

NATIONAL Assessment Centre Services. part 1 of 2 **SWC21280003**

Date In: 11/02/2021 11:41	Job description	Date & Time Completed	Done by
Ref No: NBA/MC210020657	SAS e-Milling		
Veh No: GRB 6763B	E-mail (by date time, A/C time)		
D.O.A: 09/02/2021 14:30	I-Motor Claim Form	11/02/2021 11:49	
OD: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by PAX/Hand to Owner/VKaz		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Principal/s:	Veh No: SWC 71014	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%; R: 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 > \$9000) ()

Injury: _____

1/A2101155	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$100
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	OR:	
	• NS: Courtesy Car / Tpt Allowance	\$3
	• NS: Repair Coordination	\$25
	• NS: Post Repair Inspection	\$3
	• NS: DV / Collect Excess Coordination	\$25
	TP (NI): TP (NI) INC & class INC	\$30
	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	11/02/2021 11:41 (SGT)
Date of Accident	09/02/2021 14:30 (SGT)
Exact Location of Accident	Zion Rd, Singapore
Additional Location Information	BEFORE KIM SENG WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6763B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TECK KEE FRUITS LLP
Company Reg No	TXXXXX068F
Email Address	johnxavier52@gmail.com
Mobile Phone No	(Phone) +65-87125477
Alternative Phone No	+65-87125477

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	5111260206-01
Cover Note Number	-

DRIVER

Name of Driver	XAVIER ALAXANDER JOHN
Passport No/FIN	GXXXXX510X

Date Of Driving Pass	18/12/2008
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87125477
Alt. Phone Number	-
Email Address	johnxavier52@gmail.com
Address	BLK 18 WHOLESALE CTR #01-124
Address complement	-
Postcode	110018
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?	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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW7101U
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93751491
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.

德記 TECK KEE FRUITS LLP
Blk 18, Pasir Panjang
Wholesale Centre #01-124
Singapore 110018 Tel: 6778 6913

[Signature] 10.50AM

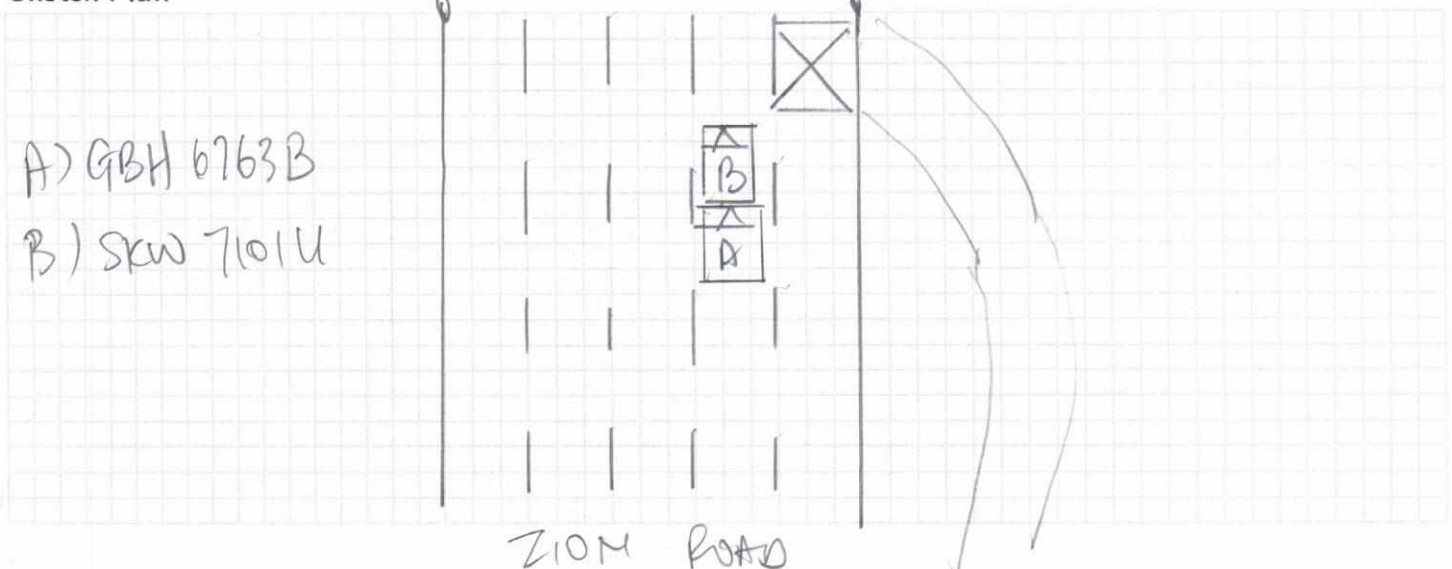
[Signature] 11/07/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 09/02/2021 AT ABOUT 14:30 HRS I WAS A ZION ROAD,
BEFORE KIM SHUT WALK STOP AT THE TRAFFIC JUNCTION. HEAVY
TRAFFIC. MY LUGGAGE ON THE GUTTER PHOENIX MY VAN JERK &
BUMP INTO THE CAR SKID 7/10 M. WE EXCHANGE CONTACT NUMBER
AND MOVE ON.

Declaration

We declare the foregoing particulars are true in every respect.

德記 TECK KEE FRUITS LLP
Blk 18, Pasir Panjang
Wholesale Centre #01-124
Singapore 110018 Tel: 6778 6913

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

11/02/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 02 / 21) (DD/MM/YYYY), TIME: (02:30pm) (HH:MM)

LOCATION: Kim Seng Promenade (Zion Road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH6TG3B
b) INSURANCE COMPANY: 511260206-01
c) POLICY NUMBER: NU TC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA / HIACE VAN
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working time
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: TECK KEE FRUITS LLP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: XAVIER ALEXANDER JOHN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G7781510x CONTACT: 87125477
c) ADDRESS: wholesale centre Bkt 18 #01-124
Sg 110018

* d) DATE OF BIRTH: (21 / 02 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS class 3

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: SKW 7101U MODEL: TOYOTA (ESTIMA)
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 937512491

9. THIRD PARTY VEHICLE

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

Email: Johnxavier52@gmail.com

VIDEO

Claim Handling

Accident MT/1120874

Policy No.	5111260206-01	Vehicle No.	GBH6763B	GST Registration No.
Certificate No.				
Policyholder Name	TECK KEE FRUITS LLP			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	87125477	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	11/02/2021 11:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/02/2021	Time of Accident hh:mm	14:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ZION ROAD BEFORE KIM SENG ROAD			

▼ 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	01/01/201
GST Registration No.	M90369860C	GST Status Verified	Yes
Modification History	11/02/2021 11:46:58 System changed GST Registration No. from NA to M90369860C 11/02/2021 11:46:58 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 18 #01-124	Address 2	WHOLESALE CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5087781721-04	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	XAVIER ALAXANDER JOHN	Driver NRIC	G7781510X	Driver DOB
Register Date of Driver License	18/12/2008	Driver Age	38	Driving Experience
Contact No.(Mobile)	87125477	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 18 #01-124	Address 2	WHOLESALE CENTRE	Address 3
Address 4	SINGAPORE 110018	Address Type	Foreign address	Post Code
Unit No.	01-124			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBH6763B	Driver Insurer Comp.

Declaration

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

Claim 001

New

Claim Type *

OD-MX

Insured Name

TECK KEI

Contact No.(Mobile)

Contact No.

(Home)

Email Address

OI

Vehicle Number

GBH6763

Claim Description

GBH6763B / SKW7101U ON 9 Feb 2021

Preferred Workshop

No.

Finalisation

Yes

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

11/02/2021 11:48

Claim Close Date

• Report Taken By

ROS LI WAHAB

 Print AK letter

Save Submit

Attachment

Accident No.	MT/1120874	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2021 11:49

Path *

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

Choose File No file chosen

Message Read

Clear

Category * Confidential

Please Select ▼ NO ▼

Clear

Please Select NO

Clear

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:49	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:49	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:49	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:49	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:49	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:49	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:48	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:48	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:48	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:48	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 11:48	SAS		Normal	SAS 20

▼ **Video List**

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

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 : 5111260206-01
The Policyholder : TECK KEE FRUITS LLP
BLK 18 #01-124
WHOLESALE CENTRE
SINGAPORE 110018

Period of Insurance : 17 Aug 2020 To 16 Aug 2021
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST) : S\$1,483.83

Interest Insured

Cover Type : Preferred Workshop Plan
Make/Model : TOYOTA/HIACE VAN
Capacity : 1.1 ton(s)
Registration Number : GBH6763B
Chassis Number : JTFHT02P000243125
Excess (Section 1) : S\$600
Excess (Section 2) : N/A
Windscreen Excess : S\$100
Hire Purchase Company : N/A

Number of Seater : 2
Registration Date : 17 Aug 2018
Insure with COE : Yes
NCD Entitlement : 15%
Loyalty Discount : 5%

Memo A : N/A

Endorsement Operative : M7

Agency : NEO SIN TEE GENERAL INSURANCE AGENCY (00000591593)
Date of Issue : 03 Aug 2020 21:39 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