

Date In: 21/1/17 16:30	Job description	Date & Time Completed	Done by:
Ref No: NA/INC18000043/h4	SAS e-filing		
Veh No: YL 1382 G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 1/1/17 21:10	i-Motor Claim Form	MT10975976	21/1/18 19:28
OD / TP / 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: FBL 6882 U	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

MA1800035	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
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/\$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: 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			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non-INC) against INC \$20			
Car 1:	9) N12: Idac Mobile \$0			
Car 2 / 3:	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 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	02/01/2018 16:30
Date Of Accident	01/01/2018 21:10
Exact Location Of Accident	GEYLANG RD TWDS KALLANG BEFORE LOR 27
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL1382G
Insured/Policyholder	
Name Of Registered Owner	KINGTRA ENTERPRISES PTE LTD
Co Reg No	197801109K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68410990

Vehicle Particulars

Manufacturer	NISSAN
Model	PU41T4
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5048487177-06
Cover Note Number	-

Driver

Name of Driver	YANG WENHUA
Passport No/FIN	G7898984Q
Date Of Birth	05/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98891382
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	53 UBI INDUSTRIAL PARK UBI AVE 1 #03-24
Postcode	408934
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FBL6882U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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: 2024.04.10 14:00



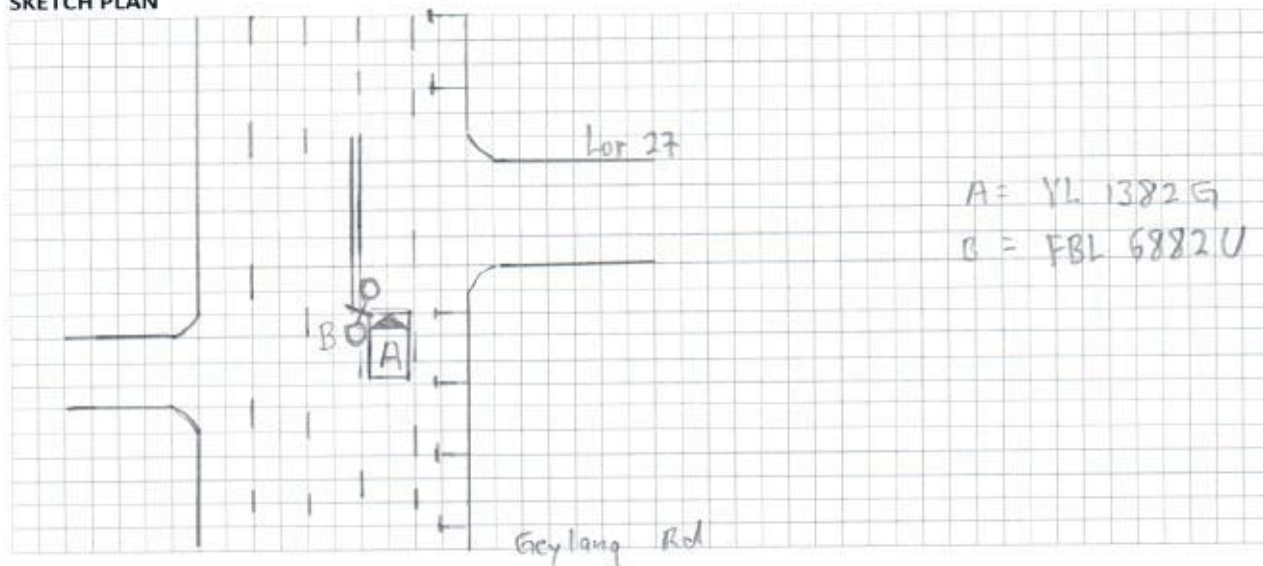
Driver's Signature
(If driver is not the policyholder)
Date & Time:

YAN 9

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

Handwritten signature of Reporting Centre Personnel.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20180101/2112

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180101/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2018 23:01	Vide Report No.: G/20180101/0284	Station Diary No.: 63
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Informant's Particulars				
Name of Informant: YANG WENHUA		Address:		
ID Type / ID No.: FIN NO / G7898984Q		Contact No.: Home/Office: Mobile: 98891382		
Nationality: CHINESE		Email:		
Sex: Male	Age: 34	Date of Birth: 05/08/1983	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry: 26/08/2022		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2018 09:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GEYLANG ROAD KALLANG ROAD Before lorong 27				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6882U	Motorcycle					0
YL1382G	Lorry					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180101/2112

2 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180101/2112

CONTINUATION OF REPORT

Driver			
Name	YANG WENHUA	ID No.	G7898984Q
Related Vehicle	YL1382G (Lorry)	Contact No.	98891382
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 26/08/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 1/1/18 at around 2105hrs, I was travelling from Geylang road towards Kallang road at the 2nd lane. I signaled my intention to turn in lorong 27. As I was approaching lorong 27, I slowed down my vehicle as I saw one vehicle after lorong 27 reversing slowly. Out of a sudden, I heard a impact on my left side mirror, at such I did a emergency brake and there was a further louder impact of the collision. I then alighted my vehicle I discovered that the rider had actually collided with my left mirror first and due to the reaction of my emergency brake, the rider's bike was further damaged. I then assisted him to the side of the road as he had difficulties standing up. As I saw there are injuries on his hands and he claims that his leg felt weak, I called for police assistance. I wish to state that I do not have a in car camera on my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180101/2112

3 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180101/2112

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:


G /

Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

TP / GIT /  SINGAPORE
Staff Sgt MA JUNXIANG^E

Contact No.: 65476251

Signature Of Informant:

YANG

Date/Time:

01/01/2018 23:01

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G7898984Q**

Name: **YANG WENHUA**

Birth Date: **05 Aug 1983**

Issue Date: **21 Aug 2017**

Valid Till: **26/08/2022**

002715785A



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **KINGTRA ENTERPRISES PTE LTD**

Sector: **MANUFACTURING**

Name: **YANG WENHUA**

Occupation: **HAND PACKER**

Work Permit No: **0 57323671**

Date of Application: **31-08-2000**

Date of Issue: **29-05-2017**

Date of Expiry: **19-06-2019**



L7992244

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

EFFECTIVE DATE

Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg **06 Oct 2017**

98891382
KINGTRA
YB1382J

S / No. 8000302976

G7898984Q

Licence No: G7898984Q



NP 428A

VISIT PASS
Immigration Regulations

Name: **YANG WENHUA**

Date of Birth: **05-08-1983** Sex: **M** Nationality: **CHINESE**

FIN: **G7898984Q** Date of Issue: **29-05-2017** Date of Expiry: **19-06-2019**

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.



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5048487177-06	KINGTRA ENTERPRISES PTE LTD	197801109K	GCV	Third Party, Fire & Theft	YL1382G	YL1382G	06/02/2017	31/03/2018

Claim Handling

Accident MT/0975976

Policy No.	5048487177-06	Vehicle No.	YL1382G	GST Registration No.	1977
Policyholder Name	KINGTRA ENTERPRISES PTE LTD			Policyholder NRIC	1977
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	68410990	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

▼ Accident Details

Report Date	02/01/2018 19:23	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	01/01/2018	Time of Accident hh:mm	21:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD TWDS KALLANG BEFORE LOR 27				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/1998
GST Registration No.	197801109K	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-24 PAYA UBI INDUSTRIAL F	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4087
Unit No.		Related Policy Number	5071069081-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/0
Unnamed driver Name	YANG WENHUA	Driver NRIC	G7898984Q	Driving Experience	0
Register Date of Driver License	06/10/2017	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	98891382	Contact No.(Office)		Address 3	SIN
Address 1	53 UBI AVENUE 1	Address 2	#03-24 PAYA UBI INDUSTRIAL F	Post Code	4087
Address 4		Address Type	Singapore address		
Unit No.	03-24				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KINGTRA ENTERPRISES PTE LTD	Insured NRIC	1977	
Contact No.(Mobile)	97392153	Contact No.(Home)		Contact No.(Office)	6387	
Email Address		OI Vehicle Number	YL1382G	TP Vehicle Number	FBL	
Claim Description	YL1382G / FBL6882U ON 1 Jan 2018				Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	02/01/2018 19:27	Claim Close Date		Date Received	02/0	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

1/2/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0975976

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2018 19:28

Path *

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

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:28	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:28	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:27	Photos	Normal	Photos 20

Video List

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