

NATIONAL Assessment Centre Services

(Ref: JAR03)

Date In: 29/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21001405/13	SAS e-filing		
Veh No: GBD8195Z	E-mail (within 8hrs, AtC 2hrs)		
D.O.A: 29/01/21 0750	I-Motor Claim Form	29/01 MT/1119332 -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: GBF8395C	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

Claimant's Particulars:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);		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) NI: Idao DA + SMRT Survey \$160			
Driver/Owner:	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	
Contact No:				
Damaged Portion:				
QC Checked by (Engr-In-Charge):				
Auditors' Comments:				
Cal. 1:				
Cal. 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	29/01/2021 14:34 (SGT)
Date of Accident	29/01/2021 07:50 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	(WOODLANDS CHECKPOINT) B4 MANDAI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8195Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SCALE SPECIALIST PTE. LTD.
Company Reg No	2XXXXX949H
Email Address	sheehafaizal@gmail.com
Mobile Phone No	(Phone) +65-82888614
Alternative Phone No	+65-82888614

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	5114218624-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD FAIZAL BIN MANSA
NRIC No	SXXXX780J
Date Of Birth	13/02/1978
Occupation	Indoor

Date Of Driving Pass	29/12/1998
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82888614
Alt. Phone Number	-
Email Address	sheehafaizal@gmail.com
Address	1 SCOTT'S ROAD
Address complement	#21-10 SHAW CENTRE
Postcode	228208
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	Collision - Head to Rear
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?	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF8395C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD FAIZAL BIN MANSA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBD8195Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Accident Reporting Draft

VEHICLE NO: GBD8195Z

MODEL: NISSAN NV200

AUTO/MANUAL

DATE OF ACCIDENT	29/1/2021	C.C: 1,461
TIME OF ACCIDENT	0751	HRS AM/PM
LOCATION OF ACCIDENT	BKE (WOODLANDS CHECKPT) B4 MANDAI EXIT	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	SCALE SPECIALIST PTE LTD	
CONTACT NO.	82888614	EMAIL: SHEEHAFZAIZAL@GMAIL.COM
NRIC	201614949H	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: MOHAMAD FAIZAL BIN MANSA	
NRIC	S7802780J	ANY PASSENGER: 0
DATE OF BIRTH	13/2/1978	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	82888614	EMAIL: SHEEHAFZAIZAL@GMAIL.COM
ADDRESS	1 SCOTTS ROAD #21-10 SHAW CENTRE S(228208)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: Driver	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	GBF8395C	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX 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.
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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:

29/1/21 10:34

Driver's Signature
(If driver is not the policyholder)

Date & Time: 29/1/21 10:34

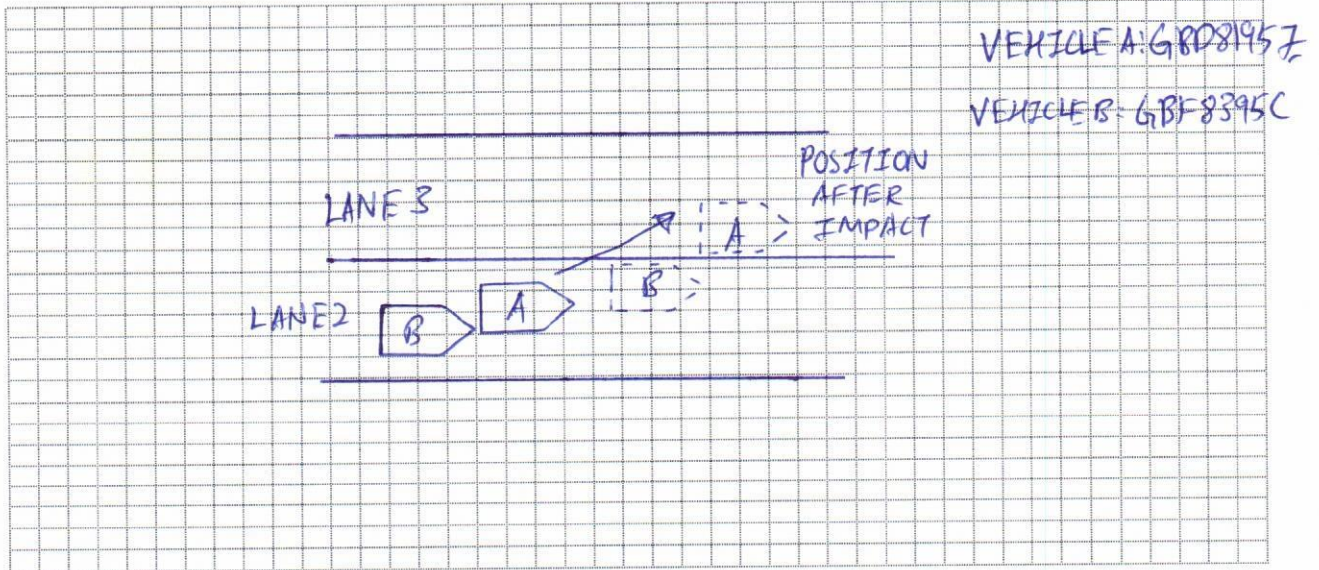
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:

BKE (WOODLANDS CHECKPOINT) BEFORE MANDAI EXIT





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS TRAVELLING ALONG BKE (WOODLANDS CHECKPT) B4 MANDAI EXIT ON LANE 2. SUDDENLY, VEHICLE B REAR ENDED MY VEHICLE. THE IMPACT (ON MY REAR RIGHT SIDE) WAS SO GREAT THAT IT FORCED MY VEHICLE OUT OF LANE 2 ONTO LANE 3.

DECLARATION

I/ We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 29/1/21 10:34


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 29/1/21 10:34

 29/01/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC / FIN No.:

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 : 5114218624-01

Cover : Comprehensive

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD8195Z |
| Chassis Number | : VSKYBAM20Z0094491 |
| 2. Name of Policyholder | : SCALE SPECIALIST PTE. LTD. |
| 3. Effective Date of Insurance | : 29 Dec 2020 |
| 4. Expiry Date of Insurance | : 28 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	: 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 : HONG WEI VEHICLE PTE LTD (00000615398)
Date of Issue : 24 Nov 2020 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1119232

Policy No.	5114218624-01	Vehicle No.	GBD8195Z	GST Registration No.	
Certificate No.				Policyholder NRIC	201614949H
Policyholder Name	SCALE SPECIALIST PTE. LTD.	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	82888614	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	29/01/2021 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	29/01/2021	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE (WOODLANDS CHECKPOINT)B4 MANDAL EXIT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 Status Verified	Yes
GST Registration No.		Modification History 29/01/2021 15:14:56 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address					
Address 1	1 SCOTTS ROAD	Address 2	#24-10 SHAW CENTRE	Address 3	SINGAPORE 22821
Address 4		Address Type	Singapore address	Post Code	228208
Unit No.	24-10	Related Policy Number	5114218624-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/02/1978
Unnamed driver Name	MOHAMAD FAIZAL BIN MANSA	Driver NRIC	S7802780J	Driving Experience	22
Register Date of Driver License	29/12/1998	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	82888614	Contact No.(Office)	0	Address 3	SINGAPORE 22821
Address 1	1 SCOTTS ROAD	Address 2	SHAW CENTRE	Post Code	228208
Address 4		Address Type	Singapore address		
Unit No.	#21-10			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SCALE SPECIALIST PTE. LTD.	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	GBD8195Z	TP Vehicle Number	
Claim Description	GBD8195Z / GBF8395C ON 29 Jan 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	29/01/2021 15:20	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
Save Submit					

Attachment

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/01/2021 00:00

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Clear

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NO

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Clear

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NO

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NO

Normal

Clear

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	SAS	Normal	SAS 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:20	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:18	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:18	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:18	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:18	Photos	Normal	Photos 2021-1-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:18	Photos	Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 15:18	Photos	Normal	Photos 2021-1-29

Video List

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