

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN0920 07-0004

Date In: 18/12/11:42	Job description	Date & Time Completed	Done by
Ref No: 10/11/2011/09/24	SAS e-filing		
Veh No: XE 45855	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/11/20-15:30	i-Motor Claim Form	17/11/09 7:20-002	18/12/11 11:46
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: X080V4R

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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

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:-

Q1*

*N5: Courtesy Car / Tpl 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

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 Submission	18/12/2020 11:42 (SGT)
Date of Accident	01/11/2020 15:30 (SGT)
Exact Location of Accident	33 Harbour Dr, Singapore 117606
Additional Location Information	gate 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4585S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HT PORTS SERVICES PTE LTD
Company Reg No	2XXXXX440C
Email Address	safety@htports.com
Mobile Phone No	(Phone) +65-67795050
Alternative Phone No	(Office) +65-67795050

VEHICLE PARTICULARS

Manufacturer	Man
Model	Tgs
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5107713963-01
Cover Note Number	-

DRIVER

Name of Driver	TAN TIEN HOCK
NRIC No	SXXXX097F
Date Of Birth	23/02/1954
Occupation	Outdoor

Date Of Driving Pass	11/05/1978
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81367985
Alt. Phone Number	-
Email Address	safety@htports.com
Address	BLK 327B SUMANG WALK
Address complement	#03-930
Postcode	822327
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	XD8044R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
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.
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. 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 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.
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.



[Signature]

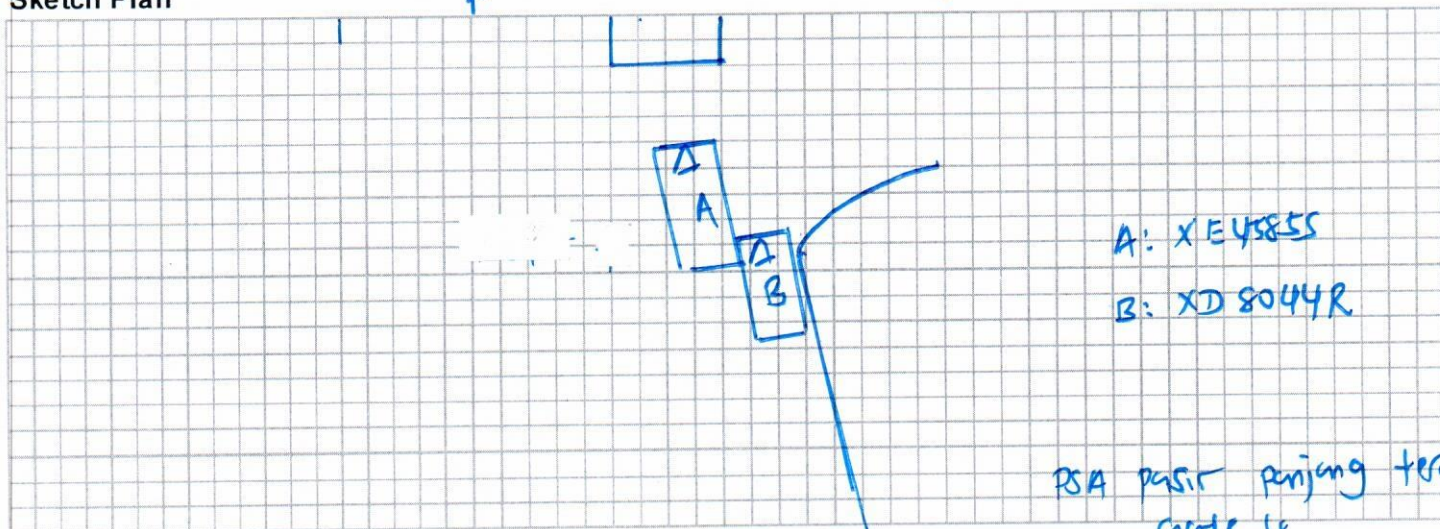
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attached statement.

Declaration

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

Witnessed by Reporting Centre Personnel

INCIDENT REPORT

(To be completed by the employee)

Location of incident: PSA Pasir Panjang Terminal Gate 4		Employer's Premises? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Job Site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date of Incident: 01/11/2020 Time of Incident: 1530hrs	
Name of personnel involved: Tan Tien Hock		NRIC: SXXXX097F Contact No: 81367985		Employee <input checked="" type="checkbox"/> Non-Employee <input type="checkbox"/>	
Title/Occupation: Prime Mover Driver	Length of service: 0 Years 7 Months	Dept. assigned to: PM Operations		Details of vehicle involved: IPM 852 XD 8044 R (Indon Shipping) IPM 608 XE 4585 S (HTPS) Chassis TRD 5709 Y	
Type of incident: IPM 852 INDON SHIPPING squeeze in between IPM 608 HTPS and side kerb and come into contact with IPM608 rear RHS chassis corner casting		Company property <input checked="" type="checkbox"/> Others <input type="checkbox"/>			
Injury: NIL					

Description of Incident:


- What shift are you deployed, date, time and assigned Prime Mover?**
I was deployed for day shift on the 01/11/2020 from 0730hrs – 1930hrs and assigned to IPM 608.
- How many days have you been deployed prior to your last off day?**
I have been deployed for 3 consecutive days and my last off day was on the 29/10/2020.
- Did you have enough rest before deployment?**
Yes. I do have enough rest before deployment.
- Where is your location and where were you proceeding to?**
I was proceeding into gate 4 as I was from Brani Terminal.
- Describe how the accident happen?**
While travelling along the entrance of gate 4, I confirmed within my sight there were no PM's along my travelling path until when I was about to turn I noticed a PM (IPM852) on my RHS between the side kerb and my PM rear chassis. I felt a slight bump and jerking within my PM cabin and only to see IPM852 had already come into contact with my rear RHS chassis corner casting. However, at point of impact I was not able to stop my PM immediately. I only stop ahead when I finally noticed the impact. I contacted my OE and SOC to informed of the incident and waited for further assistance. That is all.
- Are you injured?**
I was not injured and do not required any further medical assistance.

Additional Information:

Refer to attached picture

Findings: To be reviewed**Estimated damage cost:** To be reviewed

The above statement was read back by the interviewee and he was invited to append his signature after having fully understood its content. Statement was concluded on 02 November 2020.

Interviewed by: Putra NurHidayat Designation: Safety Coordinator	Interviewee's Signature: 	Date of Statement: 02/11/2020
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ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 11 / 20) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: PSA Pasir Panjang Terminal Gate 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE4585S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5102713963-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
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: HT Ports Services Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 67795050
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 81367985
c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (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: XD8044R (XD8044R) MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = sales@hiapong.com
Safety@htports.com

Fax =

Video = X

9185770E

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107713963-01	5107713963-01-000022	HT PORTS SERVICES PTE. LTD.	201729440C	GFM	Comprehensive	XE4585S	XE4585S	03/01/2020	31/12/2020

Claim Handling

Accident MT/1109700

Policy No.	5107713963-01	Vehicle No.	XE4585S	GST Registration No.	M90362102C
Certificate No.	5107713963-01-000022				
Policyholder Name	HT PORTS SERVICES PTE. LTD.			Policyholder NRIC	201729440C
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	NC
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	10/11/2020 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/11/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSA PASIR PANJANG GATE 4				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	15/01/2018
GST Registration No.	M90362102C	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	22 SOON LEE ROAD	Address 2	SINGAPORE 628082	Address 3	
Address 4		Address Type	Singapore address	Post Code	628082
Unit No.		Related Policy Number	5117572358		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	HT PORTS SERVICES PTE. LTD.	Insured NRIC	201729440C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	XE4585S	TP Vehicle Number	XD8044R
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	XE4585S / XD8044R ON 1 Nov 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/12/2020 11:46	Claim Close Date		Date Received	18/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1109700	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2020 11:49

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent	
<input type="text"/>	Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent	
<input type="text"/>	Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent	
<input type="text"/>	Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent	
<input type="text"/>	Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent	
<input type="text"/>	Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent	

Message sent Send Message

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:49	SAS		Normal	SAS 2020-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:47	Photos		Normal	Photos 2020-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:47	Photos		Normal	Photos 2020-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:47	Photos		Normal	Photos 2020-12-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:46	Photos		Normal	Photos 2020-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:46	Photos		Normal	Photos 2020-12-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2020 11:46	Photos		Normal	Photos 2020-12-18
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					