

# NATIONAL Assessment Centre Services

Date In: 05/06/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20006458/13	SAS e-filing		
Veh No: 6788910	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/06/20 0920	I-Motor Claim Form	MT/1093799-002	
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: SHA571SM	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time: (
Insured/Driver Liability: (	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: (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

NA2003106	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: 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 / Tpl 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	05/06/2020 15:38
Date Of Accident	04/06/2020 09:20
Exact Location Of Accident	UPP BOON KENG RD TWDS SIMS AVE TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GT8891D
Insured/Policyholder	
Name Of Registered Owner	RHK ENTERPRISE
Co Reg No	5XXXX253D
Email Address	RHK99@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90280891
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	SENDING GOODS
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
Fleet Policy	NO
Policy Number	5110232468
Cover Note Number	
Driver	
Name of Driver	ANG CHER JOO(HONG ZHIRU)
NRIC No	SXXXX470J
Date Of Birth	22/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98236181
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3 TECK WHYE AVENUE #11-160
Postcode	680003
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)	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	SHA5715M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96525871
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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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.

RIK ENTERPRISE



Policyholder's Signature  
Date & Time:



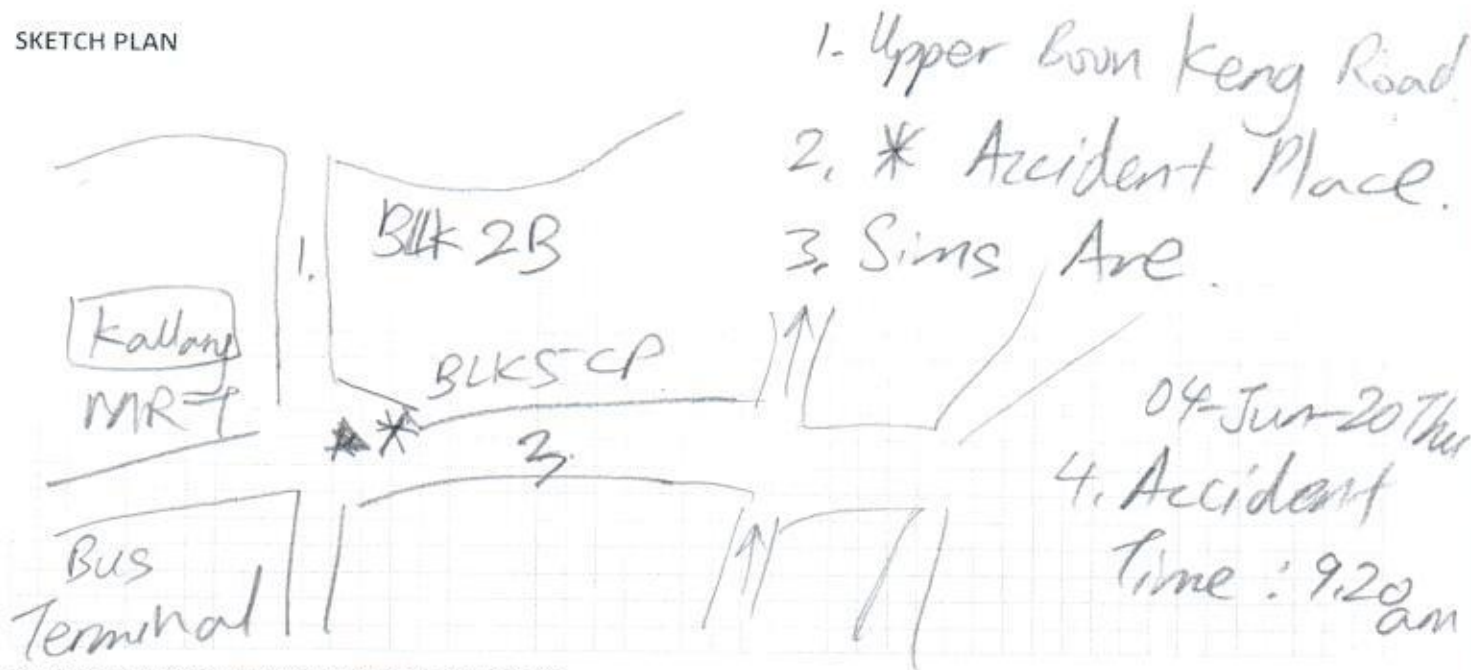
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

05 Jun 2020



05/06/20

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

04-Jun-2020 Thu @ 9.20am.

I was driving from Upper Boon Keng Cor 1 towards turning into Sims Ave left turn traffic light.

The Comfort Taxi in front of me brake suddenly @ the left turn traffic light.

I was unable to brake in time and bang into the Comfort Taxi in front @ the left turn Traffic Junction.

DECLARATION

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

**RHK ENTERPRISE**

Policyholder's Signature  
Date & Time:

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

05-Jun-2020

Shym 05/06/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Kakak

## ACCIDENT STATEMENT

ACCIDENT DATE: 04/06/2020 (DD/MM/YYYY), TIME: 9:20 (HH:MM) AM

LOCATION: Upper Boon Keng Road towards Sims Ave  
Traffic Junction turning left.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G78891D  
b) INSURANCE COMPANY: ACUC insurance  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Hilux  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: sending goods  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Enterprise (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S112525715 CONTACT: 90280891  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ANG CHER JOO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S74264705 CONTACT: 98236181  
c) ADDRESS: BK 3 Tekong Rd  
#11-160 S(680003)

\*d) DATE OF BIRTH: 22/08/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

### 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: SHA57ISM MODEL: Comfort Taxi  
b) DRIVER'S NAME: ANG CHER JOO Ng  
c) NRIC/FIN/PASSPORT: S74264705 CONTACT: 98236181

### 9. THIRD PARTY VEHICLE

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

Mr. G.h

90280891

Email = rhk99@Singnet.com.sg

Fax =

VIDEO = No.

## 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 :** 5110232468-000009

**Cover :** Third Party

- |   |                  |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>GT8891D</b> |
| Chassis Number  | : LH1720048854   |
| 2. Name of Policyholder   | : RHK ENTERPRISE |
| 3. Effective Date of Insurance  | : 07 Jun 2019    |
| 4. Expiry Date of Insurance   | : 06 Jun 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 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	: 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 : DNS AGENCY (00000571678)  
Date of Issue : 07 Jun 2019 16:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Task Transfer

Exit

Accident MT/1093799

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SUB

Policy No.	5110232468	Vehicle No.	GT8891D	GST Registration No.	
Certificate No.	5110232468-000009				
Policyholder Name	RHK ENTERPRISE			Policyholder NRIC	52891253D
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	RHK99@SINGNET.COM.SG	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	05/06/2020 14:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/06/2020	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	UPP BOON KENG RD TWDS SIMS AVE TRAFFIC JUNCTION				

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			

Policyholder Mailing Address

Address 1	212 TELOK KURAU ROAD	Address 2	#01-218 BRIGHT CENTRE	Address 3	SINGAPORE 423835
Address 4		Address Type	Singapore address	Post Code	423835
Unit No.		Related Policy Number	5110232468		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANG CHER JOO(HONG ZHIRU)	Driver NRIC	S74264703	Driver DOB	22/08/1974
Register Date of Driver License	15/09/1994	Driver Age	45	Driving Experience	25
Contact No.(Mobile)	98236181	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 3 #11-160	Address 2	TECK WHYE AVENUE	Address 3	SINGAPORE 680003
Address 4		Address Type	Singapore address	Post Code	680003
Unit No.	11-160				
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
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Modification History

08/06/2020 10:38 s047775 Modify Driver Name(-->Unnamed Driver)  
08/06/2020 10:38 s047775 Modify Driver Type(-->Unnamed Driver)  
08/06/2020 10:38 s047775 Modify Unnamed driver Name(-->ANG CHER JOO(HONG ZHIRU))

Investigation

Claim 002 OD-MX New

Claim Case Officer

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Claim Type	OD-MX	Insured Name	RHK ENTERPRISE	Insured NRIC	52891253D
Contact No.(Mobile)	91908752	Contact No.(Home)		Contact No.(Office)	67470300
Email Address		OI Vehicle Number	GT8891D	TP Vehicle Number	SHA5715M
Claim Description	GT8891D / SHA5715M ON 4 Jun 2020				
Preferred Workshop				Name of Preferred Workshop	
Preferred Repair Option	Preferred Repair Option	Preferred Workshop Name	Insured at Fault report	Fully at Fault	
Finalisation Date Registered	Yes	05/06/2020 16:04	Claim Close Date	Date Received	05/06/2020 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/1093799 Claim No. 002

Last Doc. Received Yes No Upload Date 05/06/2020 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

Category \*

Confidential

Urgency \*

Description \*

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Please Select NO Normal

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Clear Please Select NO Normal

Clear Please Select NO Normal

☐ Send Message [Upd](#)

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:04	SAS		Normal	SAS 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:04	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:03	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:03	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:03	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:03	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:03	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 16:03	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>

Video List

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