

Date In:	11/3/18 17:38	Job description	Date & Time Completed	Done by
Ref No	MA/INC180040231h4	SAS e-filing		
Veh No	YN 6783P	E-mail (where this A/C sent)		
D.O.B	28/12/18 19:30	1-Motor Claim Form	MT/0984283	11/3/18 17:54
OD - TP	Reporting Only	1-Motor W/O (where OD/TP 4-yr)		
		1-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
		Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / Q/W: (

Tel:

Fax:

TP Particulars:

Veh No:

SJG 1291T

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:

MA1801160		Invoice Preparation Checklist		Am: (S)	Am: (S)
				Am: (S)	Am: (S)
Claimant's Particulars:-		1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100): INC (\$30)			
Contact No:		3) TP: Towing Fee		\$40.00	
Damaged Portion:		4) FT: Follow-Through Survey		\$100	
		5) FT: Follow-Through Survey (Resurvey)		\$30	
		6) TR: Re-inspection		\$75	
		7) N1: 1-day DA - SMRT Survey		\$140	
		8) NTUC Additional Services:			
QC Checked by (Engr-In-Charge):		OD:			
		*N1: Courtesy Car / Tpl Allowance		\$5	
		*N1: Repair Coordination		\$10	
		*N1: Post Repair Inspection		\$25	
Auditors Comments:-		*N1: TP / Claim Excess Coordination		\$5	
		TP (N1): TP N1 to INC against INC		\$20	
		9) N1: 1-day DA		\$5	
Tel: 1		Invoice total		Fee charged	
Tel: 2 / 3		Invoice total		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	01/03/2018 17:38
Date Of Accident	28/02/2018 19:30
Exact Location Of Accident	CTE TWDS WOODLANDS AFTER PIE TUAS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6783P
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Insured/Policyholder

Name Of Registered Owner	WEN WEI ZHEN METAL WORKS PTE LTD
Co Reg No	201214333H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64592314

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095497685
Cover Note Number	-

Driver

Name of Driver	CAI ZENGJUN
Passport No/FIN	G6422542T
Date Of Birth	15/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92395206
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 61 WOODLANDS INDUSTRIAL PARK E9 #05-21
 Postcode 757047
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

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 SJG1281T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver 97815644
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 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 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.

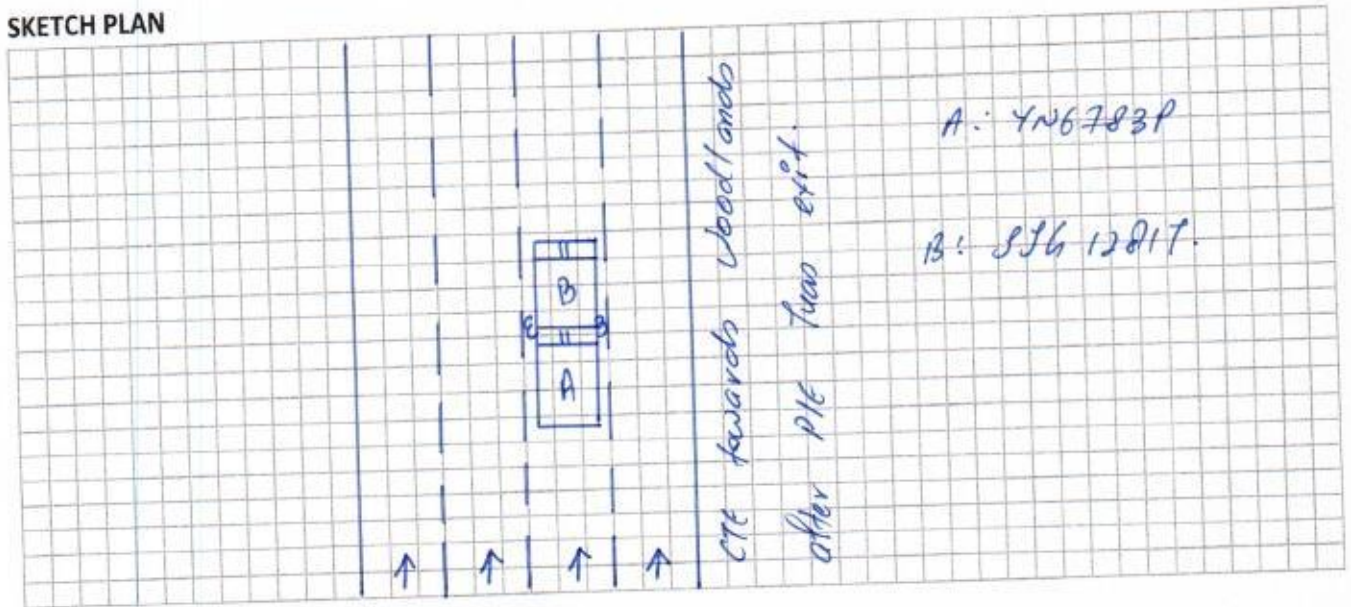


Policyholder's Signature
Date & Time:

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

I was travelling straight along CTE towards Woodlands after PIE Tuas exit. The traffic was heavy. The vehicle in front of me stop. Hence I follow suit to stop. However due to the wet road surface, I didn't managed to stop in time and collided onto vehicle (B).

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	28 Feb 2018	(DD/MM/YY)
Time of accident	19 30	(HH:MM)
Exact location of accident	Cte towards Woodlands after PIE Tanis exit.	

DETAILS OF VEHICLE

Vehicle registration number	YN 6783 P		
Vehicle make and model	Mitsubishi Canter		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Working		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION

Insurance company	MTUC.		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Wen Wei Zhen + Works Pte Ltd.	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	Metal 2012 14333H.		
Contact	6458 2314.		
Address	61 Woodlands Industrial Park E9 #05-21 Singapore 757047.		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Loi Zeng Jun	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	G6422542T		
Contact	9238 5206.		
Address			
Email address	linli.teh@wwz.com.sg.		
Date of birth	15 Dec 1977		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	27 June 2017.		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	5 (Inclusive of driver)

PASSENGER 1

Name	Kong Xiang Lu.
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	Anowarul
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	Zhao Jie
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	Yang Quan Xin
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

Employer

WEN WEI ZHEN METAL WORKS PTE. LTD.

Sector: CONSTRUCTION



Name
CAI ZENGJUN
Occupation
FACTORY MANAGER

SPAC No.
0 73870879

Date of Application
04-07-2016
Date of Issue
13-07-2016
Date of Expiry
13-07-2018



L7003613

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G6422542T
Name

CAI ZENGJUN



Birth Date: 15 Dec 1977
Issue Date: 27 Jun 2017
Valid Till: 26/06/2022



002697764K

Immigration Regulations

Name
CAI ZENGJUN



Date of Birth	Sex	Nationality
15-12-1977	M	CHINESE

File	Date of Issue	Date of Expiry
G6422542T	13-07-2016	13-07-2018

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	Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	27 Jun 2017

NP 428A



Licence No: G6422542T

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

28/02/2018 17:37

Vehicle No. (For Motor)

YN6783P

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095497685	WEN WEI ZHEN METAL WORKS PTE LTD	201214333H	GCV	Comprehensive	YN6783P	YN6783P	06/11/2017	05/11/2018

Claim Handling

Accident MT/0984283

Policy No.	S095497685	Vehicle No.	YN6783P	GST Registration No.	
Policyholder Name	WEN WEI ZHEN METAL WORKS PTE LTD			Policyholder NRIC	201214333H
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	64592314	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	01/03/2018 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/02/2018	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS WOODLANDS AFTER PIE TUAS EXIT				

Benefits					
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 4002 #01-30	Address 2	ANG MO KIO INDUSTRIAL PARK	Address 3	SINGAPORE 569623
Address 4		Address Type	Singapore address	Post Code	569623
Unit No.	01-30	Related Policy Number	S095497685		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/12/1977
Unnamed driver Name	CAI ZENGJUN	Driver NRIC	G6422542T	Driving Experience	0
Register Date of Driver License	27/06/2017	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	92395206	Contact No.(Office)		Address 3	SINGAPORE 757047
Address 1	61 WOODLANDS INDUSTRIAL P.	Address 2	#05-21 E9 PREMIUM	Post Code	757047
Address 4		Address Type	Singapore address		
Unit No.	05-21				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	WEN WEI ZHEN METAL WORKS	Insured NRIC	201214333H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YN6783P	TP Vehicle Number	SJG1281T
Claim Description	YN6783P / SJG1281T ON 28 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	01/03/2018 00:00
Date Registered	01/03/2018 17:53	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984283	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/03/2018 17:54		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:54	SAS	Normal	SAS 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:54	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:54	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:54	Photos	Normal	Photos 2018-3-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:53	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 17:53	Photos	Normal	Photos 2018-3-1

Video List

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