

NATIONAL Assessment Centre Services

Date In: 31/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20011875/13	SAS e-filing		
Veh No: GBK3106C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/10/20 1310	I-Motor Claim Form	MT/1108515-001	
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: PC2028C	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 ()	

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

NA2005775	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*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	31/10/2020 10:13
Date Of Accident	30/10/2020 13:10
Exact Location Of Accident	ANG MO KIO SOUTH FLYOVER TWDS BRADDELL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3106C
Insured/Policyholder	
Name Of Registered Owner	LFC AIR-CON SERVICES
Co Reg No	5XXXX983A
Email Address	LUCASCCQ@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94523753

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5117001694
Cover Note Number	

Driver

Name of Driver	CHONG CHEN QUAN
NRIC No	SXXXX671C
Date Of Birth	31/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2010
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94523753
Fax Number	
Contact Number	
Email Address	LUCASCCQ@GMAIL.COM

Address	BLK 81 BEDOK NORTH ROAD #02-298
Postcode	460081
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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

I WAS TRAVELLING STRAIGHT ALONG ANG MO KIO SOUTH FLYOVER TWDS BRADDELL ON THE EXTREME LEFT LANE. INFRT OF MY VEH STOP AND I FOLLOWED SUIT BUT MY VEH DIDN'T STOP COMPLETELY AND TOUCH THE REAR 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	PC2028C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUBRAMANIAN PRABU
NRIC/Passport Number	0XXXXX5006
Contact Number	81881110(OFFICE)
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.



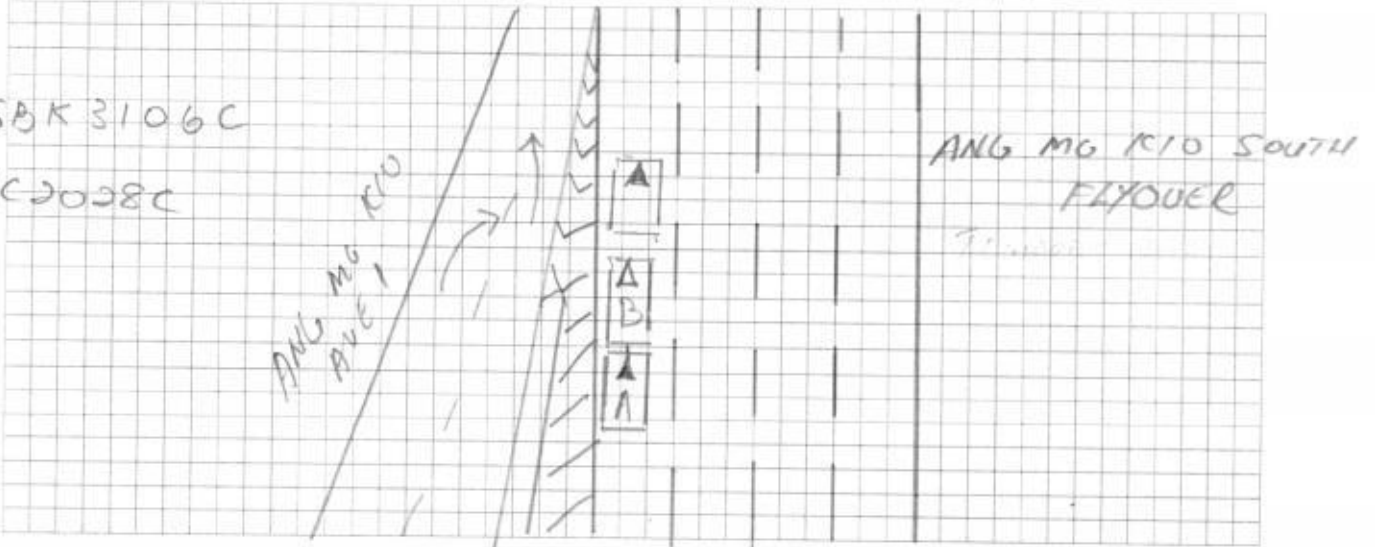
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A - GBK3106C
B - PC2028C

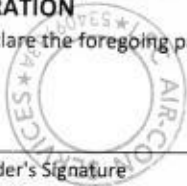


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls 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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120095718 Vehicle Registration No: GAK3106C
Name (as shown in NRIC) : CHONG CHEN QUAN NRIC/FIN/Passport No : S8662671C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 81 BEDOK NORTH RD #02-298 Singapore (420081)
Contact (Tel) : 1 Mobile No. : 94523753
Email Address : _____
Date of Accident : 30/10/20 Time of Accident : 13:10
Place of Accident : AKR SOUTH FLYOVER TOWS BRADILL
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DRIVER'S YEAR OF DATE OF BIRTH

Policyholder / Driver's Signature
Date:

31/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 10 / 20) (DD/MM/YYYY), TIME: (13 : 10) (HH:MM)

LOCATION: CTE NEAR BRADDELL RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 3106C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5417001694
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HALL
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: LFC AIR-CON SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 94523753
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHONG CHEN QUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SP662671C CONTACT: 94523753
c) ADDRESS: BLK 81 BEDOK NORTH RD
460081

*d) DATE OF BIRTH: (31 / 10 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27 / 01 / 2010

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

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: AC 2028C MODEL: _____

b) DRIVER'S NAME: SUBRAMANIAN PRABU

c) NRIC/FIN/PASSPORT: Q 34765006 CONTACT: 81881110 (OFFICE)

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = lucasccq @ gmail . com

fax =

video =

Hello, NAC_PAYA_UBI_800601

* Change Language

* Change Password

* Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

30/10/2020 13:10

Vehicle No.(For Motor)

GBK3106C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117001694		LFC AIR-CON SERVICES	53409983A	GCV	Comprehensive	GBK3106C	GBK3106C	06/04/2020	05/04/2021

Continue

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 : 5117001694

Cover : Comprehensive

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised GBK3106C |
| Chassis Number | : JTFHT02P400250465 |
| 2. Name of Policyholder | : LFC AIR-CON SERVICES |
| 3. Effective Date of Insurance | : 02 Apr 2020 |
| 4. Expiry Date of Insurance | : 01 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. | |
| 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	: UNITED OVERSEAS BANK LIMITED
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 01 Apr 2020 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1108515

Policy No.	5117001694	Vehicle No.	GBK3106C	GST Registration No.	
Certificate No.					
Policyholder Name	LFC AJR-CON SERVICES			Policyholder NRIC	53409983A
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	94523753	Contact No.(Office)	0	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(%)	0	Private Hire	No

▼ Accident Details

Report Date	31/10/2020 10:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	30/10/2020	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO SOUTH FLYOVER TWDS BRADDELL				

▼ 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	31/10/2020 10:42:34 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 81 #02-298	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 46001
Address 4		Address Type	Singapore address	Post Code	460081
Unit No.	02-298	Related Policy Number	5117001694		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHONG CHIEN QUAN	Driver NRIC	S8662671C	Driver DOB	31/10/1986
Register Date of Driver License	07/01/2010	Driver Age	33	Driving Experience	10
Contact No.(Mobile)	94523753	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 81	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 46001
Address 4		Address Type	Singapore address	Post Code	460081
Unit No.	#02-298				
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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LFC AJR-CON SERVICES	Insured NRIC	
Contact No.(Mobile)	94523753	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	GBK3106C	TP	
Claim Description	GBK3106C / PC 2028C ON 30 Oct 2020			Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	31/10/2020 10:52
Report Taken By		Workshop Repairer	ROSILINDA	Date Received	
				Total Lost but Repaired	

☐ Print AK letterSave Submit

Attachment

Accident No.	MT/1108515	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

31/10/2020 00:00

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

[Message Read](#)

[Clear](#)

Category *

Confidential

Urgency *

[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)

Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:52	SAS		Normal	SAS 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2020 10:43	Photos		Normal	Photos 2020-10-31

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	