

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2001)

NA2004567

Date In: 25/08/2020 12:31	Job description	Date & Time Completed	Done by
Ref No: NPA/2000 9174/1	SAS e-illing		
Veh No: G62 869M	E-mail (Vehicle Size, A/C Size)		
DOI: 24/08/2020 08:35	I-Motor Claim Form	mt/uo/1694-001	24/08/2020 11:51
OID: TP: Reporting Only	I-Motor W/O (with/without OD Size, TP Size)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VW/Ins		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PC 680 G	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 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 > \$9000] ( )		

Injury: \_\_\_\_\_

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

NA2004567

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 2001)	
	6) TR: Re-inspection	\$75
	7) NI: IDAO DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	* NI: Courtesy Car / Tpl Allowance	\$3
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (INC) against INC	\$10
	9) NI: IDAO	\$0
	Invoice dated	
	Invoice dated	
	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	25/08/2020 12:37
Date Of Accident	24/08/2020 08:35
Exact Location Of Accident	BLK 247 JURONG EAST STREET 24 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW8609M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	5XXXX329A
Email Address	SUPPORT@HAPPYDRIVERSG.COM
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-82813166
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	LITEACE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113791259
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMMAD HASHIM BIN ANDI
NRIC No	SXXXX422A
Date Of Birth	14/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088701
Fax Number	
Contact Number	OTHERS-82813166
Email Address	SUPPORT@HAPPYDRIVERSG.COM

Address	BLK 247 JURONG EAST STREET 24 #03-02
Postcode	600247
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 - MAJOR/MINOR RD
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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	PC680G
Vehicle Make/Model/Colour	NISSAN URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH YIAK KWANG
NRIC/Passport Number	SXXXX423B
Contact Number	96689522
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

*[Signature]* 25/8/2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

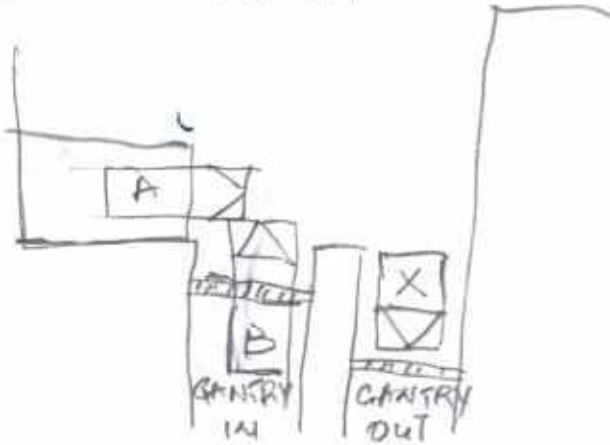
*[Signature]* 31/08/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

A - GW8609M

B - PC 680 G.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/8/2020 at about 0835 am, I was waiting for vehicle K to exit the carpark. Upon vehicle X exiting I saw vehicle B came in the carpark, I was already out of the carpark lot, vehicle B did not notice me,

When car X move I follow, then I saw vehicle B approaching I stop. But vehicle B dash out as the barrier was up, so vehicle B bang into my right side front of my van.

DECLARATION

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

25/8/2020

31/8/2020

Resh Maffon

# ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 08 / 2020 (DD/MM/YYYY), TIME: 08 : 35 (HH:MM)  
BLK 247

LOCATION: JURONG EAST ST 24 CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GWB609M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5113791259-000010  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA LITEACE  
 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: MENG CHENG TRANSPORT & SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S3378329A CONTACT: 90088701  
 c) ADDRESS: VIPER CROSS STREET HONG LIM COMPLEX #04-113  
S051531

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

## DRIVER

- a) NAME: MOHAMMAD HASHIM BIN ANDI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1698422A CONTACT: 82813166  
 c) ADDRESS: BLK 247 JURONG EAST ST 24 #02-02  
S606247

\* d) DATE OF BIRTH: 14 / 05 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31 DEC 2009

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: CLGAR)

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: PC680G MODEL: NISSAN URVAN  
 b) DRIVER'S NAME: KOH YIAK KWANG  
 c) NRIC/FIN/PASSPORT: S1156423B CONTACT: 96689522

## 9. THIRD PARTY VEHICLE

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

No of passenger  
 (including driver)  
(1)

No of passenger  
 (including driver)  
(1)

No of passenger  
 (including driver)  
( )

Email: support@happydriversg.com

VIDEO 99stephenlee@gmail.com \*



Claim Handling

Accident HT/1101594

Policy No.	S113791259	Vehicle No.	GW8609M	GST Registration No.	
Certificate No.	S113791259-000010				
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	S1378329A
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	90086703	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	hu
KFE	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Disbursement(%)	0	Private Hire	No

Accident Details

Report Date	31/08/2020 11:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/08/2020	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 247 JURONG EAST STREET 24 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess		TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	0.00
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	BLK 531K #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	34-113	Related Policy Number	S099177068-53		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/01/1985
Unnamed driver Name	MUHAMMAD HASHEM BIN ANDI	Driver NRIC	S1098422A	Driving Experience	10
Register Date of Driver License	31/12/2009	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 247 #03-02	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600247
Address 4		Address Type	Foreign address	Post Code	600247
Unit No.	03-02				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GW8609M	Driver Insurer Company	NTUC

Declaration:

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Insured Name

Insured NRIC

Contact No.(Home)

Contact No.(Office)

TP Vehicle Number

Vehicle Number

Name of Preferred Workshop

Preferred Workshop, Name unknown

GIA report

Received

Claim Close Date

Date Received

Report Taken By

Print All letter

Save Submit

Attachment

Accident No.

HT/1101594

Claim No.

981

Last Div. Received

☒ Yes ☐ No

Upload Date

31/08/2020 11:51

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment

Uploaded By/Date

Category

Urgency

Description

Req Sent (CO)

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:51

Photos

Normal

Photos 2020-6-31

Send Mail

Attachment List

Thumbnail	File Name	File Type	File Size	File Date	File Location	File Content	File Status	File Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:51	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:51	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:51	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:50	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:50	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:50	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:50	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:50	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:49	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:49	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:49	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:49	Photos	Normal	Photos 2020-8-31				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-31			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 11:49	SAS	Normal	SAS 2020-8-31				

Video List

Uploaded By/Date

Folder Date

File Name

File Size

File Date

File Location

File Content

File Status

File Action

Display in new Window

Scan and uploading



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/08/2020 12:16"/>
Vehicle No. (For Motor)	<input type="text" value="GW8609M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113791259	5113791259-000010	MENG CHENG TRANSPORT & SERVICES	53378329A	GFM	Third Party	GW8609M	GW8609M	03/11/2019	02/11/2020