

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

SA/09213D0000A

Date In: 13/03/2021 17:54	Job description	Date & Time Completed	Done by
Ref No: NA/Inc 21003313/4	SAS e-filing		
Veh No: GRK 4486 G	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 12/03/2021 16:21	i-Motor Claim Form	MT/112470-001	13/03/2021
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:58
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCV 86287	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 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

NA2101924	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	13/03/2021 17:54 (SGT)
Date of Accident	12/03/2021 16:21 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY AFTER JURONG TOWN HALL HALL ENTANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4446G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEI HSING FOOD (S) PTE LTD
Company Reg No	1XXXXX797Z
Email Address	anggordon.x@gmail.com
Mobile Phone No	(Phone) +65-84284013
Alternative Phone No	+65-98505524

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	5065794822-06
Cover Note Number	-

#### DRIVER

Name of Driver	CHAN BOON SAN, KENNEDY
NRIC No	SXXXX563E
Date Of Birth	25/06/1988
Occupation	Outdoor

Date Of Driving Pass .....	12/04/2007
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98505524
Alt. Phone Number .....	-
Email Address .....	anggordon.x@gmail.com
Address .....	BLK 303B ANCHORVALE LINK #04-104
Address complement .....	-
Postcode .....	542303
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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 .....	SCV8625T
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... XD3478E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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

B-XD3478E  
C-SCV8625T

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.



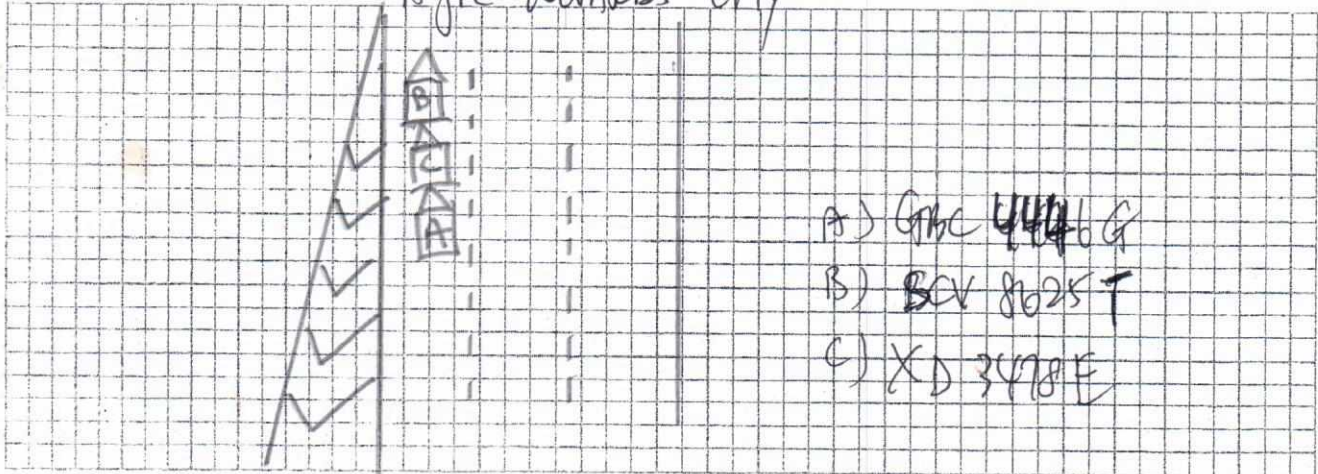
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

SKETCH PLAN  
BYK TOWARDS CITY



**Describe Circumstances of the Accident**

On the stated date and time, I was travelling along A4E towards city. Suddenly veh <sup>C</sup> Jam brake and I could not stop in time and ~~car~~ collided on to veh C. I then realise realise veh C collided on to veh B.

**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

13/03/2021



## ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 03 / 2021) (DD/MM/YYYY), TIME: (16 : 21) (HH:MM)

LOCATION: AYE Toward city after Jurong Town Hall Entrance

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 4446 G  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5065 794822  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota dyna  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: Wei Hsing Food(s) Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 1991007972 CONTACT: 84284013  
c) ADDRESS: 34 Jalan Kilang Barat Kewai ram House 159365

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Chan Boon San, Kennedy (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 58822563E CONTACT: 9850 5524  
c) ADDRESS: 303B Anchorvale Link # 04-104 542303

\*d) DATE OF BIRTH: (25 / 06 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14 year

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: worker

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: SCV86257 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: XD3478E MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(Including driver)  
(01)

\* No of passenger  
(Including driver)  
(01)

\* No of passenger  
(Including driver)  
(01)

anggordonxx@gmail.com

Email = anggordonxx@gmail.com

fax =

video =

## Claim Handling

## Accident MT/1124270

Policy No.	5065794822-06	Vehicle No.	GBC4446G	GST Registration No.	
Certificate No.					
Policyholder Name	WEI HSING FOOD (S) PTE LTD			Policyholder NRIC	199100797Z
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	84284013	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(%)	10	Private Hire	No

## Accident Details

Report Date	13/03/2021 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/03/2021	Time of Accident hh:mm	16:21	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS CITY AFTER JURONG TOWN HALL ENTRANCE				

## 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?	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	01/04/1994
GST Registration No.	M200988698	GST Status Verified	Yes
Modification History	13/03/2021 17:53:51 System changed GST Registered from No to Yes 13/03/2021 17:53:51 System changed GST Registration No. from null to M200988698 13/03/2021 17:53:51 System changed GST Registration Date from null to 01/04/1994		

## Policyholder Mailing Address

Address 1	34 JALAN KILANG BARAT	Address 2	KEWALRAM HOUSE	Address 3	SINGAPORE 159365
Address 4		Address Type	Singapore address	Post Code	159365
Unit No.		Related Policy Number	5041129145-11		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/06/1988
Unnamed driver Name	CHAN BOON SAN, KENNEDY	Driver NRIC	S8822563E	Driving Experience	13
Register Date of Driver License	12/04/2007	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	98505524	Contact No.(Office)		Address 3	ANCHORVALE COURT
Address 1	BLK 303B #04-104	Address 2	ANCHORVALE LINK	Post Code	542303
Address 4	SINGAPORE 542303	Address Type	Foreign address		
Unit No.	04-104				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBC4446G	Driver Insurer Company	NTUC

## Declaration

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

## Claim 001

New

Claim Type *	OD-MX	Insured Name	WEI HSING FOOD (S) PTE LTD	Insured NRIC	199100797Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62705818
Email Address		OI Vehicle Number	GBC4446G	TP Vehicle Number	SCV8625T
Claim Description	GBC4446G / SCV8625T ON 12 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	13/03/2021 00:00
Date Registered	13/03/2021 17:57	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1124270	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/03/2021 17:58

Path \*

Category \*

Confidential

Urgency \*

Description

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

## Attachment List

Clear	Please Select	NO	Normal	
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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	Photos	Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	Photos	Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	Photos	Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	Photos	Normal	Photos 2021-3-13	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	Photos	Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	SAS	Normal	SAS 2021-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 17:58	NRIC/ Driving License	Y	NRIC/ Driving License 2021-3-13	

Video List

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

## 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 :** 5065794822-06

**Cover :** Comprehensive

- |  |                              |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBC4446G                   |
| Chassis Number   | : JTFAT35Y90K201936          |
| 2. Name of Policyholder  | : WEI HSING FOOD (S) PTE LTD |
| 3. Effective Date of Insurance   | : 08 Jun 2020                |
| 4. Expiry Date of Insurance  | : 07 Jun 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.<br>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	: HONG LEONG FINANCE 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 : NEW TIMES MOTOR& INS AGY PL (00000571791)  
Date of Issue : 13 May 2020 21:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive