

NATIONAL Assessment Centre Services			
Date In: 23/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20004574/13	SAS e-filing		
Veh No: 4P81200	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/03/20 0930	i-Motor Claim Form	MT/1089284	-001
OD: 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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLD765M	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%; F: 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA20002376		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est. Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tp Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idao Mobile 30			
		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	23/03/2020 15:49
Date Of Accident	20/03/2020 09:30
Exact Location Of Accident	ALONG BLK 10 JLN BATU OSCP LOT NO 53
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP8120D
Insured/Policyholder	
Name Of Registered Owner	C. I. MOVERS
Co Reg No	5XXXX566B
Email Address	ENQUIRY@CIMOVERS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-82228899
Vehicle Particulars	
Manufacturer	HINO
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5116204619
Cover Note Number	
Driver	
Name of Driver	ZHANG CHUNLEI
Passport No/FIN	GXXXX598P
Date Of Birth	06/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81808481
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 538 UPP CROSS STREET #10-261
Postcode	050538
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLD765M
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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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.



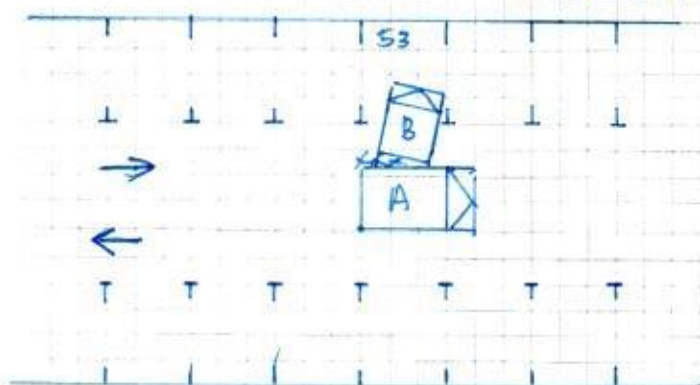
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ALONG BLK 10 JLN BATU
OSCP LOT NO 53



Veh A: YP8120D
Veh B: SLD765M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (YP 8120D) traveling along BLK 10 Jalan Batu open space car park on single lane, two way road. I was driving straight heading to exit gantries, out of sudden vehicle B (SLD765M) reversed his vehicle from the lot no. 53 without check the blindspot. As a result, the rear portion of vehicle B collided onto the left portion of my vehicle.

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.:

Vehicle No.	YP 8120D	Model / Make	Hino XZU710R-HKFM3
Date of Accident	20/3/2020		
Time of Accident	0930	HRS	
Location of Accident	Along BLK 10 Jalan Batu OSCP Lot NO 53		
Exact purpose use during accident	Work		
Name of Owner	C. I. Movers		
Telephone No.	H/P : 8222 8899	Home :	Office :
NRIC	53000566B		
Address	BLK 538 Upper Cross Street #10-261 S(050538)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	Ntuc		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, Zhang ChunLei		
NRIC	98746596P	Any Passengers : -	
Date of birth	6/3/1986		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	16/2/2019		
Gender	Male / Female		
Contact No.	H/P : 8180 8481	Home :	Office :
Address	BLK 538 Upper Cross Street #10-261 S(050538)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLD765M	Any Passengers : -	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Left portion		
Camera Recorder	Yes / No		
Email Address	enquiry@ci-movers.com.sg		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting 87815151 Bardon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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 : 5116204619-000018

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : YP8120D |
| Chassis Number | : JHHUCS3H70K023296 |
| 2. Name of Policyholder | : C. I. MOVERS |
| 3. Effective Date of Insurance | : 17 Feb 2020 |
| 4. Expiry Date of Insurance | : 16 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 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\$1,500
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 : META AGENCY PTE. LTD. (00000573430)
 Date of Issue : 13 Feb 2020 14:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1089284

Policy No.	5116204619	Vehicle No.	YPB120D	GST Registration No.
Certificate No.	5116204619-000018			
Policyholder Name	C. I. MOVERS			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	82228899	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire
▼ Accident Details				
Report Date	23/03/2020 16:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/03/2020	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BLK 10 JLN BATU OSCP LOT NO 53			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess		
YIED OD Excess	1,000.00	YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2,500.00	Total TP Excess Applicable		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History	23/03/2020 16:30:07 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	BLK 256C #09-635	Address 2	SUMANG WALK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113025241-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ZHANG CHUNLEI	Driver NRIC	GXXXX596P	Driver DOB
Register Date of Driver License	16/02/2019	Driver Age	34	Driving Experience
Contact No.(Mobile)	81808481	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 538	Address 2	UPPER CROSS STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-261			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	C. I. MOVERS	Insured NRIC
Contact No.(Mobile)	82233343	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YPB120D	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	YPB120D / SLD765M ON 20 Mar 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	23/03/2020 16:40	Claim Close Date		Date Received
Report Taken By	ROSJUNDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				

Save

Submit

Attachment

Accident No.

MT/1089284

Claim No.

001

Last Doc. Received

Yes No

Upload Date

23/03/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

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NO

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None Found

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2020 16:36

SAS

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SAS 2020-3-23



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2020 16:36

Photos

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Photos 2020-3-23



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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2020 16:34

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Photos 2020-3-23

Video List

Uploaded By/Date

Folder Date

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Display in New Window

Scan and uploading