1	15 KIAN TECK ROAD	Address 2	SINGAPORE 628772	Address 3	
Address 4		Address Type	Singapore address	Post Code	628772
Unit No.		Related Policy Number	9108367072-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MICHAEL ANDONGA PHABU	Driver NRIC	00000000	Driver DOB	03/06/1977
Register Date of Driver License	22/08/2013	Driver Age	43	Driving Experience	6
Contact No.(Mobile)	96723523	Contact No.(Office)		Contact No.(Home)	
Address 1	15 KIAN TECK ROAD	Address 2	SINGAPORE 628772	Address 3	
Address 4		Address Type	Foreign address	Post Code	628772
Unit No.					
Did he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	KE1482A	Driver (Number Company)	OTUC

Declaration					
Insured driver or blood test heading?	0 mg	Any Injury?	Yes - No		

Notification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ONE JOO CONSTRUCTION PTE	Insured NRIC	058808058
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	96723523
Email Address		OT Vehicle Number	KE1482A	TP Vehicle Number	90015193
Claim Description	KE1482A / SLU18225 ON 17 Mar 2020			Name of Preferred Workshop	
Workshop		Insured Liability	Not at fault		
Workshop Feedback No.	Yes	Preferred Workshop, Name unknown		CIA report	Received
Date Registered	18/03/2020 17:48	Claim Close Date		Date Received	18/03/2020 00:00
Report Taken By	MOSELI AHMAD				

Print As letter

Save Submit

Attachment

Accident No.	WT/1088782	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Upload Date	18/03/2020 17:08
Path *		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			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg. Sem? (OT)	Action
	NAC_BUKIT_MERAH_B00076 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2020 17:08	Photos	Normal	Photos 2020-3-18		Edit
	NAC_BUKIT_MERAH_B00076 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2020 17:08	Photos	Normal	Photos 2020-3-18		Edit
	NAC_BUKIT_MERAH_B00076 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2020 17:08	Photos	Normal	Photos 2020-3-18		Edit

Claim Handling(accident reporting Claim Task)

[Video List](#)

Display in full window

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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5115402728-000015

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

XE1482A

Chassis Number

WJME2N5540C280965

2. Name of Policyholder

CHYE JOO CONSTRUCTION PTE LTD

3. Effective Date of Insurance

25 Jan 2020

4. Expiry Date of Insurance

24 Jan 2021

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\$1,000

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : DBS BANK 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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 06 Jan 2020 19:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_BUKIT_MERAH_800676

[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 checked="" type="checkbox"/>	5115402728	5115402728-000015	CHYE JOO CONSTRUCTION PTE LTD	198800808K	GFM	Preferred Workshop Plan	XE1482A	XE1482A	25/01/2020	24/01/2021

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	808K
Vehicle Details	
Vehicle No.:	XE1482A
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2020
Vehicle Make:	IVECO
Vehicle Model:	TRAKKER AUTO AT260T41 (MY2013, EURO V)
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	F3BE3681DS451218898
Chassis No.:	WJME2NSS40C280965
Maximum Power Output:	-
Open Market Value:	\$129,250.00
Original Registration Date:	02 Mar 2016
First Registration Date:	02 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$6,463.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,740.00
COE Rebate Amount:	\$2,805.00
Total Rebate Amount:	\$2,805.00

The information contained herein is correct as at 18 Mar 2020