

NATIONAL Assessment Centre Services

Page 1 of 2

Date In: 25/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010312/13	SAS e-filing		
Veh No: GBD4380G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/09/20 0700	i-Motor Claim Form	MT/1104606-001	
OD: TP: <u>Reporting Only</u>	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: SJT9162H	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%; F: 80-100%)	
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

NA2005090	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2006)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idac 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	25/09/2020 15:53
Date Of Accident	25/09/2020 07:00
Exact Location Of Accident	SCHOOL OF SCIENCE & TECHNOLOGY@TECHNOLOGY DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4380G
Insured/Policyholder	
Name Of Registered Owner	WEI ZHONG FOODSTUFF MANUFACTURER
Co Reg No	3XXXX000W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67435117

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084362993-03
Cover Note Number	

Driver

Name of Driver	CHNG KEE MENG
NRIC No	SXXXX557F
Date Of Birth	07/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1999
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82617356
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 206A PUNGGOL PLACE #07-2024
Postcode	821206
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	SIDE SWIPE
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

I WAS REVERSING MY VEH FROM LOADING BAY INSIDE SCHOOL OF SCIENCE & TECHNOLOGY@TECHNOLOGY DR. WHILE REVERSING MY VEH HIT ONTO THE FRT LEFT SIDE PORTION OF VEH B.

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	SJT9162H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROZILAWATI BINTE JASMAN
NRIC/Passport Number	SXXXX938I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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: 25/9/2020

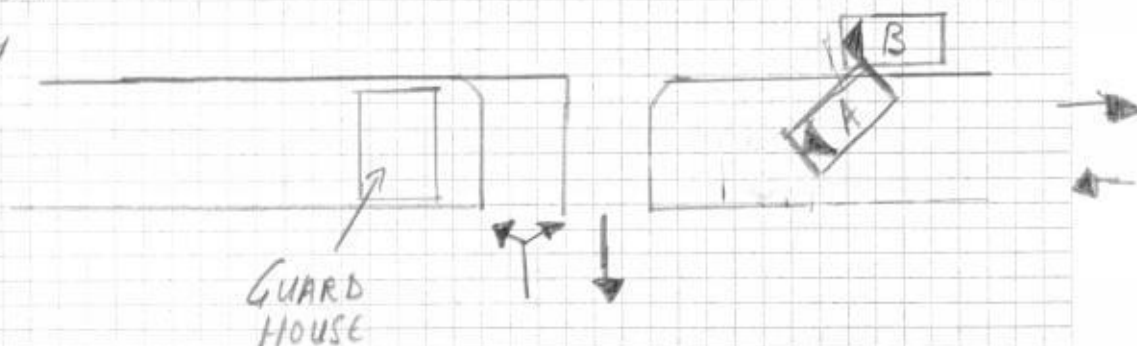
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SCHOOL OF SCIENCE & TECHNOLOGY
@ TECHNOLOGY DR

A - GBD43806

B - SJT916241



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 09 / 20) (DD/MM/YYYY), TIME: (7 : 00) (HH:MM)

LOCATION: SCHOOL OF SCIENCE & TECHNOLOGY @ TECHNOLOGY DR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QBD 4380G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5084362993-03
 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: 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: WEI ZHONG FUOASTUFF MANUFACTURER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 67435112 / 67454555
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHAN KEE MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1195557F CONTACT: 82617256
 c) ADDRESS: BLK 206A PUNGGOOL PLACE
 #07-2024

*d) DATE OF BIRTH: (07 / 11 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28 / 06 / 1999

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: SJT91624 MODEL:
 b) DRIVER'S NAME: ROZIKAWATI BINTU JASMAN
 c) NRIC/FIN/PASSPORT: S73239381 CONTACT:

9. THIRD PARTY VEHICLE

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

Email =

Fax =

Video =

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5084362993-03
The Policyholder	: WEI ZHONG FOODSTUFF MANUFACTURER BLK 3020 #04-135 UBI AVENUE 2 SINGAPORE 408896

Period of Insurance	: 21 Oct 2019 To 20 Oct 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,224.88

Interest Insured

Cover Type	: Comprehensive	Number of Seater	: 2
Make/Model	: NISSAN/NV200	Registration Date	: 21 Oct 2014
Capacity	: 0.70 ton(s)	Insure with COE	: Yes
Registration Number	: GBD4380G	NCD Entitlement	: 20%
Chassis Number	: VSKYBAM20Z0090105	Loyalty Discount	: 5%
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		

Memo A : N/A

Endorsement Operative : N/A

Agency	: KWG INSURANCE AGENCY PTE. LTD. (00000573061)
Date of Issue	: 17 Oct 2019 14:10 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



Claim Handling

Accident MT/1104606

Policy No.	5084362993-03	Vehicle No.	GBD4380G	GST Registration No.	34635000W
Certificate No.					
Policyholder Name	WEI ZHONG FOODSTUFF MANUFACTURER			Policyholder NRIC	34635000W
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67435117	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	25/09/2020 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/09/2020	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SCHOOL OF SCIENCE & TECHNOLOGY@TECHNOLOGY DR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2013
GST Registration No.	34635000W	GST Status Verified	Yes
Modification History	25/09/2020 16:42:43 System changed GST Registration No. from n to 34635000W 25/09/2020 16:42:43 System changed GST Registration Date from 01/01/2015 to 01/01/2013 25/09/2020 16:42:43 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 3020 #04-135	Address 2	UBI AVENUE 2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408896
Unit No.		Related Policy Number	5084362662-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHNG KEE MENG	Driver NRIC	S1195557F	Driver DOB	07/11/1951
Register Date of Driver License	28/06/1999	Driver Age	63	Driving Experience	21
Contact No.(Mobile)	82617356	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 206A	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	821206
Unit No.	#07-2024				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WEI ZHONG FOODSTUFF MANU	In: NF
Contact No.(Mobile)		Contact No. (Home)		Co No (O
Email Address		Vehicle Number	GBD4380G	TP Ve Nu
Claim Description	GBD4380G / SJT9162H ON 25 Sept 2020			
Preferred Workshop		Insured Liability	Fully at Fault	No Pr Wt
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	25/09/2020 16:45	GIA report	Received	
Report Taken By	ROSLINDA	Workshop Repairer		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1104606	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/09/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:45	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:45	SAS	Normal	SAS 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:45	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:45	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:45	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:44	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:44	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:44	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:44	Photos	Normal	Photos 2020-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2020 16:44	Photos	Normal	Photos 2020-9-25

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading