

Date In: 9/12/17 10:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023398/14	SAS e-filing		
Veh No: YP 4928 S	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 8/12/17 12:30	i-Motor Claim Form	MT/0972988	9/12/17 13:30
OD TP / <u>Resurvey</u> Only	i-Motor W/O (Within 10D 1hrs, 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: SFC 800 X	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

NA1707617	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Act Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40.545		
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) NI: Ideal DA - SMRI Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QIP:		
	*N5: Courtesy Car, Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
Auditors' Comments:-	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (N11) INC against INC	\$10	
	9) N12: Ideal Mottle	\$5	
	Invoice done	Fee Charged	
	Invoice done	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 ability.
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 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 Report	09/12/2017 10:10
Date Of Accident	08/12/2017 12:30
Exact Location Of Accident	TAMPINES AVE 1 TERMASEK POLYTECHNIC EAST GATE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4928S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HS INTERNATIONAL PTE. LTD.
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63166314

### Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34SUQDC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092384789
Cover Note Number	-

### Driver

Name of Driver	WU CHUANGUO
Passport No/FIN	G8200036X
Date Of Birth	01/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83460345
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	48 TOH GUAN RD E
Postcode	608586
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

MY LORRY AND VEH B (BEARING NO SFC800X), BOTH OF US WAS EXITING FROM THE EAST GATE OF TERMASEK POLYTECHNIC TO THE TAMPINES AVE 1, WHEN WE EXITING, MY LORRY MISJUDGED WENT INTO VEH B LANE AND HIT ONTO VEH B RIGHT HAND SIDE.

#### 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	SFC800X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NG ZU YONG
NRIC/Passport Number	S9805267D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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:

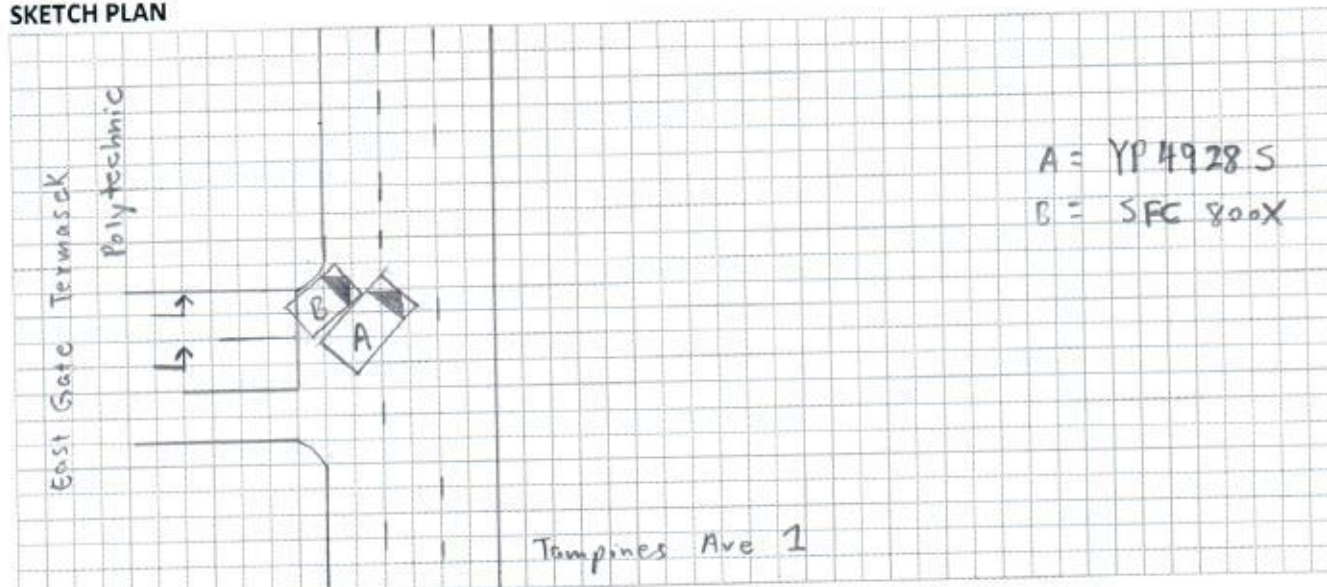


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

I/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:

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

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**HS INTERNATIONAL PTE. LTD.**

Sector: **SERVICE**

Name:  
**WU CHUANGUO**

Occupation:  
**LORRY DRIVER**

S Pass No.  
**0 72137183**

Date of Application  
**19-10-2017**

Date of Issue  
**14-11-2017**

Date of Expiry  
**14-11-2019**

 **L8451858**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8200036X**

Name:  
**WU CHUANGUO**

Birth Date: **01 Oct 1979**

Issue Date: **20 Mar 2013**

Valid Till **25 Mar 2018**

 **002162504K**

**VISIT PASS**  
Immigration Regulations

Name:  
**WU CHUANGUO**



Date of Birth: **01-10-1979** Sex: **M** Nationality: **CHINESE**

Pin: **G8200036X** Date of Issue: **14-11-2017** Date of Expiry: **14-11-2019**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**


EFFECTIVE DATE

**Class 3** Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **26 Mar 2008**

**Class 4** \*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg **29 May 2008**

\*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

**Licence No: G8200036X**



NP 428A



## 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)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5092384789

Cover : Comprehensive

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YP49285                    |
| Chassis Number  | : JALFVR347G7001144          |
| 2. Name of Policyholder   | : HS INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 10 Nov 2017                |
| 4. Expiry Date of Insurance   | : 09 Nov 2018                |
| 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 : PRO-LINK INSURANCE AGENCY (00000571869)  
Date of Issue : 03 Jul 2017 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

### Claim Handling

Accident MT/0972988

Policy No.	5092384789	Vehicle No.	YP49285	GST Registration No.	
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	63166314	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(%)	0		
<b>▼ Accident Details</b>					
Report Date	09/12/2017 13:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Sai
Date of Accident	08/12/2017	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 1 TERMASEK POLYTECHNIC EAST GATE				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>▼ GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	15/06/2009		
GST Registration No.	200909445C	GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-13B ENTERPRISE HUB	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-13B	Related Policy Number	5092384789		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WU CHUANGUO	Driver NRIC	G8200036X	Driver DOB	
Register Date of Driver License	29/05/2008	Driver Age	38	Driving Experience	
Contact No.(Mobile)	83460345	Contact No.(Office)		Contact No.(Home)	
Address 1	48 TOH GUAN ROAD EAST	Address 2	# ENTERPRISE HUB	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

#### Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HS INTERNATIONAL PTE. LTD.	Insured NRIC	
Contact No.(Mobile)	98731300	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YP4928S	TP Vehicle Number	
Claim Description	YP4928S / SFC800X ON 8 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	09/12/2017 13:29	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
			Save	Submit	

**Attachment**

Accident No.	MT/0972988	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/12/2017 13:30
Path *		Category *	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Message Board

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:30	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:30	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:30	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:29	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:29	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:29	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:29	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:29	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 13:29	Photos	Normal	Photo:

## Video List

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

Scan and uploading