

NATIONAL Assessment Centre Services

Form NA-1001

Date In: 01/06/20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC20006056/13	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GB65JSS	I-Motor Claim Form	MT/1093513	-001
D.O.A: 29/05/20 0905	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	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:

GBH5353M

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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:

(INC hotline: 6788/6616)

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:

NA2003035

Customer's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat 1:

Pat 2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TF: Towing Fee \$40/\$45

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) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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

Invoice dated

Fee Charged

Fee Charged

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

Amc (\$)

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	01/06/2020 11:30
Date Of Accident	29/05/2020 09:25
Exact Location Of Accident	BLK 713 ANG MO KIO AVE 6 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG525S
Insured/Policyholder	
Name Of Registered Owner	KENZONE TRANSPORT SYSTEM (ASIA) PTE. LTD.
Co Reg No	2XXXXX994G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440230
Vehicle Particulars	
Manufacturer	NISSAN
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	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	5113778836
Cover Note Number	
Driver	
Name of Driver	OH BENG HAI(HU MINGHAI)
NRIC No	SXXXXX347H
Date Of Birth	04/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261455
Fax Number	
Contact Number	
EMail Address	BENGHAIOH@GMAIL.COM

Address	BLK 182A RIVERVALE CRESCENT #07-202
Postcode	541162
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)	2
Passenger 1	NAME: : LEONG KUM FATT 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

MY VEH WAS STATIONARY OUTSIDE THE CARPARK LOT WAITNG FOR THE EMPTY LOT AT BLK 713 ANG MO KIO AVE 6. SUDDENLY VEH B PARKED INSIDE THE CARPARK LOT ROLLED FORWARD AND HIT ONTO MY LEFT SIDE PORTION OF MY VEH.

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	GBH5353H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEONG CHEE ONN
NRIC/Passport Number	SXXXX093E
Contact Number	90120823
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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:

Al 29/5/2020

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

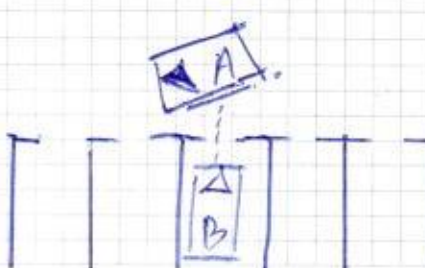
fyw 01/06/20

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

SKETCH PLAN

BLK 713 ANG MO KIO AVE 6
CARPARK

A-GBG5J5S
B-GBH5353H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

GL 29/5/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 01/06/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 5 / 20) (DD/MM/YYYY), TIME: (09 : 27) (HH:MM)

LOCATION: Blk 713 Ang mo kio Ave 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 525 S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN
f) TYPE: (SALOON / COUPE / MPV / ~~VAN~~ / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 68440230
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: OH Beng hai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7812347 H CONTACT: 90261435
c) ADDRESS: _____

*d) DATE OF BIRTH: (04 / 05 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE: 1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (~~CLEAR~~ / RAINING / OTHERS _____)
b) ROAD SURFACE: (~~DRY~~ / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / ~~NO~~)

7. a) REPORTED TO POLICE (YES / ~~NO~~)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 5353 H MODEL: _____
b) DRIVER'S NAME: Leong Chee ONN
c) NRIC/FIN/PASSPORT: S1610093 E CONTACT: 9012 0823

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(2)

Leong Kum Fatt
male

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

29/05/20
waiting for
the police report.

Email =

fax =

video =

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 : 5113778836-000001

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBG525S**
Chassis Number : **JN1MC2E26Z0007670**
2. Name of Policyholder : **KENZONE TRANSPORT SYSTEM (ASIA) PTE. LTD.**
3. Effective Date of Insurance : **15 Nov 2019**
4. Expiry Date of Insurance : **14 Nov 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 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TAN CHONG CREDIT PTE 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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 01 Nov 2019 09:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Task Transfer

Exit

Accident MT/1093513

LOS

SAL

SUB

Policy No.

5113778836

Vehicle No.

GBG5255

GST Registration No.

Certificate No.

5113778836-000001

Policyholder Name

KENZONE TRANSPORT SYSTEM (ASIA) PTE. LTD.

Policyholder NRIC

200610994G

Product Code

FLEET MASTER INSURANCE

Cover Type

Comprehensive

Loading

0

Contact No.(Mobile)

0

Contact No.(Office)

66440230

Contact No.(Home)

0

Email Address

Special Remark

eCode

No

KFR

No

Yes

TCA

No

Yes

eCode Reason

NCD Protection

No

NCD Entitlement(%)

0

Private Hire

No

Accident Details

Report Date

01/06/2020 14:48

Accident Report Within 24 hrs

Yes

Accident Type

Side Swipe

Date of Accident

29/05/2020

Time of Accident hh:mm

09:25

Country of Accident

Singapore

Reporting Centre

NATIONAL ASSESSMENT CENTRE

Orange Force

No

ICM No.

Accident Location

BLK 713 ANG MO KIO AVE 6 CARPARK

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

600.00

TP Standard Excess

YIED OD Excess

0.00

YIED TP Excess

0.00

Driver is Covered?

Covered

Additional Excess

Total OD Excess Applicable

600.00

Total TP Excess Applicable

0.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

01/06/2020 14:51:04 System changed GST Status Verified from No to Yes

Policyholder Mailing Address

Address 1

150 UBI AVENUE 4

Address 2

#05-07/08 UBI BIZ-HUB

Address 3

SINGAPORE 408825

Address 4

Address Type

Singapore address

Post Code

408825

Unit No.

05-03

Related Policy Number

5113779280

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

04/05/1978

Unnamed driver Name

OH BENG HAI(HU MINGHAI)

Driver NRIC

XXXXX347H

Driving Experience

21

Register Date of Driver License

15/10/1998

Driver Age

42

Contact No.(Home)

0

Contact No.(Mobile)

90261455

Contact No.(Office)

0

Address 3

RIVERVALE DELTA

Address 1

BLK 162A

Address 2

RIVERVALE CRESCENT

Post Code

541162

Address 4

SINGAPORE 541162

Address Type

Singapore address

Unit No.

#07-202

Does he own a Singapore Registered car?

Yes

No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Investigation

Claim 001 OD-MX

New

Claim Case Officer

LOS

SAL

U

Claim Type

OD-MX

Insured Name

KENZONE TRANSPORT SYSTEM

Insured NRIC

200610994G

Contact No.(Mobile)

Contact No.(Home)

Contact No.(Office)

Email Address

OI Vehicle Number

GBG5255

TP Vehicle Number

GBH5353H

Claim Description

GBG5255 / GBH5353H ON 29 May 2020

Name of Preferred Workshop

Preferred Workshop

Approved

Yes

Preferred Repair Option

Preferred Workshop Name

unknown

Insured at fault report

Not at fault

Polisisation Date Registered

01/06/2020 14:54

Claim Close Date

Date Received

01/06/2020 00:00

Report Taken By

ROSINDA

Workshop Repairer

Total Loss but Repaired

Print AK letter

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No.

MT/1093513

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

01/06/2020 00:00

Path *

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

No

Normal

Choose File

No file chosen

Clear

Please Select

No

Normal

Clear

https://gicclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2718640&objectId=3158515&readAllBox=1&checkN... 1/2

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Previous Step

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:54	SAS		Normal	SAS 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:53	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:53	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:53	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:53	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:53	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:53	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:52	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:52	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:52	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:52	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:52	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 14:52	Photos		Normal	Photos 2020-6-1

Video List

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