

NATIONAL Assessment Centre Services

Date In: 25/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001177/13	SAS e-filing		
Veh No: GBF5751C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/01/21 1900	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GX979S	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	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
26/01/21	overlook didn't create e-bou

Claimant's Particulars:	NA2101324
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
Date 1:	
Date 2/3:	

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$30)		
3) TF: 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: 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	25/01/2021 17:39 (SGT)
Date of Accident	23/01/2021 19:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD TO BKE(SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5751C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KELVIN TRANSPORT EXPRESS
Company Reg No	5XXXX881W
Email Address	kelvintransportexpress@gmail.com
Mobile Phone No	(Phone) +65-86140643
Alternative Phone No	+65-86140643

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ VITO
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	5115605201-01
Cover Note Number	-

DRIVER

Name of Driver	TOK BOON SIEW(ZHUO WENSHOU)
NRIC No	SXXXX235C
Date Of Birth	27/08/1975
Occupation	Outdoor

Date Of Driving Pass	31/08/2016
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98783232
Alt. Phone Number	-
Email Address	jordantok@hotmail.com
Address	BLK 202 CHOA CHU KANG AVE 1
Address complement	#09-75
Postcode	680202
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX979S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN KAH HENG
Contact Number	(Phone) +65-96664488
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOK BOON SIEW(ZHUO WENSHOU)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF5751C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

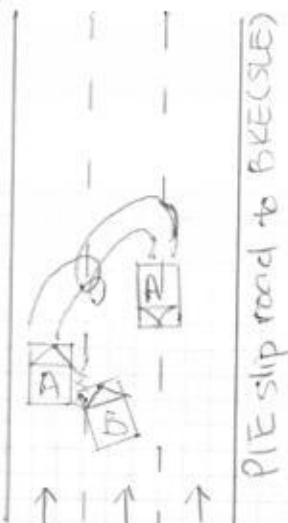


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Veh A: GBF 5751C
Veh B: GX979S

Describe Circumstances of the Accident


On above date & time, I was driving my vehicle A (GBF5751C) traveling along PIE slip road to BKE (SLE) on third lane of a 3-lanes, expressway. Somewhere before exit to BKE (SLE), vehicle B (GX979S) which from second lane skidded to the left and collided onto the rear right portion of my vehicle. Due to wet road surface, and the impact, my vehicle was skidded 180° from my lane to second lane.

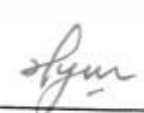
Declaration

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

 25/01/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBF5751C		MAKE & MODEL:	Mercedes Benz Vito		AUTO / MANUAL	
DATE OF ACCIDENT:	23 / 1 / 2021		CC:	1.6			
TIME OF ACCIDENT:	1900 HRS						
LOCATION OF ACCIDENT:	Along PIE slip road to BKE (SLE)						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	Kelvin Transport Express						
TEL NO:	H/P: 86140043		OFFICE:			HOME:	
NRIC:	53396881W						
ADDRESS:	BLK 217B Compassvale Drive #03-604 S(547217)						
EMAIL:	kelvintransportexpress@gmail.com						
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY						
FLEET POLICY:	YES / NO ?						
INSURANCE COMPANY:	NTUC						
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	5115605201-01						
NAME OF DRIVER:	AS ABOVE / IF NO: Tok Boon Siew						
NRIC:	S7526235C		ANY PASSENGER:				
DATE OF BIRTH:	27 / 8 / 1975		LICENCE PASSED DATE:	31 / 8 / 2016			
OCCUPATION:	OUTDOOR / INDOOR						
GENDER:	MALE / FEMALE						
CONTACT NO:	H/P: 98783232		OFFICE:			HOME:	
ADDRESS:	BLK 202 Choa Chu Kang Avenue I #04-75 S(680202)						
EMAIL:	jordan.tok@hotmail.com						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Employment						
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:						
ROAD SURFACE:	DRY / WET / OTHER:						
ANY INJURIES:	NO / IF YES, WHO?						
NAME & CONTACT:	Tok Boon Siew 98783232						
NAME & CONTACT:							
POLICE REPORT:	NO / IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?						
VEHICLE B REG NO:	GX979S		ANY PASSENGERS:				
NAME OF DRIVER:	Tan Kah Heng		CONTACT NO:	96664488			
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:			WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES / NO						
WAS THERE ANY AUDIO RECORDED?	YES / NO						
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO						
ACCIDENT PORTION:	Rear right portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO							
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	Brandon						
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 : 5115605201-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBF5751C**
Chassis Number : WDF44760323056468
2. Name of Policyholder : KELVIN TRANSPORT EXPRESS
3. Effective Date of Insurance : 17 Jan 2021
4. Expiry Date of Insurance : 13 Dec 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	: LIAN HONG PRIVATE 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 : STARBRIGHT AUTO PTE. LTD. (00000615330)
 Date of Issue : 03 Dec 2020 11:02 hrs
 Reprint : 03 Dec 2020 11:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive