

NATIONAL Assessment Centre Services

(weF 1 Jan 09) **MNAH0034284**

Date In: <b>19/1/20-09:50</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA INC 700072824</b>	SAS e-filing		
Veh No: <b>5JA 5545M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>19/1/20-16:45</b>	i-Motor Claim Form	<b>M/1088833-001</b>	<b>19/1/20 10:25</b>
OD: <b>TP</b> 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: **5JA 5545M** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (weF 10 Jan 2009)</i>		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
*N5: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (N-in INC) against INC	\$20		
9) N12: Idao Mobile	30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments:-**

Dat. 1:

Dat. 2 / 3:

## 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	19/03/2020 09:50
Date Of Accident	14/03/2020 16:40
Exact Location Of Accident	BUKIT BATOK RD TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5545M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEEKTOP PTE LTD
Co Reg No	2XXXXX868E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5 A
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5116211696
Cover Note Number	

### Driver

Name of Driver	WANG XUN BIN (HUANG XUNBIN)
NRIC No	SXXXX610B
Date Of Birth	23/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81137467
Fax Number	
Contact Number	OFFICE-81137467
EEmail Address	NOEMAIL

Address	BLK 175C PUNGGOL FIELD #05-551
Postcode	823175
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: : - GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6685P
Vehicle Make/Model/Colour	NISSAN LATIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98003090
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

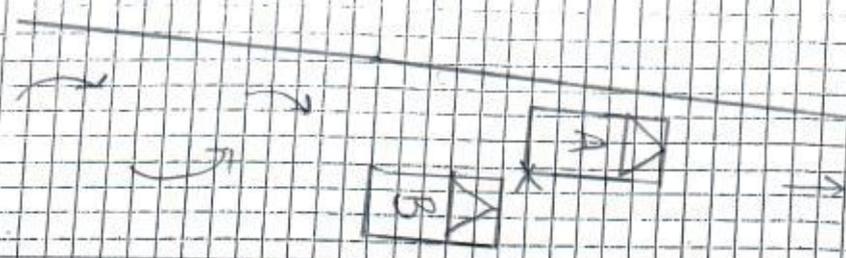
Name	WANG XUN BIN (HUANG XUNBIN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJA5545M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



(Slip Rd to PIE / Changi Exit 31) →

Vehicle A - SJAS545M

Vehicle B - SMC668SP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in my vehicle (SJAS545M) along Bukit Batok Rd and turn left into the Slip Road exiting to (PIE / Changi). Along the Slip Road, I suddenly felt a impact coming from the back of my car. Then I realised vehicle B (SMC668SP) had hit my car on the right rear of my vehicle. I felt pain from my back of my body and visited a doctor and was given 02 days MC.

DECLARATION

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



*[Handwritten Signature]*

*[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.:

Date of Accident : 14/03/2020 Accident Time: 1643 (24-HR-Format)  
 Accident Place : Bukit Batok Rd (Towards PIE/Changi Exit 31)  
 Vehicle Reg. No. (Car Plate No.) : SJA554SM  
 Vehicle Make/Model : Honda / Airwave  
 Insurance Company : NTUC Policy No. 5115881194  
 Owner or Company Name / IC No. : SEEKTOP PTE LTD  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9227-0221 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : WANG XUN BIN (HUANG XUNBIN) S8116610B  
 DRIVER'S Date Of Birth : 23/05/1981 DRIVER'S License Pass Date 07 Aug 2002  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Renter  
 DRIVER'S Address : 175C Panggol Field #05-551  
 DRIVER'S Contact No./ Alt No. : 1) 81137467 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : admin@mycar.sg  
 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): 02 1 male  
 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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SMC 6685P</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Nissan / Latio</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: <u>98003090</u>	Driver's Contact & Add: _____

### 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:** 5116211696-000004

**Cover :** Third Party

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJA5545M        |
| Chassis Number  | : GJ11126934      |
| 2. Name of Policyholder   | : SEEKTOP PTE LTD |
| 3. Effective Date of Insurance  | : 13 Feb 2020     |
| 4. Expiry Date of Insurance   | : 12 Feb 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 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.

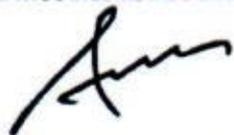
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : YAN XUDONG MAX (00000637148)

Date of Issue : 13 Feb 2020 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116211696	5116211696-000004	SEEKTOP PTE LTD	201937868E	GFM	Third Party	SJA5545M	SJA5545M	13/02/2020	12/02/2021

Continue

Policy Information

Policy No.	5116211696	Policyholder Name	SEEKTOP PTE LTD	Policyholder NRIC	201937868E
Certificate No.	5116211696-000004				
Address	68 KAKI BUKIT AVENUE 6 #02-08 ARK@KB SINGAPORE 417896				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/02/2020	Effective Date	13/02/2020 00:00	Expiry Date	12/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	
Additional Excess	0	OS Premium	13054.00		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	YAN XUDONG MAX	Agent Tel.	62221889	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-08	Related Policy Number	5116211696		

Insured Object: 5116211696-000004

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b>Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

**Claim Handling**

Accident MT/108833

Policy No.	S116211696	Vehicle No.	SJAS545M	GST Registration No.	
Certificate No.	S116211696-00004				
Policyholder Name	SEEKTOP PTE LTD			Policyholder NRIC	201937868E
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
KPIC	<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(%)	0	Private Hire	Yes
<b>▼ Accident Details</b>					
Report Date	19/03/2020 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/03/2020	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK RD TWDS PIE (CHANGE)				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable			
Total OD Excess Applicable	0.00				

<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	19/03/2020 10:24:54 System changed GST Status Verified from No to Yes				

<b>▼ Policyholder Mailing Address</b>					
Address 1	5B KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-08	Related Policy Number	S116211696		

<b>▼ 01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WANG XUN BIN (HUANG XUNBI)	Driver NRIC	SXXXX610B	Driver DOB	23/05/1981
Register Date of Driver License	07/08/2002	Driver Age	38	Driving Experience	17
Contact No.(Mobile)	81137467	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 175C	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823175
Address 4		Address Type	Singapore address	Post Code	823175
Unit No.	05-551				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>					
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	SEEKTOP PTE LTD	Insured NRIC	201937868E
Contact No.(Mobile)	86856789	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJAS545M	TP Vehicle Number	SMC6685P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJAS545M / SMC6685P ON 14 Mar 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	19/03/2020 10:25	Claim Close Date		Date Received	19/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/108833	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2020 10:27	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800501( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:27	SAS	Normal	SAS 2020-3-19	
	NAC_PAYA_UBI_800501( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800501( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 10:26	Photos	Normal	Photos 2020-3-19	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading