

# NATIONAL Assessment Centre Services. (Part 1 Jan 2021)

Date Inc: 21/03/2021 14:49	Job description	Date & Time Completed	Done by
Ref No: N/A/ACC200374/7	SAS e-illing		
Veh No: GKE 9864H	E-mail (within 3hrs, A/C 2hrs)		
IP: 26/03/2021 19:00	I-Motor Claim Form	21/03/2021 15:03	
IP: (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-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: EX 168H	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%; I: 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 repairer.		
( ) 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 > \$3000) ( )		
Injury: ( )		

Date/Time/Location		

N/A2102284		Invoice/Statement Checklist	
Driver/Owner:		1) AR: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engn-In-Charge):		4) PT: Follow-Through Survey \$120	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (wef 10 Jan 2021)	
		6) TR: Re-inspection \$75	
		7) NI: Idas DA + SMRT Survey \$160	
		8) NTUC Additional Services:-	
		ON:	
		*N5: Courtesy Car / Tpt Allowance \$3	
		*N6: Repair Co-ordination \$10	
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collect Excess Coordination \$3	
		TP (NI): TP (Non INC) against INC \$10	
		9) NI2: Idas 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	27/03/2021 14:49 (SGT)
Date of Accident	26/03/2021 19:00 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	TOWARDS NEWTON FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9864H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M & J CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No	2XXXXX700Z
Email Address	hockmotors@hotmail.com
Mobile Phone No	(Phone) +65-90174387
Alternative Phone No	+65-90174387

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Combo
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1499

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120986571
Cover Note Number	-

#### DRIVER

Name of Driver	ZHOU YINGJIAN, MOSES
NRIC No	SXXXX086E

Date Of Birth	23/02/1981
Occupation	Outdoor
Date Of Driving Pass	17/07/2003
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90174387
Alt. Phone Number	-
Email Address	hockmotors@hotmail.com
Address	BLK 608 ELIAS ROAD #06-182
Address complement	-
Postcode	107086
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	FAIZ
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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EV168A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	NG MINRONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	ZHOU YINGJIAN, MOSES
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK9864H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	FAIZ
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK9864H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



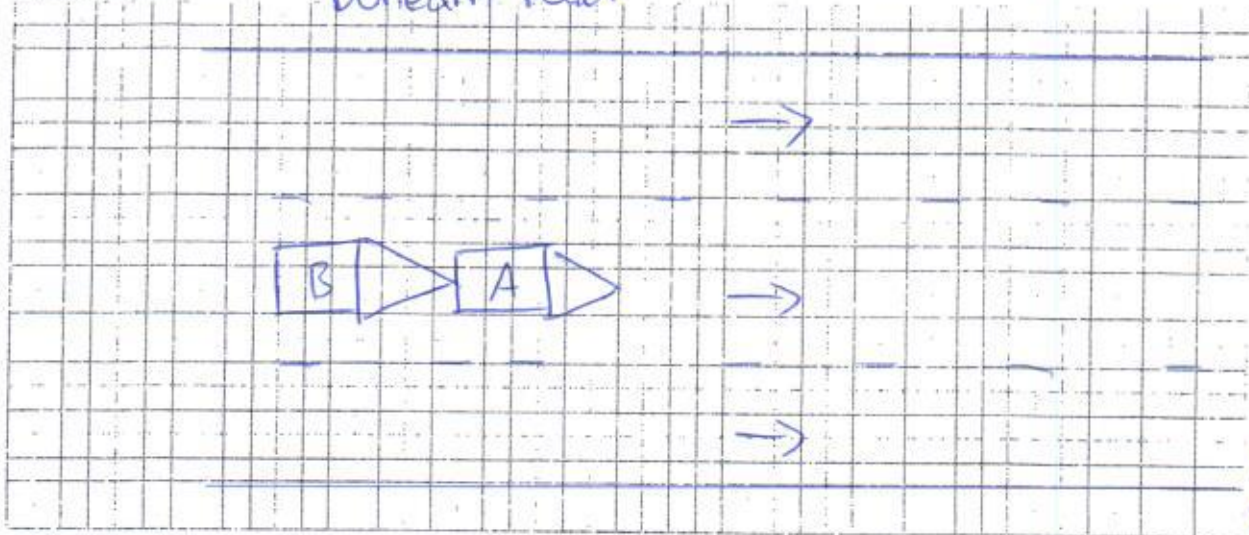
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Dunearn Road



Newton Flyover

A: GBX986AH

B: EV168A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Dunearn Road Towards Newton Flyover.

The front vehicle slowed down & stop his vehicle, I followed & and slow my vehicle down. Suddenly, vehicle EV168A bang into my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



*[Signature]*

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

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* 21/03/2021  
*[Signature]*



VEHICLE NO: GBK9864H

MAKE &amp; MODEL : Opel Combo

DATE OF ACCIDENT	26 / 03 / 2021	
TIME OF ACCIDENT	7.00 AM / <u>PM</u>	
LOCATION OF ACCIDENT	Dunearn Rd Towards Newton Flyover	
Exact Purpose use during accident	Driving Home	
NAME OF OWNER	M & S Construction & Engineering Pte Ltd	
TELP NO	9017 4387	
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	NTUC Income	
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5120986571	
EMAIL		
NAME OF DRIVER	As above / If No: Zhou YingJian, Moses	
NRIC	S8107086E Any passengers: 1 (Faiz)	
DATE OF BIRTH	23 / 02 / 1981	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	17 / 07 / 2003	
GENDER	<u>Male</u> / Female	
CONTAC NO.	Office: Home:	
EMAIL	benkhuo93@hotmail.com	
ADDRESS	Blk 608 Elias Road #06-182 S(510608)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No.	
RELATIONSHIP	Employee / If No: Boss	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who? Zhou YingJian, Moses, Faiz	
CONTAC NO.		
POLICE REPORT	No / If <u>yes</u> , Where?	
VEHICLE B NO.	EV168A	Any Passenger: 0
NAME	Ng Minkang	
CONTAC NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY PHOTO CAPTURE?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
	Hack Motors Workshop hockmotors@hotmail.com	
	Fax: 6753 5346	

## Claim Handling

Accident MT/1125929

Policy No.	5120986571	Vehicle No.	GBK9864H	GST Registration No.	
Certificate No.					
Policyholder Name	M & J CONSTRUCTION & ENGINEERING PTE LTD			Policyholder NRIC	201804700Z
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	90174387	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
<b>▼ Accident Details</b>					
Report Date	27/03/2021 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/03/2021	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNEARN ROAD TOWARDS NEWTON FLYOVER				
<b>▼ Total Excess Applicable</b>					
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		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	27/03/2021 15:20:28 System changed GST Status Verified from No to Yes				

## ▼ Policyholder Mailing Address

Address 1	BLK 608 #06-182	Address 2	ELIAS ROAD	Address 3	ELIAS VIEW
Address 4	SINGAPORE S10608	Address Type	Singapore address	Post Code	S10608
Unit No.	06-182	Related Policy Number	5120986571		
<b>▼ O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/02/1981
Unnamed driver Name	ZHOU YINGJIAN, HOSES	Driver NRIC	58107086E	Driving Experience	17
Register Date of Driver License	17/07/2003	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	90174387	Contact No.(Office)		Address 3	ELIAS VIEW
Address 1	BLK 608 #06-182	Address 2	ELIAS ROAD	Post Code	S10608
Address 4	SINGAPORE S10608	Address Type	Foreign address		
Unit No.	06-182				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBK9864H	Driver Insurer Company	NTUC

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	M & J CONSTRUCTION & ENGIN	Insured NRIC	201804700Z
Contact No.(Mobile)	96374387	Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	GBK9864H	TP Vehicle Number	EV168A
Claim Description	GBK9864H / EV168A ON 26 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/03/2021 00:00
Date Registered	27/03/2021 15:21	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSU WAHAB	Workshop Repairer			

☐ Print AK letter











Save Submit

## Attachment

Accident No.	MT/1125929	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2021 15:23
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Board		Clear	Please Select
<input type="checkbox"/> Send Mes			

Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	Photos		Normal	Photos 2021-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	Photos		Normal	Photos 2021-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	Photos		Normal	Photos 2021-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	Photos		Normal	Photos 2021-3-27	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	Photos		Normal	Photos 2021-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	Photos		Normal	Photos 2021-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2021-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2021 15:23	SAS		Normal	SAS 2021-3-27	
Video List						
Uploaded By/Date	Folder Date	File Name			Source	
<div>Display in New Window</div> <div>Scan and uploading</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	: 5120986571		
The Policyholder	: M & J CONSTRUCTION & ENGINEERING PTE LTD		
	: BLK 608 #06-182		
	: ELIAS ROAD		
	: ELIAS VIEW		
	: SINGAPORE 510608		
Period of Insurance	: 09 Feb 2021 To 08 Feb 2022		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,427.68		
Interest Insured			
Cover Type	: Preferred Workshop Plan		
Make/Model	: OPEL/COMBO		
Capacity	: 0.94 ton(s)	Number of Seater	: 2
Registration Number	: GBK9864H	Registration Date	: 09 Feb 2021
Chassis Number	: WOVEFYHZRLJ922710	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Hire Purchase Company	: CARZY FINANCIAL PTE LTD		

Memo A : N/A

Endorsement Operative : M7

Agency : ALPINE FINANCIAL PTE. LTD. (00000615217)  
Date of Issue : 15 Feb 2021 01:55 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