

NATIONAL Assessment Centre Services

Date In: 05/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1000131/13	SAS e-filing		
Veh No: GRT40055	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 04/01/21 1030	I-Motor Claim Form	06/01 MT/1116305 - 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: 4N25566	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

NA2101048	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idao 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 Submission	05/01/2021 10:56 (SGT)
Date of Accident	04/01/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INTERNATIONAL BUILDING (LOADING & UNLOADING)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4005J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALOY & JEM SERVICES
Company Reg No	5XXXX173B
Email Address	hippy017@hotmail.com
Mobile Phone No	(Phone) +65-98391887
Alternative Phone No	+65-98391887

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108650205-01
Cover Note Number	-

DRIVER

Name of Driver	LOH CHOON LAN
NRIC No	SXXXX224A
Date Of Birth	17/06/1967
Occupation	Outdoor

Date Of Driving Pass	29/01/1988
Driving experience	33 YEARS
Gender	Female
Mobile Number	(Phone) +65-98391887
Alt. Phone Number	-
Email Address	hippy017@hotmail.com
Address	BLK 208 PASIR RIS ST 21
Address complement	#10-344
Postcode	510208
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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

PLS REFER TO THE ATTACHED 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	YN2556E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEO KOH TUAN TOW LOUIS
Contact Number	(Phone) +65-93266152
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

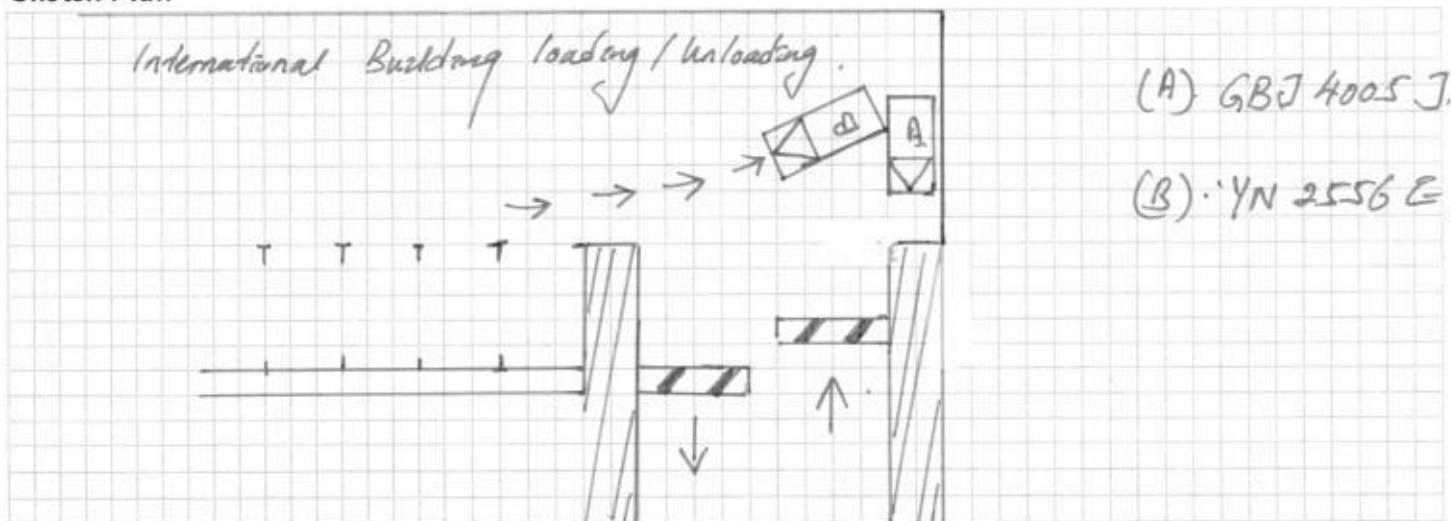
Aloy & Jem Services

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

On 04/01/2021, at @ 1030hrs, I parked my vehicle (G8J 4005J) at the loading / unloading Bay of International Building, after unloading and was waiting for my husband. Suddenly, a lorry (YN 255BE) reversed and collided onto the right side of my vehicle, while exiting the loading and unloading bay.

Declaration

We declare the foregoing particulars are true in every respect.

Aloy & Jem Services

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBJ 4005J		MAKE & MODEL:	Toyota Hiace - <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT:	04/01/2021		CC:	2800	
TIME OF ACCIDENT:	1030 HRS				
LOCATION OF ACCIDENT:	International Building (loading & unloading)				
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input checked="" type="checkbox"/> PRIVATE HIRE				
NAME OF OWNER:	ALOY & JEM SERVICES				
TEL NO:	H/P: 9839 1887		OFFICE:	HOME:	
NRIC:	53083173 B				
ADDRESS:	BLK 208 Pass Res St 21 #10-344 (S) 510208				
EMAIL:	hippy017@hotmail.com				
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
INSURANCE COMPANY:	NTAC				
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / Third Party Fire & Theft				
POLICY NO:	5108650205-01				
NAME OF DRIVER:	AS ABOVE / IF NO: LOH CHUAN LAM				
NRIC:	S 1793224A ANY PASSENGER: N/A				
DATE OF BIRTH:	171061 1967 LICENCE PASSED DATE: 29/01/1988				
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR				
GENDER:	MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>				
CONTACT NO:	H/P: 9839 1887		OFFICE:	HOME:	
ADDRESS:	BLK 208 Pass Res St 21 #10-344 (S) 510208				
EMAIL:	hippy017@hotmail.com				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		<input checked="" type="checkbox"/> INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:				
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER:				
ANY INJURIES:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?				
VEHICLE B REG NO:	YN 2556E		ANY PASSENGERS: 01 CM		
NAME OF DRIVER:	YEO-KOH TUAN TOW LOW		CONTACT NO: 9326 6152		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N/A		WITNESS CONTACT: N/A		
WAS THERE ANY VIDEO CAPTURE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
WAS THERE ANY AUDIO RECORDED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ACCIDENT PORTION:	Right Side				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
WORKSHOP PARTICULAR:	Twin car				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

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 : 5108650205-01

Cover : Preferred Workshop Plan

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBJ4005J |
| Chassis Number | : GDH2012004698 |
| 2. Name of Policyholder | : ALOY & JEM SERVICES |
| 3. Effective Date of Insurance | : 12 Apr 2020 |
| 4. Expiry Date of Insurance | : 11 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	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)

Date of Issue : 10 Mar 2020 17:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1116305

Policy No.	510B650205-01	Vehicle No.	GBJ4005J	GST Registration No.	
Certificate No.					
Policyholder Name	ALOY & JEM SERVICES	Cover Type	Preferred Workshop Plan	Policyholder NRIC	530831738
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98391887	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	06/01/2021 14:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/01/2021	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INTERNATIONAL BUILDING/(LOADING & UNLOADING)				

▼ 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	06/01/2021 14:23:20 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 208 #10-344	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510208
Address 4		Address Type	Singapore address	Post Code	510208
Unit No.	10-344	Related Policy Number	510B650205-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH CHOON LAN	Driver NRIC	S1793224A	Driver DOB	17/06/1967
Register Date of Driver License	29/01/1988	Driver Age	53	Driving Experience	32
Contact No.(Mobile)	98391887	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 208	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510208
Address 4		Address Type	Singapore address	Post Code	510208
Unit No.	#10-344				
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

ALOY & JEM SERVICES

Insured NRIC

Contact No. (Home)

01

Vehicle Number

GBJ4005J

GBJ4005J / YN2556E ON 4 Jan 2021

06/01/2021 14:26

ROSLINDA

Insured

Contact No. (Office)

TP

Name of Preferred Workshop

Date Received

Total Loss but Repaired

Save

Submit

Last Doc. Received

☒ Yes ☐ No

Upload Date

06/01/2021 00:00

Path *

Category *

Confidential

Urgency *

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

Choose File

No file chosen

Message Board

Clear

Please Select

NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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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 06 Jan 2021 14:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:26	SAS		Normal	SAS 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:26	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:26	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:26	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:25	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:25	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:25	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:25	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:25	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 14:25	Photos		Normal	Photos 2021-1-6

Video List

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