

# NATIONAL Assessment Centre Services.

Just 1 Jan 2001

NA/20078721

Date In: 27/8/20 17:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC20009088/T1	SAS e-illing	27/8/20	
Veh No: 9R34650X	E-mail (Veh No, AIC No)		
O.O.A. 26/8/20 19:20	I-Motor Claims Form	MT/1101385-002	28/08/2020
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		1057
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Veh		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	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 Refor 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: \_\_\_\_\_

Date: \_\_\_\_\_

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$140
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$23
	*NI: DV / Collect License Coordination	\$3
	TE (NI) / TP (NA INC) against VIG	\$10
	9) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	Fee Charged	

NA/2004491

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## 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	27/08/2020 17:52
Date Of Accident	26/08/2020 19:20
Exact Location Of Accident	CHONG PANG MARKET CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4650X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TONG LOONG ENGINEERING PTE LTD
Co Reg No	1XXXXX598D
Email Address	PRABU@TONGLOONG.COM
Mobile Phone No	(LOCAL) +65-83283845
Alternative Phone No	OFFICE-83283845

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 L (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle?	NO
--	----

If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109207057-01
Cover Note Number	

### Driver

Name of Driver	SAMBATH PRABU
Passport No/FIN	GXXXX364K
Date Of Birth	05/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83283845
Fax Number	
Contact Number	
EMail Address	PRABU@TONGLOONG.COM

Address	BLK 317 SEMBAWANG VISTA #02-201
Postcode	750317
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)	2
Passenger 1	NAME: : DRIVER'S WIFE
	GENDER: : FEMALE

#### 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

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	SLQ1777D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	81332169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.



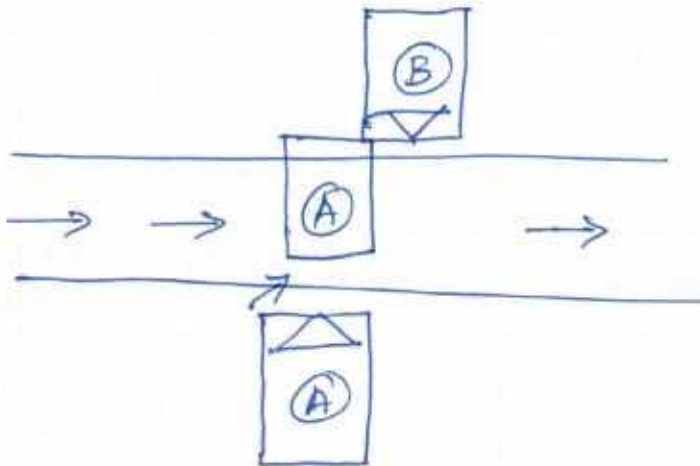
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



Veh A GBJ4650X

Veh B SLQ1777D

Chong Pang Market Carpark.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I have park my van @ Chong pang Market Carpark and went to buy Food. After i come back, i saw my van roll forward and Hit on to Vehicle (B) which is other party vehicle. Then I realised That i didn't pull up my Hand Break and took some photos for evidence Then i reverse my van parking nearby and waited for car (B) owner arrival. Once he come back i change my particulars with owner of car (B).

No person Injured During The Accident.

## DECLARATION

I/We declare the following 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 08 / 20 (DD/MM/YYYY), TIME: 19 : 20 (HH:MM)

LOCATION: CHONG PANG MARKET CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BJ4650X  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5109207057-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Nissan NV200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: TONG JOON ENGINEERING PTB LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1993075980 CONTACT: \_\_\_\_\_  
 c) ADDRESS: 6 SENOKO CRESCENT, SINGAPORE

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

## DRIVER

- a) NAME: SAMBATH PRABU (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G7552364K CONTACT: 83283845  
 c) ADDRESS: BLK-317, #02-201  
SEMBAWAN VESTA 750317  
 \*d) DATE OF BIRTH: 05/03/1986 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR) 17/SEP/2015  
 f) DATE OF DRIVING PASS

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

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: SLQ1777D MODEL: HONDA  
 b) DRIVER'S NAME: Jimmy  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81332169

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

Email = prabu@tongloong.com  
 VIDEO



Accident NT/1101380

Claim 002	Item
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Claim Type *	GD-MX		Insured Name	TONG LOONG ENGINEERING PTE		Insured NRIC	19930753880	
Contact No. (Mobile)			Contact No. (Home)			Contact No. (Office)	62524421	
Email Address	tloongpl@engnet.com.sg		Vehicle Number	GBM650X		TP	SLQ: 777D	
Claim Description	GBM650X / SLQ: 777D ON 26 Aug 2020				Name of Preferred Workshop			
Preferred Workshop	Insured Liability: Partially at Fault		GSA report		Retained			
Report No. / Installation	Preferred Workshop, Name unknown		28/08/2020 10:17		Claim Close Date		28/08/2020 00:00	
Date Registered	Report Taken By		ROSLI WAHAB					
<a href="#">Print As Letter</a>								

Save Submit

Attachment

Accident No.	HT1101380	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/06/2020 10:57

Path *	Category *	Confidential	Urgency *	Description *
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Send Mail

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Flag Sent? (CD)
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28-Aug-2020 10:57	Photos	Normal	Photos 2020-8-28	
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28-Aug-2020 10:57	Photos	Normal	Photos 2020-8-28	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 10:57	SAS	Normal	SAS 2020-8-28

Video List

Uploaded By/Date	Folder/Date	File Name	Source
		<a href="#">Display In New Window</a>	<a href="#">Scan and uploading</a>



## 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 :** 5109207057-01

**Cover :** Preferred Workshop Plan

- |  |                                  |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBJ4650X                       |
| Chassis Number   | : VSKYBAM20Z0175567              |
| 2. Name of Policyholder  | : TONG LOONG ENGINEERING PTE LTD |
| 3. Effective Date of Insurance   | : 30 Apr 2020                    |
| 4. Expiry Date of Insurance  | : 29 Apr 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.<br>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	: HL BANK
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 : RED AUTO PTE LTD (00000573774)

Date of Issue : 17 Apr 2020 18:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive