

NATIONAL Assessment Centre Services.

part 1 of 2

11/11/2006 5037

Date In: 03/08/2006 11:31	Job description	Date & Time Completed	Done by
Ref No: NASTAL20007939/Y	SAS e-filing		
Veh No: GFA 582-J	E-mail? (Vehicle Ins, A/C Ins)		
UOA: 3107/2006 00:05	1-Motor Claims Form	mt1098628-001	03/08/2006 12:04
OD: TP: Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Whap / INC Assign Whap / OW: (Tel:	Fax:
TP Radical/Asst:	Veh No: SMD 9724	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 risk of repair.		
() 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: ()

X/A2004000

Driver/Owner:	1) All Accident Reporting (\$20)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/40	
QC Checked by (Bugs-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$10	
	6) TR: Re-inspection \$75	
	7) NI: IDU DA + EMRT Survey \$160	
	8) NIUC Additional Services:	
	9) NI: DV / Collect Excess Coordination \$3	
	10) NI: Repair Coordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$3	
	13) NI: TP (SAS INC) against INC \$10	
	14) NI: IDU 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	03/08/2020 11:31
Date Of Accident	31/07/2020 00:05
Exact Location Of Accident	OASIS TERRACE CARPARK (PUNGGOL DRIVE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5472J
Insured/Policyholder	
Name Of Registered Owner	ADVANCE ENGINEERING & TECHNOLOGIES
Co Reg No	5XXXX671D
Email Address	ADVANCE88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92462939
Alternative Phone No	OFFICE-92462939

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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
Fleet Policy	NO
Policy Number	5111741868
Cover Note Number	

Driver

Name of Driver	ONG ENG KEAT, DICKSON
NRIC No	SXXXX686J
Date Of Birth	21/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92462939
Fax Number	
Contact Number	OTHERS-92462939
Email Address	ADVANCE88@HOTMAIL.COM

Address	BLK 140 SERANGOON NORTH AVENUE 2 #07-30
Postcode	550140
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	COLLIDED INTO PARKED VEHICLE
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

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	SMD972U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH SU KHENG, MAGDELINE
NRIC/Passport Number	
Contact Number	82333552
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

11/8/20
8.15.35

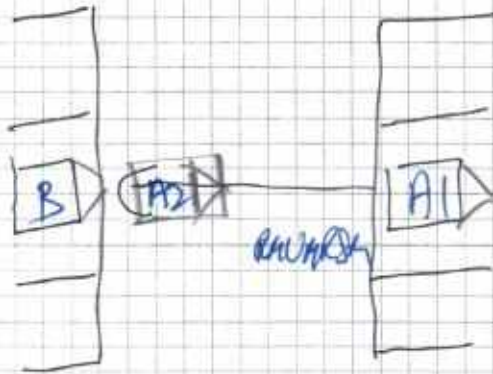
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN

ASIS TARRAK GARPAK (PUNLIGUL DRIVE)

A) GBA 5472J

B) SMD 9724



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I want to reverse out of parking lot, accidentally hit the car
SMD 9724 & I put a note on the windscreen

DECLARATION

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



Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/8/20
1535

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 31/8/20 (DD/MM/YYYY), TIME: 00:07 (HH:MM)

LOCATION: oasis terrace carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA5472J
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: S111741868
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota / DYNAISO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Advance Engineering & Technologies (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: Blk 1002 Toa Payoh Industrial Park
Toa Payoh Industrial Park S'pore 319074

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ony Eng Keat Png (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8741661 CONTACT: 92462939
 c) ADDRESS: Blk 140 Serangoon North Ave 2 #07-30
S'pore 550140

*d) DATE OF BIRTH: 21/12/1987 (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: _____

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: SMD972U MODEL: _____
 b) DRIVER'S NAME: Goh Sukheng MAG DELINE
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 8233 3552

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(0)

* No of passengers
 (including driver)
(0)

Email = Advance 88@Hotmail.com

fax = 63.431951

video =

Claim Handling

Accident MY1088628

Policy No.	511331688	Vehicle No.	GBA54731	GST Registration No.	
Certificate No.					
Policyholder Name	ADVANCE ENGINEERING & TECHNOLOGIES	Green Type	Third Party	Policyholder MOC	510316710
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	92452618	Special Remark		Contact No. (Home)	
Email Address				eCode	No *
KPI	No Yes	TCA	No Yes	eCode Reason	
MCD Protection	No	MCD Entitlement (%)	15	Private Hire	No

Accident Details

Report Date	03/08/2020 12:57	Accident Report Within 24 hrs	Yes	Accident Type	Crashed into Parked Vehicle
Date of Accident	31/07/2020	Time of Accident (in mm)	00:05	Country of Accident	Singapore
Reporting Centre		Orange Factor		ICM No.	
Accident Location	DASIS TERRACE CARPARK (PUNGGOL DRIVE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VED OD Excess	0.00	RED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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	03/08/2020 12:57:35 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 1222 404-1419	Address 2	TDA Hwy(H INDUSTRIES, Pake	Address 3	PUR RAYON INDUSTRIAL PARK
Address 4	SINGAPORE 319074	Address Type	Singapore address	Post Code	319074
Unit No.	00-1439	Related Policy Number	510316710/510316710		

OT Driver Info

Driver Name	Uninsured Driver	Driver Type	Guaranteed Driver	Driver DOB	21/12/1987
Uninsured Driver Name	DRG 8845 8847, SINGAPORE	Driver MOC	884412882	Driving Experience	12
Register Date of Driver License	01/07/2008	Driver Age	32	Contact No. (Home)	
Contact No. (Mobile)	95062538	Contact No. (Office)		Address 2	SINGAPORE 550140
Address 1	BLK 140 401-30	Address 2	SERANGLOR NORTH AVENUE 2	Post Code	550140
Address 4		Address Type	Foreign address		
Unit No.	00-130				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBA54731	Driver Insurer Company	NTUC
Declaration					
Breakdown or Road Test Reading?	0-mg	Any Injury?	Yes No		

Modification History

Claim 001

New

Claim Type *	OS-HB	Insured Name	ADVANCE ENGINEERING & TEC	Insured MOC	510316710
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	9500671
Email Address		Vehicle Number	GBA54731	TP Vehicle Number	510316710
Claim Description	GBA54731 / SHOPS (ON 3) AT 808				
Preferred Workshop		Insured Liability	Full at Fault		
Refused No. From/From	Yes	Refused Option	Preferred Workshop, Name unknown	BLA report	Received
Date Registered		Claim Close Date	03/08/2020 12:01	Date Received	03/08/2020 00:00
Report Taken By	KOLJ WANKA				
Print & Attach					
Save	Submit				

Attachment

Accident No.	MY1088628	Claim No.	001
Last Doc. Reviewed	Yes No	Upload Date	03/08/2020 12:04

Path *

Choose File	No file chosen	Clear	Please Select	Category *	Normal	Urgency *	Normal	Description *
Choose File	No file chosen	Clear	Please Select	Category *	Normal	Urgency *	Normal	Description *
Choose File	No file chosen	Clear	Please Select	Category *	Normal	Urgency *	Normal	Description *
Choose File	No file chosen	Clear	Please Select	Category *	Normal	Urgency *	Normal	Description *
Choose File	No file chosen	Clear	Please Select	Category *	Normal	Urgency *	Normal	Description *
Choose File	No file chosen	Clear	Please Select	Category *	Normal	Urgency *	Normal	Description *

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent (CO)
NAC_BUKIT_MERAH_BUKIT_MERAH_NATIONAL_ASSASSINMENT_CENTRE_SERVICE_3 (BUKIT_MERAH) on 03 Aug 2020 12:04		Photos	Normal	Photos 2020-8-3	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:04	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:04	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:04	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:04	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:04	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:04	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:03	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:03	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:03	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:03	Photos	Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 12:03	SAS	Normal	SAS 2020-8-3

Video List

Uploader By/Date

Poster Date

File Name

Source

Display in New Window

Scan and uploading

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 : 5111741868

Cover : Third Party

- | | |
|--|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBAS472J |
| Chassis Number | : JTFAT35Y103001238 |
| 2. Name of Policyholder | : ADVANCE ENGINEERING & TECHNOLOGIES |
| 3. Effective Date of Insurance | : 23 Aug 2019 |
| 4. Expiry Date of Insurance | : 22 Aug 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 16 Aug 2019 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive