

NATIONAL Assessment Centre Services. [Ref: J2005] **NA2005121**

Date In: 12/06/2020 15:48	Job description	Date & Time Completed	Done by
Ref No: N/A/NA20006150/4	SAS e-illing		
Veh No: GBB5150H	E-mail (Update Shop, A/C Shop)		
DOA: 12/06/2020 12:40	I-Motor Claim Form	12/10/2020 16:44	
OD: TP / Reporting Only	I-Motor W/O (w/inter: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VH32		

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

TP Particulars: Vch No: 380 7129 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 repolar.

() 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: ()

NA2003110

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: IDAO DA + SMRT Survey	\$160
	8) IFUC Additional Services	
	9) NI: NI: NI	
	10) NI: NI: NI	
	11) NI: NI: NI	
	12) NI: NI: NI	
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	29) NI: NI: NI	
	30) NI: NI: NI	

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	12/06/2020 15:48
Date Of Accident	12/06/2020 12:40
Exact Location Of Accident	ALONG TANNERY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number GBB5150H	
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	5XXX794E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92727979
Alternative Phone No	OFFICE-84892968
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109274512-01
Cover Note Number	
Driver	
Name of Driver	KALYANSUNDARAM BALAKRISHNAN
NRIC No	SXXXX552G
Date Of Birth	25/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2001
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727979
Fax Number	
Contact Number	OTHERS-84892968
Email Address	NOEMAIL

Address	BLK 5A MARSILING DRIVE #02-473
Postcode	732005
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?	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: : PASSENGER 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

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	SJQ7112G
Vehicle Make/Model/Colour	HONDA ODESSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98110419
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.
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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.

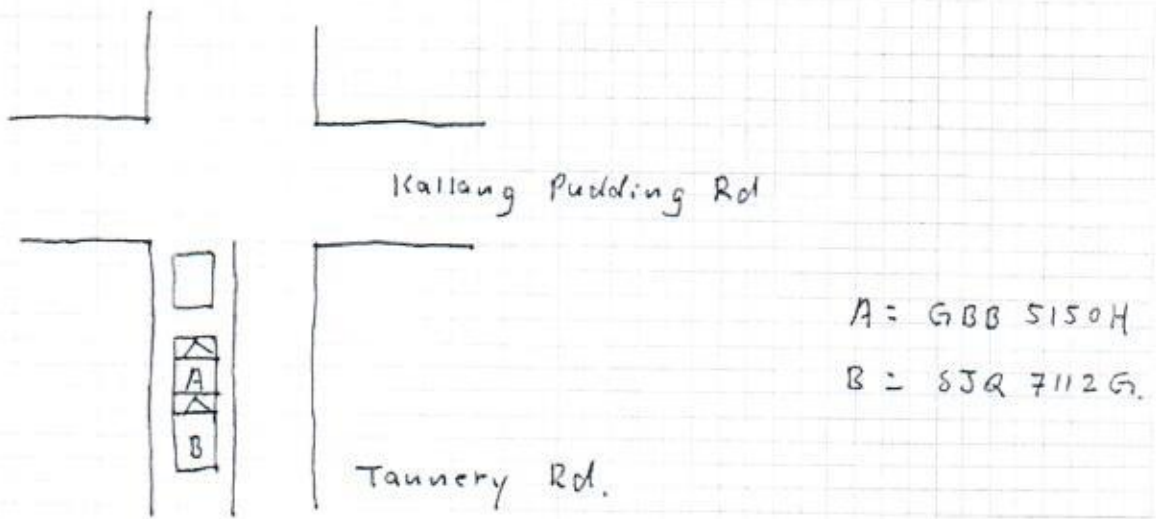


Policyholder's Signature
Date & Time:

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

12/06/2020
Reporting Centre Personnel's Signature
Name: *Res 21*
NRIC/FIN No.: *U P A 003*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the traffic Junc of Tannery Rd
 & Kallang Pudding Rd due to red light,
 Suddenly I felt an impact from behind. After
 the Incident, I realized Veh B from behind
 hit onto my veh rear portion

DECLARATION

I/We declare 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 Person's Signature
 Name:
 NRIC/FIN No.:

CHONG CHENG TEE, 12/06/2020

12/06/2020

12/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (12/6/20) (DD/MM/YYYY), TIME: (12:40) (HH:MM)

LOCATION: Tannery Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G08 5150 H
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
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/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Weng Soon Auto & Leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 92727979
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kalyansundaram Balakrishnan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 54892968
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

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: SJR 7112 G MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 98110419

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = Weng Soon

fax =

video = No.

Claim Handling

Accident MT/1094275

Policy No.

5109274512-01

Vehicle No.

GBB5150H

GST Registration No.

Policyholder Name

WENG SOON AUTO & LEASING

Product Code

COMMERCIAL VEHICLE INSURA

Cover Type

Third Party, Fire & Theft

Policyholder NRIC

53227794E

Contact No.(Mobile)

92727979

Contact No.(Office)

Loading

0

Email Address

Special Remark

Contact No.(Home)

KFK

No

Yes

TCA

No

Yes

eCode

No

NCD Protection

No

NCD Entitlement(%)

20

eCode Reason

Private Hire

No

Report Date

12/06/2020 16:39

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head to Rear

Date of Accident

12/06/2020

Time of Accident hh:mm

12:40

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG TANNERY LANE

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

0.00

OD Standard Excess

0.00

TP Standard Excess

1,500.00

YIED OD Excess

0.00

YIED TP Excess

0.00

Driver is Covered?

Covered

Additional Excess

Total OD Excess Applicable

0.00

Total TP Excess Applicable

1,500.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

12/06/2020 16:42:44 System changed GST Status Verified from No to Yes

Policyholder Mailing Address

Address 1

NIL

Address 2

Address 3

Address 4

Address Type

Singapore address

Post Code

999999

Unit No.

10-200

Related Policy Number

5101466438-02

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Unnamed driver Name

KALYANSUNDARAM BALAKRISHN

Driver NRIC

SXXXXX52G

Driver DOB

25/11/1971

Registrar Date of Driver License

23/06/2001

Driver Age

48

Driving Experience

18

Contact No.(Mobile)

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 54 #02-473

Address 2

MARSELING DRIVE

Address 3

MARSELING SPRING

Address 4

SINGAPORE 732005

Address Type

Foreign address

Post Code

732005

Unit No.

02-473

Does he own a Singapore Registered car?

Yes

No

Driver Vehicle No.

GBB5150H

Driver Insurer Company

NTUC

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any Injury?

Yes

No

Modification History

Claim 001 New

Claim Type *

OD-MX

Insured Name

WENG SOON AUTO & LEASING

Insured NRIC

53227794E

Contact No.(Mobile)

Contact No. (Home)

Contact No. (Office)

68426834

Email Address

OI

TP

Vehicle Number

GBB5150H

Vehicle Number

SJQ7112G

Claim Description

GBB5150H / SJQ7112G ON 12 Jun 2020

Name of Preferred Workshop

Preferred Workshop

Insured Liability

Not at Fault

GIA report

Received

Backdate No. Finalisation

Yes

Preferred Repair Option

Preferred Workshop, Name unknown

Date Registered

12/06/2020 16:43

Claim Close Date

Date Received

12/06/2020 00

Report Taken By

ROSLI WAHAB

Print AK Jetter

Save

Submit

Attachment

Accident No.

MT/1094275

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/06/2020 16:44

Path *

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Confidential

Urgency *

Description *

Clear

Please Select

NO

Normal

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NO

Normal

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NO

Normal

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NO

Normal

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NO

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NO

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NO

Normal

Send Me

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)















NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE


S (BUKIT MERAH)) on 12 Jun 2020 16:44

Photos

Normal

Photos 2020-6-12

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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 16:43	SAS	Normal	SAS 2020-6-12

 Video List

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

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 : 5109274512-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: GBB5150H

Chassis Number

: JTFHT02P600042460

2. Name of Policyholder

: WENG SOON AUTO & LEASING

3. Effective Date of Insurance

: 10 May 2020

4. Expiry Date of Insurance

: 09 May 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.

(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)

: N/A

EXCESS (SECTION 2)

: S\$1,500

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ABWIN 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 24 Apr 2020 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive