

NATIONAL Assessment Centre Services.

part 1 Jan 03 2008 271K0003

Date In: 20/01/2021 17:51	Job description: SAS e-Milling	Date & Time Completed: 20/01/2021 17:59	Done by:
Ref No: N/A / INC 21000983/V	E-mail (if job site, A/C etc):		
Veh No: W 5632Z	I-Motor Claims Form		
O.O.A: 24/12/2020 11:50	I-Motor W/O (Width: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vic		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars: Vch No: -	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 > \$3000] ()		

Injury: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$10	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance \$3	
	• NI: Repair Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$3	
	• NI: DV / Collect Excess Coordination \$10	
	TE (NIUC) TP (NIUC) \$10	
	9) NI: Idea Mobile	
	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 Submission	20/01/2021 17:51 (SGT)
Date of Accident	24/12/2020 11:30 (SGT)
Exact Location of Accident	5 Tampines Central 1, Singapore 529541
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5632Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHIA & THAI FOOD SUPPLIES PTE LTD
Company Reg No	2XXXXX024K
Email Address	chiathai@gmail.com
Mobile Phone No	(Phone) +65-83556738
Alternative Phone No	+65-83556738

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	No
Policy Number	5097663712-02
Cover Note Number	-

DRIVER

Name of Driver	YAP SONG POH MICHAEL (YE SONGPO MICHAEL)
NRIC No	SXXXX385F

Date Of Driving Pass	18/09/2001
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83556738
Alt. Phone Number	-
Email Address	chiathai@gmail.com
Address	BLK 9 NORTH BRIDGE ROAD #07-4176
Address complement	-
Postcode	190009
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	Collided Into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

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' 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.



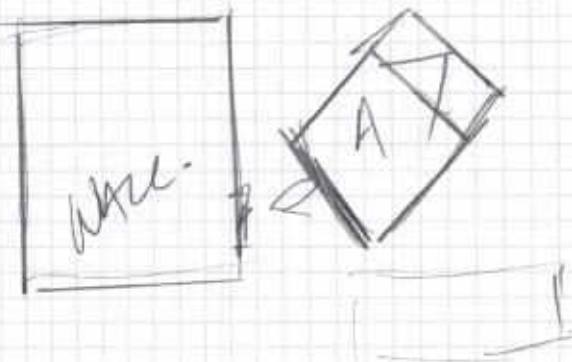
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TAMPINES PLAZA WOODWAY



A) 7N 5632 E

Describe Circumstances of the Accident

on 24/12/2020. AT 11:30hrs I WAS AT TAMPINES PLAZA
WHILE DRIVING REVERSED I ACCIDENTALLY HIT 24M WALL.
IT WAS RAINING AT THE POINT OF ACCIDENT.

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24/12/2024 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: TAMPINES PLAZA LOBBY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN56322
 b) INSURANCE COMPANY: TAI NING INCOME
 c) POLICY NUMBER: 5092663712-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI / CANTER
 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: CHIA THAI FOOD SUPPLIES P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MICHAEL YAP SING PAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7342387 CONTACT: 83556938
 c) ADDRESS: 809 NORTH BRIDGE RD SINGAPORE

* d) DATE OF BIRTH: 19/11/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/09/2021

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: _____ 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: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email: CHIA THAI @ Gmail - com
 VIDEO

Claim Handling

Accident MT/1118118

Policy No.	5997663712-02	Vehicle No.	YN5632Z	GST Registration No.
Certificate No.				
Policyholder Name	CHIA & THAI FOOD SUPPLIES PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	83556738	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	20/01/2021 17:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2020	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES PLAZA LOADING BAY			

▼ 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?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	02/01/2021
GST Registration No.	200100024K	GST Status Verified	Yes
Modification History	20/01/2021 17:57:35 System changed GST Registered from No to Yes 20/01/2021 17:57:35 System changed GST Registration No. from null to 200100024K 20/01/2021 17:57:35 System changed GST Registration Date from null to 02/01/2021		

▼ Policyholder Mailing Address

Address 1	BLK 14 #01-29	Address 2	WHOLESALE CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-29	Related Policy Number	5120472456	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YAP SONG POH MICHAEL (YE S	Driver NRIC	S7342385F	Driver DOB
Register Date of Driver License	18/09/2001	Driver Age	47	Driving Experience
Contact No.(Mobile)	83556738	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 9 #07-4176	Address 2	NORTH BRIDGE ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	07-4176			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	YN5632Z	Driver Insurer Com

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHIA &
Contact No.(Mobile)		Contact No. (Home)	677871
Email Address		Vehicle Number	YN5632Z
Claim Description	YN5632Z / - ON 24 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			20/01/2021 17:58
		Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.	MT/111811B	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2021 17:59
Path *		Category *	Confidential
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> NO *
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> NO *
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> NO *
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> NO *
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> NO *
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> NO *
<div>Message Read</div>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:59	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:59	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:59	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:58	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:58	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:58	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:58	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jan 2021 17:58	SAS		Normal	SAS 2

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window Scan and uploading

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	: 5097663712-02		
The Policyholder	: CHIA & THAI FOOD SUPPLIES PTE LTD		
	: BLK 14 #01-29		
	: WHOLESALE CENTRE		
	: SINGAPORE 110014		
Period of Insurance	: 01 Mar 2020 To 28 Feb 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,888.00		
Interest Insured			
Cover Type	: Comprehensive		
Make/Model	: MITSUBISHI/CANTER		
Capacity	: 4.2 ton(s)	Number of Seater	: 2
Registration Number	: YN5632Z	Registration Date	: 25 Jul 2014
Chassis Number	: FE871EA00130	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 15%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: ABWIN PTE LTD		

Memo A : N/A

Endorsement Operative : N/A

Agency	: ELITE (L&G) ASSOCIATES (00000572855)
Date of Issue	: 04 Feb 2020 12:13 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