

Date In: <b>5/3/18 15:47</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NA/INC18004198/14</b>	E-mail (within 3hrs, A/C 2hrs):		
Veh No: <b>YP 601K</b>	i-Motor Claim Form: <b>MT1098<sup>84</sup> 754</b>	<b>5/3/18 17:15</b>	
D.O.A: <b>5/3/18 12:45</b>	i-Motor W/O (within OD Int, TP 4hrs)		
OD / TP: <b>Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Whsp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SFX 973U** 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 repair.

( ) 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

	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Net Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100) INC (\$80)		<b>20.00</b>
Driver/Owner:	3) TP: Towing Fee \$40, \$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming assist: INC Only (wef 10 Jan 2018)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
Auditors' Comments :-	8) NTUC Additional Services:		
	QI:		
Pat 1:	*N3: Courtesy Car/ Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Pat 2 / 3:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI) - TP (N) - INC against INC \$20		
	9) N13: Idac Mobile \$5		
	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 willful 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	05/03/2018 15:47
Date Of Accident	05/03/2018 12:45
Exact Location Of Accident	TRAFFIC JUNC OF AMK AVE 5 & AMK AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP601K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	07959000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	5094109319
Cover Note Number	-

### Driver

Name of Driver	ZHAO QIANG
Passport No/FIN	G6962048K
Date Of Birth	22/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94995876
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 96-J JALAN SENANG  
 Postcode 418489  
 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 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**

I WAS TRAVELLING ALONG AMK AVE 5 WHILE APPROACHING THE TRAFFIC JUNCTION OF AMK AVE 6, I CANNOT STOP IN TIME, AS THE RESULT, I HIT ONTO A STATIONARY VEH WHICH WAS INFRONT OF ME.

**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 SFX973U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 2

## 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.

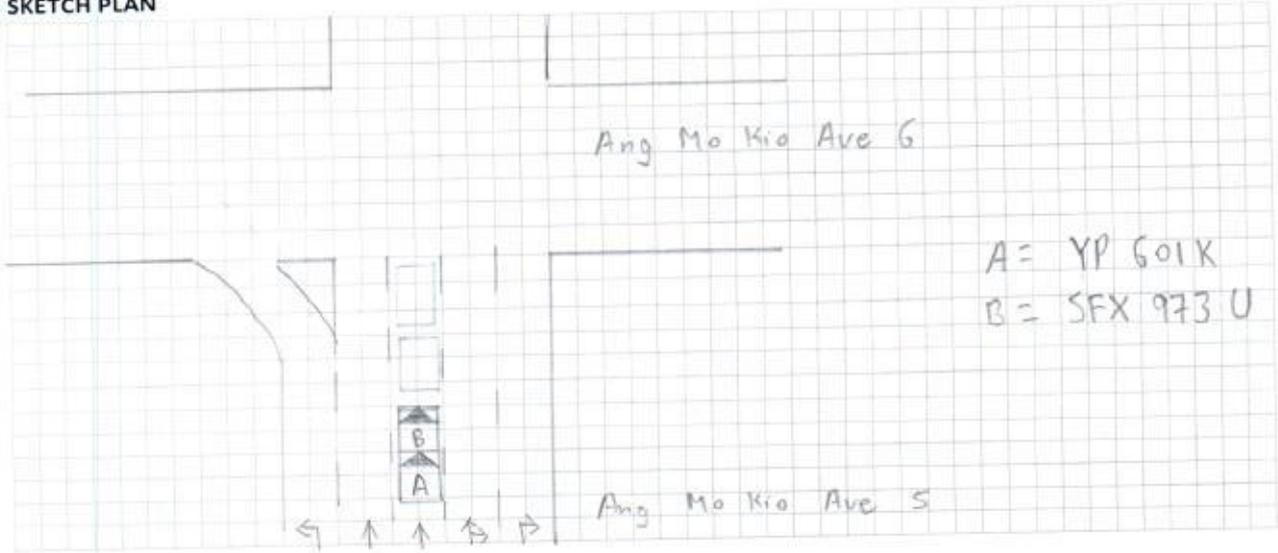


Policyholder's Signature  
Date & Time:

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.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licensee Name: **ZHAO QIANG**  
 Name: **ZHAO QIANG**  
 License No: **G6962048K**

Birth Date: **22 Jun 1989**  
 Issue Date: **26 Aug 2016**  
 Valid Till: **25/08/2021**

002603258J




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

Employer:  
**LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY**

Sector: **MANUFACTURING**

Name: **ZHAO QIANG**  
 Occupation: **DRIVER**

Work Permit No.: **O 74672779**  
 Date of Application: **12-07-2016**  
 Date of Issue: **26-07-2016**  
 Date of Expiry: **13-07-2018**

**L7049068**




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

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
C	Class 2B Motorcycles <= 200 CC	26 Aug 2016
C	Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Nov 2016

G6962048K

S / No. 9000237341

NP 428A

License No: G6962048K



**VISIT PASS**  
 Immigration Regulations

Name: **ZHAO QIANG**

Date of Birth	Sex	Nationality
22-06-1989	M	CHINESE
FIN	Date of Issue	Date of Expiry
G6962048K	26-07-2016	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.




**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)

<b>Certificate Number :</b> 5094109319	<b>Cover :</b> Comprehensive
1. Index mark and Registration Number of Vehicle	: <b>YP601K</b>
Chassis Number	: JAANHR85EF7100264
2. Name of Policyholder	: LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
3. Effective Date of Insurance	: 04 Dec 2017
4. Expiry Date of Insurance	: 03 Dec 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 or Hirer's business.	
(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.	

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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 : VICTOR MOTOR CREDIT PTE LTD (00000614276)  
Date of Issue : 08 Sep 2017 10:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## Claim Handling

Accident MT/0984754

Policy No.	5094109319	Vehicle No.	YP601K	GST Registration No.	201713715E
Policyholder Name	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY			Policyholder NRIC	07959000D
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	64420784	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	05/03/2018 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/03/2018	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRAFFIC JUNC. OF AMK AVE 5 & AMK AVE 6				

## ▼ 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	Yes	GST Registration Date	01/07/2017
GST Registration No.	201713715E	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	96J JALAN SENANG	Address 2	SINGAPORE 418489	Address 3	
Address 4		Address Type	Singapore address	Post Code	418489
Unit No.		Related Policy Number	5094109319		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/06/1989
Unnamed driver Name	ZHAD QIANG	Driver NRIC	G5962048K	Driving Experience	1
Register Date of Driver License	30/11/2016	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	94995876	Contact No.(Office)		Address 3	
Address 1	96J # JALAN SENANG	Address 2	SINGAPORE 418489	Post Code	418489
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

## Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LAU BOON HENG KWEI TEOW &	Insured NRIC	07959000D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64420784
Email Address		OI Vehicle Number	YP601K	TP Vehicle Number	SFX973U
Claim Description	YP601K / SFX973U ON 5 Mar 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	05/03/2018 00:00
Date Registered	05/03/2018 17:14	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0984754	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2018 17:15

Path \*

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Message Read

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

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:15	SAS	Normal	SAS 2018-3-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:15	Photos	Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:14	Photos	Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:14	Photos	Normal	Photos 2018-3-5
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:14	Photos	Normal	Photos 2018-3-5
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:14	Photos	Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:14	Photos	Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 17:14	Photos	Normal	Photos 2018-3-5

Video List

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