

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN082130005

Date In: 30/03/2021 16:32	Job description	Date & Time Completed	Done by
Ref No: N180121004122/4	SAS e-filing		
Veh No: YP 5159M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/03/2021 13:50	I-Motor Claim Form	mtl1126229-002	30/03/2021
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:31
	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: SHC 7383M

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

X18012102434

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

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:-

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 (Non INC) against INC \$20

9) N12: Idao 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	30/03/2021 16:22 (SGT)
Date of Accident	29/03/2021 13:50 (SGT)
Exact Location of Accident	Joo Koon Cir, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5159M
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEOW SAN PTE LTD
Company Reg No	1XXXXX707Z
Email Address	ahsin608@gmail.com
Mobile Phone No	(Phone) +65-96164892
Alternative Phone No	(Office) +65-68616321

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fd7jpma-has
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
Transmission	Manual
CC	6403

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114274855-01
Cover Note Number	-

### DRIVER

Name of Driver	CHUA AH SIN
NRIC No	SXXXX938B

Date Of Birth .....	22/09/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	06/06/1986
Driving experience .....	34 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96164892
Alt. Phone Number .....	-
Email Address .....	ahsin608@gmail.com
Address .....	BLK 516 CHOA CHU KANG STREET 51 #11-64
Address complement .....	-
Postcode .....	680516
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 .....	Raining
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 .....	SHC7383M
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	I40
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAN CHOON HUAT
NRIC No .....	SXXXX509G
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.



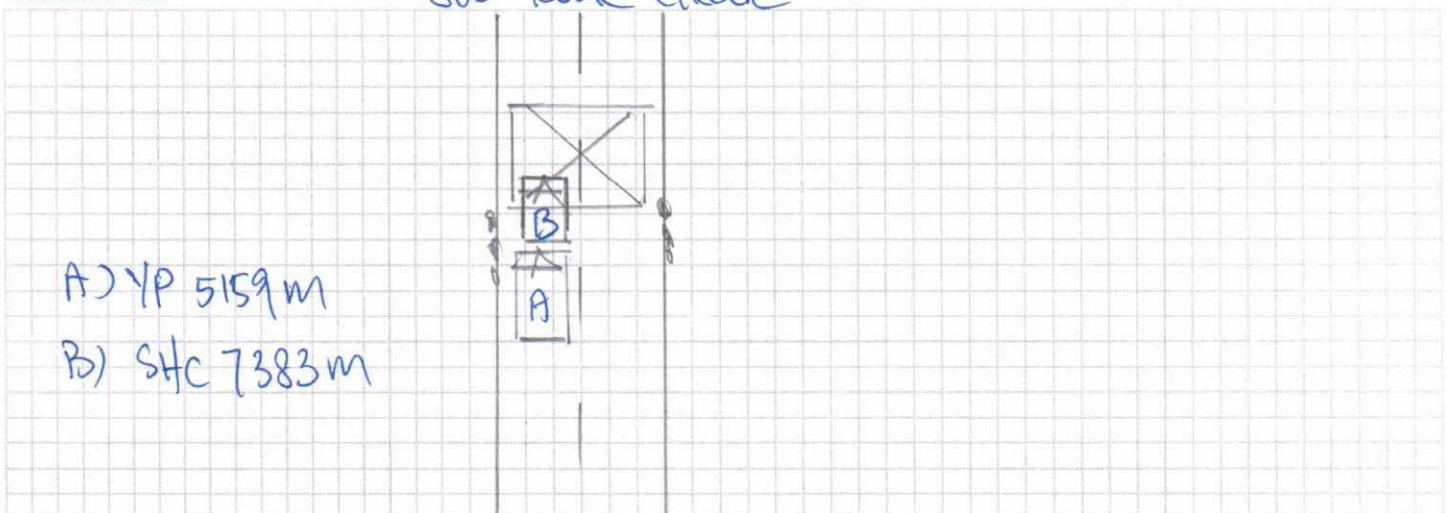
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

500 Kook Circle



Describe Circumstances of the Accident

on 29/03/2021 AT ABOUT 13:50HRS I WAS AT JOO KOON CIRCLE  
GOING TOWARDS INTERNATIONAL ROAD IT WAS HEAVY RAIN, IT  
WAS RED LIGHT, WITHIN THE LIGHT CHANGE TO GREEN THE TAXI MOVED  
I FOLLOW BUT THE LIGHT CHANGE TO RED THE TAXI BROKE  
I DID NOT BRAKE ON TIME & BUMP THE TAXI.

Declaration


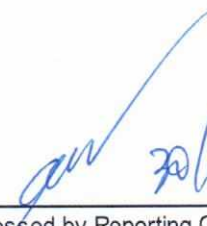
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

 30/03/2021 1250Hrs  
 30/03/2021



# ACCIDENT STATEMENT

ACCIDENT DATE: 29/03/2021 (DD/MM/YYYY), TIME: 13:50 (HH:MM)

LOCATION: Joo Koon Circle

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 5159 M  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5114274855-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Hino  
 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: Yeow Sapi Ate Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 197901707 Z CONTACT: 68616321  
 c) ADDRESS: 15

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

### DRIVER

- a) NAME: Chua Ah Sin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1627938B CONTACT: 516 # 11-64 Chua Chu Kang ST-51  
 c) ADDRESS: 500 680516

\* d) DATE OF BIRTH: 22/09/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6/6/1986

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: SHC 7383 M MODEL: Hyundai I40  
 b) DRIVER'S NAME: Tan Choon Heng  
 c) NRIC/FIN/PASSPORT: 502305099 CONTACT: -

## 9. THIRD PARTY VEHICLE

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

Email: ahsin608@gmail.com

VIDEO

## Claim Handling

Accident MT/1126229

Policy No.	5114274855-01	Vehicle No.	YP5159M	GST Registration No.
Certificate No.				
Policyholder Name	YEOW SAN PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

## ▼ Accident Details

Report Date	30/03/2021 12:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/03/2021	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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	01/04/1994
GST Registration No.	M20034885X	GST Status Verified	Yes
Modification History	30/03/2021 12:01:14 System changed GST Registration Date from 01/01/2015 to 01/04/1994 30/03/2021 12:01:14 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	15 JOO KOON WAY	Address 2	SINGAPORE 628947	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5121088403	

## ▼ OI Driver Info

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

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	YEOW SAN PTE LTD	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YP5159M	TP Vehicle Number
Claim Description	YP5159M / SHC7383M ON 29 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	30/03/2021 16:23	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1126229	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2021 16:31
Path *		Category *	Confidential Urgen



Choose File No file chosen

Choose File No file chosen

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Message Read

Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 30 Mar 2021 16:31	Photos	Normal	Photos 2021-3-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 30 Mar 2021 16:31	Photos	Normal	Photos 2021-3-30
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Photos

Normal

Photos 2021-3-30

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Photos 2021-3-30

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ERVICES (BUKIT MERAH)) on 30 Mar 2021 16:27

NRIC/ Driving License

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Normal

NRIC/ Driving License 2021-

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ERVICES (BUKIT MERAH)) on 30 Mar 2021 16:27

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SAS 2021-3-30

Video List

Uploaded By/Date

Folder Date

File Name



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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 :** 5114274855-01

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle : **YP5159M**  
Chassis Number : FD7JPM10754
2. Name of Policyholder : YEOW SAN PTE LTD
3. Effective Date of Insurance : 28 Dec 2020
4. Expiry Date of Insurance : 27 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
HIRED 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 25 Nov 2020 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Vehicle Registration Details

Vehicle No. <b>YP5159M</b>	Make/ Model <b>HINO/HINO FD7JPM-AHAS</b>	Vehicle Scheme <b>-</b>
Current Propellant <b>Diesel</b>	Chassis No. <b>FD7JPM10754</b>	Vehicle Type <b>Goods (Open) Lorry (Wooden Body)</b>

### Owner's Details

Owner Name:

**YEOW SAN PRIVATE LIMITED**

Owner ID Type:

**Company**

NRIC/Passport/Company Cert No.:

**197901707Z**

Registered Address:

**15 JOO KOON WAY SINGAPORE 628947**

Mailing Address:

**-**

Birth Date:

**-**

### Registration Details

Previous Vehicle No.:

**-**

Effective Date of Ownership:

**02 Dec 2019**

Original Registration Date:

**28 Dec 2016**

Registration Date:

**28 Dec 2016**

No. of Transfers:

**1**

IU Label No.:

**1510941346**

### Vehicle Specifications

Engine No.:

**J07ETP13834**

Chassis No.:

**FD7JPM10754**

Year of Manufacture:

**2016**

Primary Colour:

**Silver**

Secondary Colour:

Passenger Capacity:



Engine Capacity (Displacement)

6403 cc / -

Maximum Power Output

-

Maximum Gross Weight

5340 kg

Maximum Load Weight

10400 kg

Vehicle Attachment 1

With Hood

Vehicle Attachment(2)

-

Vehicle Attachment 3

-

## Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$51,678.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$2,584.00

Vehicle Lifespan Expiry Date:

27 Dec 2036

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2016122805001023D

COE Expiry Date:

27 Dec 2026

COE Category:

C - Goods Vehicle &amp; Bus

COE Registration Category:

C - Goods Vehicle &amp; Bus

Quota Premium (QP) / Prevailing Quota Premium:

- / \$48,498.00

PQP Paid

\$44,464.00

QP (Regn Cat):

--

## PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

## Vehicle Emissions Details

CO2 Emission: