

NATIONAL Assessment Centre Services

(wef 1 Jan 09)

MNA 118015130

Date In: 3/1/18 11:09	Job description	Date & Time Completed	Done by
Ref No: MA/ GA2 18001832164	SAS e-filing		
Veh No: G8D 1805T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/1/18 12:10	i-Motor Claim Form		
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: SHB 543 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

MA1800655		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				Est Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30)		30	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)		20.00	
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2009)			
Est 1:		6) TR: Re-inspection \$75			
Est 2 / 3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		9) N12: Idac Mobile			
		10) N1: DV / Collect Excess Coordination \$5			
		11) N6: Repair Co-ordination \$10			
		12) N7: Post Repair Inspection \$25			
		13) N8: DV / Collect Excess Coordination \$5			
		14) TP (N11) - TP (N-a INC) against INC \$20			
		15) N12: Idac 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 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 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	31/01/2018 11:09
Date Of Accident	30/01/2018 12:10
Exact Location Of Accident	KAMPUNG ARANG BLK 8 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1805T
Insured/Policyholder	
Name Of Registered Owner	HSS ENVIRO PTE LTD
Co Reg No	201001582R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68978787

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000004962-00-000
Cover Note Number	-

Driver

Name of Driver	NG TEW KANG
NRIC No	S0116057E
Date Of Birth	12/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1974
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-68978787
Email Address	NOEMAIL

Address	BLK 306 HOUGANG AVE 5 #08-353
Postcode	530306
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	COLLIDED INTO PARKED VEHICLE
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)	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

PLEASE REFER TO ATTACHED STATEMENT.

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	SHB543U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE CHYE FAH
NRIC/Passport Number	S1178499B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

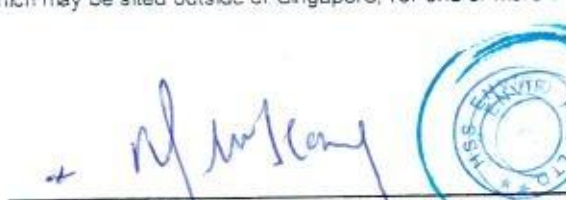
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.


30-1-18
Policyholder's Signature / Date & Time

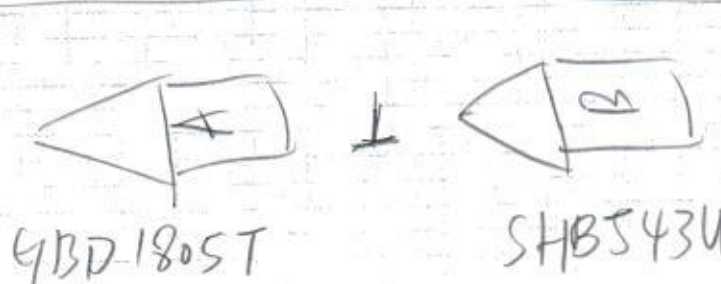

Driver's Signature (If driver is not the policyholder) / Date & Time




Witnessed by Reporting Centre Personnel

Sketch Plan

Kampung Arang Blk 8
Carpark



Describe Circumstances of the Accident

On ³⁰~~29~~-1-2018 at about afternoon 12-10 pm
as I reversing, my vehicle was gently
touching a little bit the front left side
bumper of the third party vehicle SHBS43U
I have photos and video of the damage
parts of the third party vehicle for your reference.
No injuries.

Declaration

We declare the foregoing particulars are true in every respect.



☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose only
Policy No _____
Insurer _____ Veh No. _____

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT FOR INPUT

DATE OF ACCIDENT	30.1.2018	TIME OF ACCIDENT	12.10pm (Noon)
COUNTRY/STATE	SINGAPORE / MALAYSIA ()		
PLACE OF ACCIDENT	Kampung Arang BIK 8 carpark		
VEHICLE NUMBER	GBD1805T		
INFORMATION OF INSURED			
NAME OF REGISTERED OWNER	HSS Enviro Pte Ltd		
COMPANY ROC /NRIC OF OWNER	201001592R		
EMAIL		TELEPHONE / FAX	18978787
VEHICLE MODEL /MAKE	Toyota		
ARE YOU CLAIMING?	OWN POLICY / THIRD PARTY/RECORD (Report Only)		
INSURANCE COMPANY	Great American		
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY FIRE & THEFT / THIRD PARTY		
POLICY NUMBER	MOMVC00004962-00-000		
INFORMATION OF DRIVER			
NAME OF DRIVER	Ng Tew Kang		
NRIC OF DRIVER	S0116057E		
DATE OF BIRTH	12.6.1954		
OCCUPATION	INDOOR / OUTDOOR ()		
DATE OF DRIVING PASS	2.10.1974	GENDER	MALE / FEMALE
MOBILE NUMBER		OFFICE NUMBER	68978787
ADDRESS	Blk 13 Old Airport Rd #01-57 Sg 390013		
EMAIL ADDRESS	accounts@hssenviro.com.sg		
RELATIONSHIP OF DRIVER WITH INSURED	Employee.		
DO YOU OWN OTHER VEHICLE?	YES / NO	VEH NO.?	INSU. CO?
INFORMATION OF ACCIDENT			
WEATHER CONDITIONS	CLEAR / RAINING / OTHERS:		
ROAD SURFACE	WET / DRY / OTHERS:		
OTHER INFORMATION			
ANY INJURY	YES / NO		
ANY FOREIGN VEHICLE INVOLVED?	YES / NO (FOREIGN VEHICLE NUMBER:)		
IS ACCIDENT CAPTURED BY VIDEO	YES / NO		
ACCIDENT REPORT AT WHICH POLICE STATION?			
WAS NOTICE OF INTENDED PROSECUTION GIVEN?			
WAS I APPROACHED BY THIRD PARTY?	YES / NO	NO. OF PASSENGERS IN CAR (INCLUDE DRIVER)	
DETAILS OF THIRD PARTY (1)			
VEHICLE NUMBER	SHB543U		
NAME OF DRIVER	Lee Chye Fah		
NRIC OF DRIVER	S1178499B		
ADDRESS OF DRIVER			
CONTACT NUMBER			
OTHER INFO			
DETAILS OF THIRD PARTY (2)			
VEHICLE NUMBER			
NAME OF DRIVER			
NRIC OF DRIVER			
ADDRESS OF DRIVER			
CONTACT NUMBER			

1 person

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0116057E



NAME
NG TEW KANG

Race
CHINESE
Date of Birth
12-06-1954
Country of Birth
SINGAPORE

Sex
M



2447332
NRC No. S0116057E



Blood Group
O+

Date of Issue
04-10-1994

Address
APT BLK 306 HOUGANG AVENUE 5
#08-353
SINGAPORE 1953

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0116057E

Name

NG TEW KANG

Birth Date: 12 Jun 1954

Issue Date: 17 Sep 2003



000638307H

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

02 Oct 1974

NP 426A



Licence No: S0116057E

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, 1969 (Malaysia)

Policy Details

Certificate Number	: MOMVC000004962-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: HSS Enviro Pte Ltd	Chassis Number	: JTFAT35Y40K203268
NCD Entitlement	: 20% Fleet Discount	Engine Number	: 1KD2420071
Hire Purchase	: N/A	Registration Number	: GBD1805T
Period of Insurance	: From 21/07/2017 (00:00) To 20/07/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- a) Use in connection with Policyholder's business
- b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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)	: SGD 600.00
Excess (Section 2)	: N/A
Windscreen Excess	: SGD 100.00
ADDITIONAL EXCESS	: Please refer overleaf

Driver Details

Named Driver 01 : Any driver driving on the policyholder's order or permission

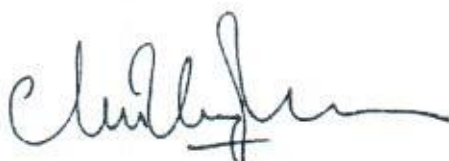
Name of Intermediary : Tan Insurance Brokers Pte Ltd

Date of Issue : 29/06/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

m1ow

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alwal Street, Chan Leon Building
Singapore 190006
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6668

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2107140101N020065981

21 Jul 2014

HSS ENVIRO PTE. LTD.
63 HILLVIEW AVENUE
#09-23
LAM SOON INDUSTRIAL BUILDING
SINGAPORE 669569

005711/1

→ B1K 13 Old Airport Road
61 - 57 Singapore 390013



Dear Sir/Madam

**NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX
(PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE
WINDSCREEN)**

We wish to inform you that you have successfully registered vehicle GBD1805T on 21 Jul 2014. The Business Transaction Reference No. is 20140721150008937426. **Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.**

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | | |
|-----|-------------------------|---|
| 1. | Name | : HSS ENVIRO PTE. LTD. |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 201001582R |
| 4. | Place Of Passport Issue | : - |
| 5. | Registered Address | : 63 HILLVIEW AVENUE
#09-23
LAM SOON INDUSTRIAL BUILDING
SINGAPORE 669569 |
| 6. | Mailing Address | : - |
| 7. | Vehicle No. | : GBD1805T |
| 8. | Vehicle Type | : B31 - Goods (Open) Lorry (Metal Body)/Pickup |
| 9. | Vehicle Scheme | : Normal |
| 10. | Vehicle Make | : TOYOTA |
| 11. | Vehicle Model | : TOYOTA DYNA 150 MANUAL |
| 12. | Remarks | : This vehicle requires side marking.
To renew the COE, the Prevailing Quota Premium payable
is that of Category C. |