

NATIONAL Assessment Centre Services. [url: Jan 2021] SA 0851210003

Date In: 02/02/2021 11:30	Job description	Date & Time Completed	Done by
Ref No: NIA 2100154574	SAS e-illing		
Veh No: SMC 1437A	E-mail (by date sheet, A/C sheet)		
D.O.A: 19/01/2021 01:15	I-Motor Claims Form	MT11118137-002	02/02/2021 11:36
OD: TP: Reporting Only	I-Motor W/O (with/without OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Kind/Category: () Vch No: SHC 3406 H. 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 reporter.

() 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:	Item	Amount	Liability
NIA 2100981	1) All Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$10)	
	3) TP: Towing Fee	\$40/\$45	
	4) PF: Follow-Through Survey	\$120	
	5) PF: Follow-Through Survey (Resurvey)	\$30	
	6) TP: Re-suspension	\$75	
	7) NI: Idea DA + SMRT Survey	\$160	
	8) NIUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$3	
	10) NI: Repair Coordination	\$10	
11) NI: Post Repair Inspection	\$25		
12) NI: DV / Collect Excess Coordination	\$3		
13) TP (NI) / TP (NI) INC at least 24H	\$20		
14) NI: Idea Mobile	\$0		

QC Checked by (Engr-In-Charge): _____

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 02/02/2021 11:30 (SGT)
Date of Accident 19/01/2021 01:15 (SGT)
Exact Location of Accident Corporation Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ1347A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GD CARZ
Company Reg No 5XXXX597J
Email Address wenghei@gmail.com
Mobile Phone No (Phone) +65-83318771
Alternative Phone No +65-83318771

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 5111925837-01
Cover Note Number -

DRIVER

Name of Driver CHAN WENG HEI (CHEN YONGXI)
NRIC No SXXXX180C

Date Of Driving Pass	24/11/2011
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83318771
Alt. Phone Number	-
Email Address	wenghei@gmail.com
Address	BLK 12A MARSILING LANE #02-57
Address complement	-
Postcode	731012
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210202/2031

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	SHC3406H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	

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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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

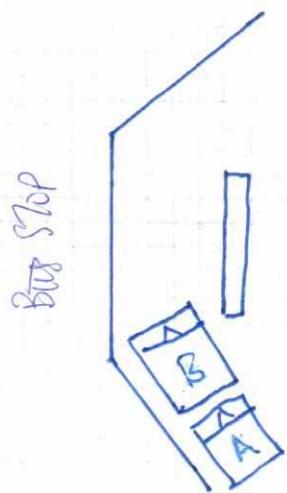
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature] 16:50 Hrs
29/01/21

[Signature] 02/02/2021

Sketch Plan



CORPORATION ROAD

A) SMR 1347A

B) SHC 3466H

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210202/2031

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

29/01/21 1650 Hrs

Witnessed by Reporting Centre Personnel

[Handwritten Signature] 02/02/2021



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20210202/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2021 10:55	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: CHAN WENG HEI		Address: APT BLK 12A MARSILING LANE #02-57 SINGAPORE 731012	
ID Type / ID No.: NRIC NO / S8613180C		Contact No.: Home/Office: Mobile: 83318771	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 06/05/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/01/2021 01:15	Type of Location: Straight Road
Location: CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3406H	Car				Slightly Damaged	0
SMQ1347A	Car				Slightly Damaged	0



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 19/01/2021 at about 0115hrs, I am driving my vehicle (SMQ1347A) along Corporation Road towards AYE. While driving along Corporation Road, I then stopped at the bus stop. While driving into the bus stop I had accidentally collided onto a taxi (SHC3406H) which was parking in front of me. I then alighted from my vehicle to make a check and noticed that my vehicle sustained 2 dent at the front.



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

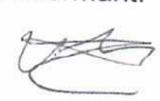
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 CHUA DE WEI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 02/02/2021 10:55
Classification Of Case:

Authentication Stamp NP168 SINGAPORE POLICE FORCE  SN 45 SIGNATURE

Pravin Prasen
Col's Group

Murugan

ACCIDENT STATEMENT

ACCIDENT DATE: (19/01/2021) (DD/MM/YYYY), TIME: (07:15) (HH:MM)

LOCATION: Corporation Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM2 1347A
- b) INSURANCE COMPANY: NTC
- c) POLICY NUMBER:
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA SHUTTLE
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
- 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: GD CARZ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT:
- c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

* No of passenger
(including driver)
(1)

- d) NAME: CHAN WENG HEI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 58613180C CONTACT: 83318771
- c) ADDRESS: 12A Marsiling Lane #02-57
S(731012)

*d) DATE OF BIRTH: (06/05/1986) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 24/01/2011

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

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SHC 3406H MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

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

Email = wenghei@gmail.com

VIDEO

Claim Handling

Accident MT/1118137

Policy No.	5111925837-01	Vehicle No.	SMQ1347A	GST Registration No.
Certificate No.	5111925837-01-000033			
Policyholder Name	GD CARZ			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ **Accident Details**

Report Date	21/01/2021 08:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/01/2021	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	210 TURF CLUB ROAD	Address 2	#B-16 THE GRANDSTAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111925604-01	

▼ **OI Driver Info**

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

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	GD CARZ
Contact No.(Mobile)	82331245	Contact No. (Home)	
Email Address		OI Vehicle Number	SMQ13
Claim Description	SMQ1347A / SHC3406H ON 19 Jan 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	01/02/2021 11:17	GIA report	Received
Report Taken By	ROSLI WAHAB	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1118137 Claim No. 002
 Last Doc. Received Yes No Upload Date 02/02/2021 11:36

- No file chosen

Path *

Category *

Confidential

<input type="button" value="Clear"/>	Please Select	NO
<input type="button" value="Clear"/>	Please Select	NO
<input type="button" value="Clear"/>	Please Select	NO
<input type="button" value="Clear"/>	Please Select	NO
<input type="button" value="Clear"/>	Please Select	NO
<input type="button" value="Clear"/>	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2021 11:36		NRIC/ Driving License	Y	Normal	NRIC/ Driving
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2021 11:36		SAS		Normal	SAS
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:15		Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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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: 5111925837-01-000033

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMQ1347A**
Chassis Number : GP72003055
2. Name of Policyholder : GD CARZ
3. Effective Date of Insurance : 19 Aug 2020
4. Expiry Date of Insurance : 18 Aug 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 14 Aug 2020 10:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive