

NATIONAL Assessment Centre Services

NA 48032293

Date In: 07/03/2018 18:36	Job description	Date & Time Completed	Done by
Ref No: NBS/20180048394	SAS e-tiling		
Veh No: GBD 4544B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/03/2018 13:00	E-Motor Claim 1/0/0	MT0985173	07/03/2018 18:53
OD / TPT Reporting Only	E-Motor W/O (within 100 hrs, 1/0/0)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tell:	Fax:
TP Particulars	Yell No: SN6048G	INC () / Non-INC ()
Owner / Drivers:	Tell:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: Bill Status (WO): NI: 0-20%; P: 21-79%; P: 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: 67881501	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Repair Photo (Repair Cost > \$3000) ()			

Injury:	
Date/Time	Action:

NA 001531	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30)
Policy No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$100
	4) PT: Follow-Through Survey \$10
	5) PT: Follow-Through Survey (Repair) \$10
	6) TR: No-Inspection \$10
	7) NI: DA + SMRT Survey \$10
	8) NTUC Additional Services
	9) Q11
	10) NI: Courtesy Car / Tpt Allowance \$10
	11) NI: Repair Coordination \$10
	12) NI: Post Repair Inspection \$10
	13) NI: DY / Collis / Unass. Coordination \$10
	14) IE (NI) / TP IN INC / Contact INC \$10
	15) NI: (Date) Review \$10
	Invoice dated
	Not Charged
	Not 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	07/03/2018 18:36
Date Of Accident	07/03/2018 13:00
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4544B
Insured/Policyholder	
Name Of Registered Owner	POI HONG TRADING PTE LTD
Co Reg No	35860800K
Email Address	ZBAOFENG2001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86168803
Alternative Phone No	OFFICE-86168803

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5075229618-02
Cover Note Number	

Driver

Name of Driver	LI ZHONGQI
Passport No/FIN	G3294733L
Date Of Birth	08/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86168803
Fax Number	
Contact Number	OTHERS-86168803
Email Address	ZBAOFENG2001@GMAIL.COM

Address	BLK 14 PASIR PANJANG WHOLESALE CENTRE
Postcode	110014
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

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

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 SKETCH PLAN

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	SJN6048G
Vehicle Make/Model/Colour	CHERRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG QIONG
NRIC/Passport Number	S9477079C
Contact Number	96970520
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:

李法琦

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

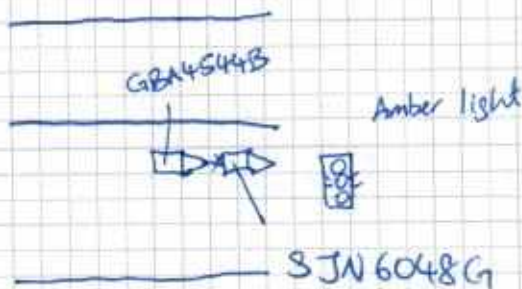
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along TONG BARRU ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was unable to stop in time as the vehicle
infront me suddenly brake on the amber light.
She ~~was~~ did a sudden brake which cause
this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

李忠琦

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

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

07/03/2018
Roslinda

Accident MT/0985173

















Modification History

Claim 001 [New](#)

Attachment

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

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:53	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:53	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:53	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:53	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:53	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 18:52	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: 07/03/2018 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: Along Tiong Bahru Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G18A 4544B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: -
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: -
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Poi Hoon Trading P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: - CONTACT: -
 c) ADDRESS: -

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER
 a) NAME: Li Zhang Qi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3294733L CONTACT: 8616 8803
 c) ADDRESS: B1K 14 Pasir Panjang Wholesale Centre S(110014)

* d) DATE OF BIRTH: 08/01/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/11/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: -

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/ NO)

7. a) REPORTED TO POLICE (YES/ NO)

IF YES, PLEASE STATE WHICH POLICE STATION: -

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: G18A 4544B MODEL: TOYOTA DUNH
 b) DRIVER'S NAME: HUANG QIONG
 c) NRIC/FIN/PASSPORT: S9477079C CONTACT: 96970520

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: - MODEL: -
 b) DRIVER'S NAME: -
 c) NRIC/FIN/PASSPORT: - CONTACT: -

email: zhaofeng2001@gmail.com

fax: 6872 6989

video

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

Employer:
POI HONG TRADING PTE. LTD.

Section: SERVICE

Name:
LI ZHONGQI
Occupation:
LORRY DRIVER

S Pass No.
S 77160966

Date of Application:
20-06-2016

Date of Issue:
01-07-2016

Date of Expiry:
01-07-2018

L6971653



REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. G3294733L

Name: LI ZHONGQI

Birth Date: 06 Jan 1979

Issue Date: 25 Jul 2016

Valid Till: 24/07/2021

002591951D



VISIT PASS
Immigration Regulations

Name:
LI ZHONGQI

Date of Birth: 06-01-1979 Sex: M Nationality: CHINESE

Pin: G3294733L Date of Issue: 01-07-2016 Date of Expiry: 01-07-2018

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(S)

EFFECTIVE DATE: 17/11/2016

Class 1: Motor cars up to 2000 kg & up to 7 passengers, excluding of the driver, and motor tricycles up to 2000 kg

G3294733L

S / No. 9000284357

License No. G3294733L



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 : 5075229618-02

Cover : Comprehensive

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD45448 |
| Chassis Number | : JTFAT35YX0K203646 |
| 2. Name of Policyholder | : POI HONG TRADING PTE LTD |
| 3. Effective Date of Insurance | : 01 Nov 2017 |
| 4. Expiry Date of Insurance | : 31 Oct 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 : WAN KWAI FAH CYNTHIA (00000519164)

Date of Issue : 17 Oct 2017 11:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive