

NATIONAL Assessment Centre Services. part 1 Jan 03

Date Inc: 11/02/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21002053/13	SAS e-filing		
Veh No: ABR6368G	E-mail (within 3hrs, AIC 2hrs)		
DDA: 27/01/21 1130	1-Motor Claim Form 11/02 MT/1119527-002		
OD: TP: <u>Reporting Only</u>	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLR6712C	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 ()		

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 Ref No: 670846616)	Date Claim 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

NA 2101636		Inv No: ()	Inv Date: ()	Inv Time: ()	Inv By: ()
Driver/Owner:		1) AR: Accident Reporting (\$30)			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:		3) TP: Towing Fee \$40/\$43			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
Auditors Comments:		5) PT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2003)			
		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		OD:			
		*NS: Courtesy Car / Tpt Allowance \$3			
		*NG: Repair Co-ordination \$10			
		*NT: Post Repair Inspection \$25			
		*NB: DV / Collect Excess Coordination \$3			
		TP (N11): TP (Non-INC) against INC \$20			
		9) N12: Idao Mobile \$0			
		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	11/02/2021 09:55 (SGT)
Date of Accident	27/01/2021 11:30 (SGT)
Exact Location of Accident	Cross St, Singapore
Additional Location Information	JUNC OF ROBINSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR6368G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD
Company Reg No	2XXXXX853H
Email Address	jxiik97@gmail.com
Mobile Phone No	(Phone) +65-87189998
Alternative Phone No	+65-87189998

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5118461416
Cover Note Number	-

DRIVER

Name of Driver	TONG KAH HOE
NRIC No	SXXXX461Z
Date Of Birth	15/02/1979
Occupation	Outdoor

Date Of Driving Pass	24/09/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92223772
Alt. Phone Number	-
Email Address	glenntong6@gmail.com
Address	BLK 538 JURONG WEST AVE 1
Address complement	#04-1128
Postcode	640538
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	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	SLR6712C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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

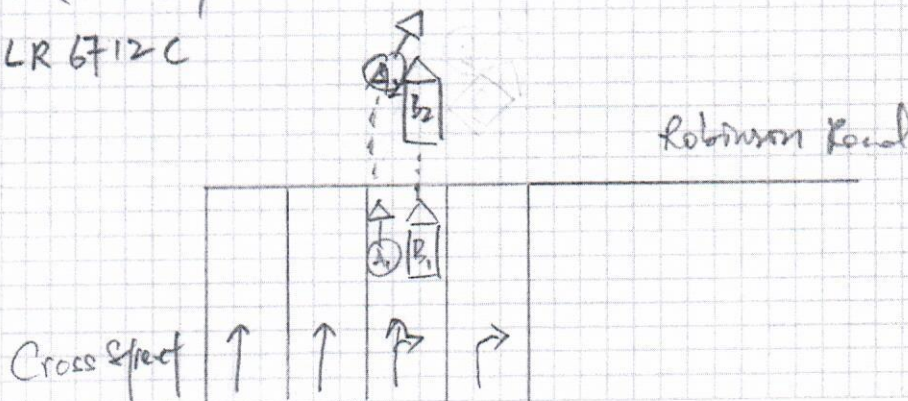
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

VEH (A) : FBR 6368G

VEH (B) : SLR 6712C



Describe Circumstances of the Accident

On the abovementioned date & time, I, Veh A, was on the second lane from the right of Cross Street. I proceeded to make a right turn onto Robinson Road. VEH B was also along the same lane and was going straight. VEH B collided into the side of my vehicle A.

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

Date of Accident : 27/01/2021 Accident Time: 1130 (24-HR-Format)
 Accident Place : Cross Street Jn at Robinson Road.
 Vehicle No. (Car Plate No.) : FBR 6368G Make/Model: Yamaha Aerox
 Insurance Company : NTUC Policy No: 5118461416-000010.
 Owner or Company Name (IC No.) : Commercial Vehicles Distributor Pte Ltd.
 Owner or Company Contact No. : 8718 9998 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Tong Kah Hoe S7904461Z
 DRIVER'S Date Of Birth : 15/02/1979 DRIVER'S License Pass Date 24/09/2014
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : 538 Jurong West Ave 1 #04-1128 S(640538)
 DRIVER'S Contact No./ Alt No. : 1) 9222 3772 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : jxika97@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO.

Other Party Driver's Particular (if any)

Vehicle No: <u>SLR 6712C</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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: 5118461416-000010

Cover: Third Party

1. Index mark and Registration Number of Vehicle : **FB86368G**
Chassis Number : **MLESG584111050374**
2. Name of Policyholder : **COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD**
3. Effective Date of Insurance : **02 Sep 2020**
4. Expiry Date of Insurance : **01 Sep 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
(b) Use for racing, pace making, reliability trial or speed testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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)	: N/A
EXCESS SECTION 2)	: S\$1,500
INSURE WITH CODE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

(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 : **ASSURE PTE. LTD. (00000572842)**
Date of Issue : **30 Jul 2020 14:44 hrs**

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD
(MOTORBIKE RENTAL DIVISION)
39 WOODLANDS CLOSE, MEGA@WOODLANDS, #0462, SINGAPORE 737856
GST REG. NUMBER: 201728853H

HIRER PARTICULARS

ID/NRIC/ROC

Name/Company

Address

Person-in-charge

Contact Number

S 790461Z
TONG KAH HOE.
B/K 588 JURONG
WEST AVE 1 #04-1128
S 640598

RENTAL AGREEMENT

CVDBR/2020/0010

Agreement Date

Rental Term

Rental Rate (inc. of GST)

Agreed End Date

Agreed Period

Contract Ref

Excess for vehicle damage

6/9/2020.
WEEKLY.
\$500/MONTH.
5/3/2021
6 MONTHS.
\$2000/.

RENTAL VEHICLE/ACCESSORIES

RENTAL ID

REG. NO.

MAKE

MODEL

CAPACITY

FBR 63684.

YAMAHA
AEROX 155.

DRIVER PARTICULARS (IF NOT STATED)

NAME

NRIC

DOB

LIC PASS

NATIONALITY

CONTACT

ADDRESS

AS ABOVE.

15/2/1979.

24/9/2014.

SINGAPORE.

DELIVERY OF VEHICLE

Check Out By:

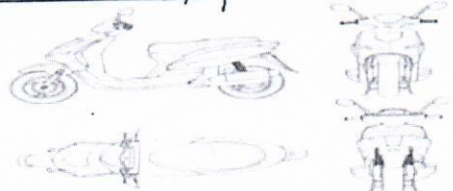
Date

Time

Mileage Out

Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full

Estimated date of return: 5/3/2021.



Check In By:

Date

Time

Mileage In

Petrol In: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full

Petrol used:

(Note: Petrol Level to be Return as it was Rented out)

Return Note:

MODE OF PAYMENT

RENTAL DUE

DELIVERY CHARGE

TOTAL DUE

TOTAL PAID

DAMAGE RECOVERY

OTHERS

DEPOSIT

AMOUNT REFUND

\$100/-

REMARKS

COMPANY AUTHORISED SIGNATURE

HIRER SIGNATURE

Claim Handling

Accident MT/1119527

Policy No.	5118461416	Vehicle No.	FBR6368G	GST Registration No.	201728853H
Certificate No.	5118461416-000010				
Policyholder Name	COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD			Policyholder NRIC	201728853H
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

Accident Details

Report Date	01/02/2021 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	27/01/2021	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CROSS JUNCTION OF ROBINSON ROAD & CROSS ST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	06/11/2017
GST Registration No.	201728853H	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	39 WOODLANDS CLOSE	Address 2	#04-62 MEGA@WOODLANDS	Address 3	SINGAPORE 7378
Address 4		Address Type	Singapore address	Post Code	737856
Unit No.		Related Policy Number	5118461416		

OI Driver Info

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

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	COMMERCIAL VEHICLES DISTR	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	FBR6368G	TP Vehicle Number	
Claim Description	FBR6368G / SLR6712C ON 27 Jan 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Repair Option	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	11/02/2021 10:07	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1119527	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2021 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

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 Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

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 11 Feb 2021 10:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	SAS		Normal	SAS 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 10:06	Photos		Normal	Photos 2021-2-11

Video List

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