

# NATIONAL Assessment Centre Services

Date In: 10/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21002153/1.3	SAS e-filing		
Veh No: 4P20654	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 09/03/21 1450	i-Motor Claim Form "03: MT/1134028-001		
OD / TR: 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: SM81547T	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

1192102042	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	10/03/2021 17:49 (SGT)
Date of Accident	09/03/2021 14:30 (SGT)
Exact Location of Accident	N Woodlands Dr, Singapore
Additional Location Information	JUNC OF WOODLANDS SQUARE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2065U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	QUAN JI CONSTRUCTION PTE LTD
Company Reg No	1XXXXX458C
Email Address	ANGWILLIAM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-62910032
Alternative Phone No	(Office) +65-62910032

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FK62FMZ1RDEB
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	5089803800-03
Cover Note Number	-

#### DRIVER

Name of Driver	ANG WILLIAM
NRIC No	SXXXX483A
Date Of Birth	16/06/1979
Occupation	Outdoor

Date Of Driving Pass .....	19/10/2001
Driving experience .....	19 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94888856
Alt. Phone Number .....	-
Email Address .....	ANGWILLIAM@HOTMAIL.COM
Address .....	60 PUNGGOL WALK
Address complement .....	#11-23
Postcode .....	828780
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	SMB1547T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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

### 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. 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.

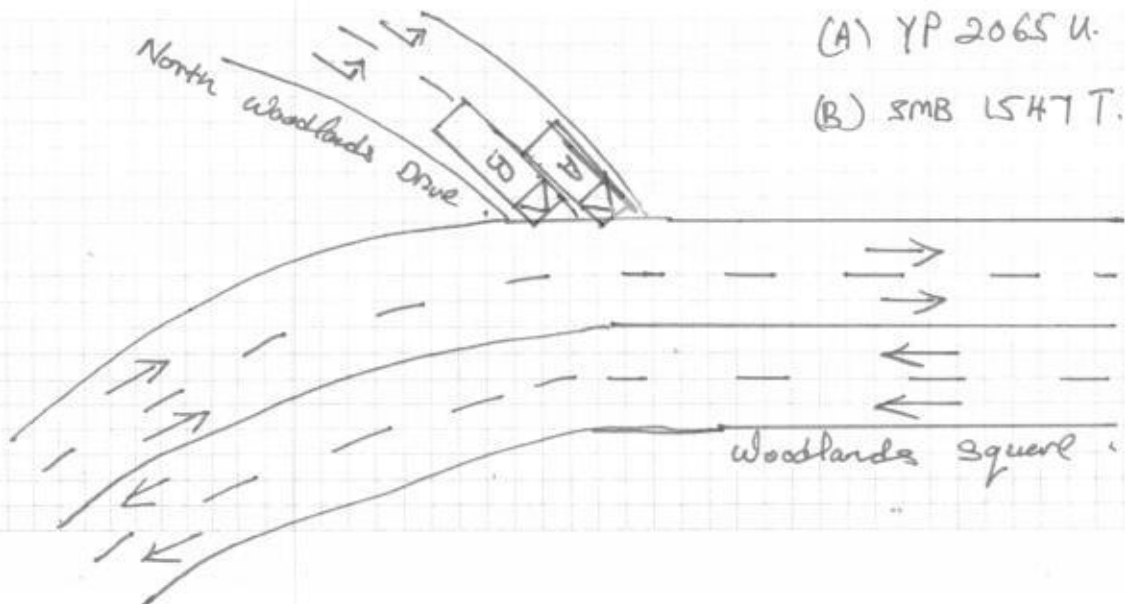


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



(A) YP 2065 U.

(B) SMB 1547 T.

**Describe Circumstances of the Accident**

On 09/03/21 at @ 1430hrs, I stopped my lorry (YP 2065U) along North Woodlands Drive before the stop line, to give way to the traffic along Woodlands Square. My lorry was stationary. Suddenly, a bus (SMB 1547T) coming from my right, travelling too close to my vehicle. As a result, the said bus left side collided onto the right rear edge of my lorry.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 10/03/21

Witnessed by Reporting Centre Personnel



VEHICLE NO:	YP 20654	MAKE & MODEL:	Mzt . Fighter .	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT:	09/ 03/ 2021 .	CC:		
TIME OF ACCIDENT:	1430 HRS			
LOCATION OF ACCIDENT:	North Woodlands Dr junction Woodlands Square .			
EXACT PURPOSE USE DURING ACCIDENT:	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Quan Ji Construction Pte Ltd .			
TEL NO:	H/P:	OFFICE: 62910032 HOME:		
NRIC:	199901458C			
ADDRESS:	200 Jin Sultan #12-01 Textile Centre (S) 199018.			
EMAIL:				
CLAIM TYPE:	<u>OD</u> / THIRD PARTY / <u>REPORTING ONLY</u>			
FLEET POLICY:	YES / <u>NO</u> ?			
INSURANCE COMPANY:	NTUC .			
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO:	5089803800-03.			
NAME OF DRIVER:	AS ABOVE / IF NO: Ang William			
NRIC:	57917483A	ANY PASSENGER: N.A.		
DATE OF BIRTH:	16 / 06 / 1979	LICENCE PASSED DATE: 19 / 10 / 2001		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR			
GENDER:	<u>MALE</u> / FEMALE			
CONTACT NO:	H/P: 9488 8856	OFFICE:	HOME:	
ADDRESS:	60 Angkor Walk #11-23 (S) 828780.			
EMAIL:	angwilliam@hotmail.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: SKJ 3400B . INSURER:			
RELATIONSHIP:	Contractor .			
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:			
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:			
ANY INJURIES:	<u>NO</u> / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?			
VEHICLE B REG NO:	5MB 1547T .		ANY PASSENGERS: 01 (M)	
NAME OF DRIVER:	CONTACT NO:			
VEHICLE C REG NO:	ANY PASSENGERS:			
VEHICLE D REG NO:	ANY PASSENGERS:			
VEHICLE E REG NO:	ANY PASSENGERS:			
VEHICLE F REG NO:	ANY PASSENGERS:			
VEHICLE G REG NO:	ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>			
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO			
ACCIDENT PORTION:	Right rear edge .			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / <u>NO</u>
WORKSHOP PARTICULAR:	N-51			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Joseph Tan			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

## 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** : 5089803800-03

**Cover** : Comprehensive

- |                                                                                                                                                                                                                                                                                                               |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : <b>YP2065U</b>               |
| Chassis Number                                                                                                                                                                                                                                                                                                | : FK62FMA30097                 |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : QUAN JI CONSTRUCTION PTE LTD |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 14 Apr 2020                  |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 13 Apr 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 : ACER INSURANCE AGENCY (00000573834)

Date of Issue : 14 Apr 2020 10:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive







Accident MT/1124028

### Modification History

Claim 001 OD-MX New

Save Submit

**Attachment**

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	SAS		Normal	SAS 2021-3-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 11 Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						