

NATIONAL Assessment Centre Services

Date In: 09/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003094/12	SAS e-filing		
Veh No: GBE4996A	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 08/03/21 1330	i-Motor Claim Form	MT/1123733-002	
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: SMY1989E	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

NA2101324	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/A INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	09/03/2021 12:58 (SGT)
Date of Accident	08/03/2021 13:30 (SGT)
Exact Location of Accident	Orchard Rd & Handy Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4996A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FERRARI LOGISTICS SINGAPORE PTE LTD
Company Reg No	2XXXXX461H
Email Address	JESSLYN.YEO@FERRARIGROUP.NET
Mobile Phone No	(Phone) +65-97114218
Alternative Phone No	(Home) +65-97114218

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Starex
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	5106464845-02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ASRI BIN ROSLI
NRIC No	SXXXX277C
Date Of Birth	21/05/1988
Occupation	Outdoor

Date Of Driving Pass	05/11/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91544528
Alt. Phone Number	-
Email Address	ASRY21@HOTMAIL.COM
Address	BLK 264 TAMPINES ST 21
Address complement	#07-126
Postcode	520264
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHD ASRI BIN JUHARI
Gender	Male

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	SMY1989E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HOE KEEN WAI, GLENN
NRIC No	SXXXX506E

Contact Number	(Phone) +65-91879550
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

- may
tion

(s)

 $\Delta \quad \Delta$ [illegible]

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG ORCHARD ROAD ON THE THIRD LANE. IN FRONT OF ME WAS A BLACK CAR BRAND AVANTE 5. UPON REACHING THE JUNCTION OF HANDBY ROAD, THE CAR IN FRONT OF ME BRAKE HARD WHEN THE TRAFFIC LIGHT JUST TURN AMBER. HE ALREADY PASS THE STOP LINE WHEN THE LIGHT CHANGE. I COULD NOT BRAKE/STOP IN TIME AND I SWERVE TO THE RIGHT LANE AFTER I CHECKED THAT LANE WAS CLEAR. I DID THIS AS TO AVOID DIRECT COLLISION TO THE BACK OF HIS CAR. BUT IT WAS ALL TOO LATE AND MY VAN FRONT LEFT LIGHT HIT HIS CAR REAR RIGHT LIGHT AND BUMPER. AFTER THE ACCIDENT, I WAS SHAKEN AS IT WAS MY FIRST. THEN I ASKED BOTH OF THEM IF THERE WAS ANY INJURIES. NO INJURIES WERE REPORTED.

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

09/03/2021











ACCIDENT STATEMENT

ACCIDENT DATE: 08/03/21 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: ORCHARD RD TWD HANDY RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CBE4996A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5106464545-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI STARK (A)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT 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: FERRARI LOGISTICS SINGAPORE PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97114218
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMAD ASRI BIN ROSLI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58816277C CONTACT: 91544528
 c) ADDRESS: BLK 364 TAMPINES ST 21
#07-126 (500264)

- *d) DATE OF BIRTH: 31/05/1988 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 23/10/2019 03/11/2007

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: SMY1989E MODEL: _____
 b) DRIVER'S NAME: HOE KEEN WAI, GLENN
 c) NRIC/FIN/PASSPORT: 58934506E CONTACT: 91879550

9. THIRD PARTY VEHICLE

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

*No of passengers
 (Including driver)
(2)

MOHD ASRI
 BIN ROSLI
 (M)

*No of passengers
 (Including driver)
()

*No of passengers
 (Including driver)
()

Email = asr21@hotmail.com

Fax = Jesslyn.yeo@ferrari-group.net
fleet controller SS @

VIDEO = NO yes, not recorded

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 : 5106464845-02

Cover : Comprehensive

- | | |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE4996A |
| Chassis Number | : KMFWBX7KMGU787415 |
| 2. Name of Policyholder | : FERRARI LOGISTICS SINGAPORE 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	: N/A
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 : TAN YI'MING (00000537343)
Date of Issue : 17 Dec 2020 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1123733

Policy No.	5106464845-02	Vehicle No.	GBE4996A	GST Registration No.	200412461H
Certificate No.				Policyholder NRIC	200412461H
Policyholder Name	FERRARI LOGISTICS SINGAPORE PTE LTD	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFX	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	09/03/2021 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/03/2021	Time of Accident hh:mm	13:28	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Orchard Road towards Bras Basah Road				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2009
GST Registration No.	200412461H	GST Status Verified	Yes
Modification History	09/03/2021 17:01:46 System changed GST Registration No. from NA to 200412461H 09/03/2021 17:01:46 System changed GST Registration Date from 01/01/2015 to 01/02/2009 09/03/2021 17:01:46 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	7 KAKI BUKIT ROAD 1	Address 2	#02-05/06	Address 3	SINGAPORE 415937
Address 4		Address Type	Singapore address	Post Code	415937
Unit No.		Related Policy Number	5106464845-02		

OI Driver Info

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

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	FERRARI LOGISTICS SINGAPORE	Insured NRIC	200412461H
Contact No.(Mobile)	82983498	Contact No.(Home)		Contact No.(Office)	67735360
Email Address		OI Vehicle Number	GBE4996A	TP Vehicle Number	SMY1989E
Claim Description	GBE4996A / SMY1989E ON 8 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/03/2021 00:00
Date Registered	09/03/2021 18:34	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1123733	Claim No.	002			
Last Doc. Received	Yes No	Upload Date	09/03/2021 00:00			
Path *		Category *	Confidential Urgency *			
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
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Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Board						

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERV	CES) on 09 Mar 2021 18:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 09 Mar 2021 18:34

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2021-3-9

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CES) on 09 Mar 2021 18:33

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Photos 2021-3-9

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading