

NATIONAL Assessment Centre Services

Date In: 06/04/2018 18:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006424/KY	SAS e-filing		
Veh No: GBF3388G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/3/2018 13:35	i-Motor Claim Form	MT/0988464	7/4/18 09:20
OD: 1P Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBC7973G	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

NA1802136	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) 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	06/04/2018 18:13
Date Of Accident	26/03/2018 13:35
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3388G
Insured/Policyholder	
Name Of Registered Owner	ALBERT HOO ELECTRICAL PTE LTD
Co Reg No	199501884Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94775295
Alternative Phone No	OFFICE-94775295

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5097586729
Cover Note Number	

Driver

Name of Driver	TAN SIAN BENG
NRIC No	S1377692Z
Date Of Birth	13/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94775295
Fax Number	
Contact Number	OTHERS-94775295
EMail Address	NOEMAIL

Address	BLK 75 WHAMPOA DRIVE #07-354
Postcode	320075
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180326/2144

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	GBC7973G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YM7446L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SIAN BENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBF3388G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

© 1525HB

ACCIDENT STATEMENT

ACCIDENT DATE: 26/3/2018 (DD/MM/YYYY), TIME: (____:____) (HH:MM)

LOCATION: Pioneer Road North.

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GDF 33085

b) INSURANCE COMPANY: _____

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: _____

1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. **INSURED / POLICY HOLDER**

INSURED / POLICY HOLDER
A) NAME: _____ (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

C/ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

DRIVER
c) NAME: _____ (MALE / FEMALE) 9477

b) NRIC/FIN/PASSPORT: _____ CONTACT: 94773-63

C) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

a) VEHICLE NUMBER: ABC 11129 MODEL:

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: YM-7490 MODEL: _____

c) DRIVER'S NAME: _____

1) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = CK.Tan888@live.com.sg

$$f_{ax} =$$

Waiting for Vehicle Photos?

Vehicle Photos Papers ✓ OK

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.



ALBERT HOO ELECTRICAL PTE LTD
24, Kaki Bukit View, Singapore 415960
Tel: 6743 3366 Fax: 6743 7433
Email: sales@alberthoo.com.sg

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.:

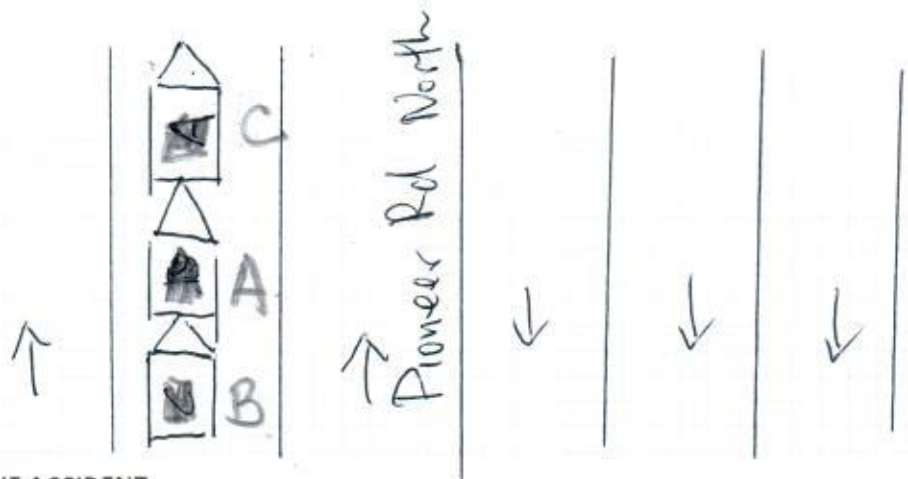
SKETCH PLAN

Lok Yang Way →

A = YM7446L

A = GBF3388G

B = GBC 7973G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. 1/20180326/2144



ALBERT HOO ELECTRICAL PTE LTD

24, Kaki Bukit View, Singapore 415960

Tel: 6743 3366 Fax: 6743 7433

Email: sales@alberthoo.com.sg

AEC Lighting
The art of illumination

DECLARATION

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



ATEC CONTROL PTE LTD

24, Kaki Bukit View

Singapore 415960

Tel: 6244 1155 Fax: 6744 2822

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/20180326/2144

1 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180326/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/03/2018 17:29

Vide Report No.:

Station Diary No.:
18

Informant's Particulars

Name of Informant: TAN SIAN BENG			Address: APT BLK 75 WHAMPOA DRIVE #07-354 SINGAPORE 320075		
ID Type / ID No.: NRIC NO / S1377692Z			Contact No.: Home/Office: Mobile: 94775295		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 13/07/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/03/2018 13:35	Type of Location: Straight Road
Location: Along Road 1 PIONEER ROAD NORTH before the traffic junction of Pioneer Road North towards Loyang Way				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Seriously Damaged	0
GBC7973G	Van				Seriously Damaged	0
GBF3388G	Lorry				Seriously Damaged	0
YM7446L	Lorry				Seriously Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20180326/2144

2 of 4

Report No. T/20180326/2144

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

CONTINUATION OF REPORT

D		Name		WONG THIN HEE		ID No.		S2690123E	
Related Vehicle		GBC7973G (Van)		Contact No.		83509820			
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL			
Date Treatment		NIL		Date Discharge		NIL			
No. of Days granted Medical Leave		NIL		Degree of Injury		NIL			
E		Name		TAN SIAN BENG		ID No.		S1377692Z	
Related Vehicle		GBF3388G (Lorry)		Contact No.		94775295			
Hospital/Clinic		HORIZON MEDICAL PTE LTD		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL			
Date Treatment		NIL		Date Discharge		NIL			
No. of Days granted Medical Leave		04		Degree of Injury		NIL			
F		Name		LIN CHUANKIANG		ID No.		S6863236F	
Related Vehicle		YM7446L (Lorry)		Contact No.		NIL			
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL			
Date Treatment		NIL		Date Discharge		NIL			
No. of Days granted Medical Leave		NIL		Degree of Injury		NIL			

Brief Details.

On the 26/03/2018 at about 1335hrs. I was travelling in my delivery Lorry (GBF3388G) along Pioneer Road North. My vehicle had stopped just before the traffic light of the traffic junction as it was showing a red light. My vehicle was in the middle lane and was stationary. It was when another van (GBC7973G) had collided onto the rear onto my vehicle. The impact had pushed my vehicle forward and thus resulted in me colliding to another lorry (YM7446L) that was stationary in front of me. I got off my vehicle and made a check and the other drivers got off as well. It was drizzling and the floor was wet at that point in time. No one was injured and I obtained the other drivers particulars. My vehicle had sustained damages on the front and on the rear which included a cracked front windscreen and the rear bumper tail boot was dented. The other vehicles had sustained damages as well. This is the first time such an accident had happened. I wish to state that my vehicle does not have an in-car camera and the other two vehicles did not have in-car cameras as well. There is no camera at the said junction. I felt some pain after the



**SINGAPORE
POLICE FORCE**



T/20180326/2144

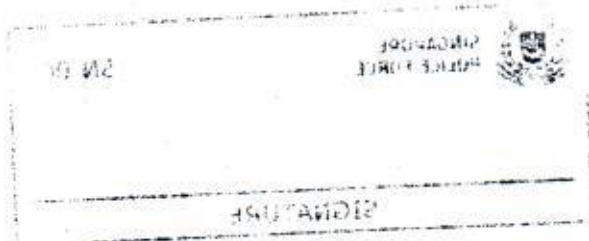
3 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180326/2144

CONTINUATION OF REPORT

accident and had went to visit a doctor. I was given 4 days of Medical Leave for my injuries. I am lodging this report for insurance purposes.





**SINGAPORE
POLICE FORCE**



T/20180326/2144

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

4 of 4

Report No. T/20180326/2144

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:
E /
Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/03/2018 17:29

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SN 062

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1377692Z



TAN SIAN BENG
陸光明
Race
CHINESE
Date of Birth 13-07-1959 M
Date of Issue
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1377692Z
Name
TAN SIAN BENG
Birth Date 13 Jul 1959
Issue Date 05 May 2003




000448338E



License No. S1377692Z

Blood Group Date of Issue
B 23-11-1992

Address
APT BLK 75 WHAMPOA DRIVE
#07-354
SINGAPORE 1232


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
14 Jul 1979

NP 428A

License No. S1377692Z



Section A - To Be Completed By Driver Who Is Involved In The Accident

Date & Time of Accident	Date: 2603-2018	Time: 13-35
Date & Time of Reporting	Date:	Time:
Place of Accident	Pioneer Road North	
Vehicle Reg. No. :	GBF 3388 G.	Make / Model : Cabstar Nissan
Purpose of Use at Time of Accident : Goods transportation / private usage / others:		
Name :	Tan Sian Beng	NRIC / FIN No. :
Address :	Blk 75 Whampoa Drive. #07-354	
Postcode :	320075	Date Of Birth : 13-07-1959
Home :	CK-tan 888 @ live.com.sg	Handphone : 94775295
Email :		Gender : Male / Female
Occupation :	Management / Sales / Retiree / Housewife / Technical / Education / Others : Driver	
Type of Claims :	Third Party / Own Damage / Reporting Only	Licence Pass Date :
Driver Status :	Owner / Non-owner	Years of Driving Experience : 39
		14-07-1999

If you are not the owner, the owner's name & tel :

Owner's Address :

Relationship with Owner :

ATEC CONTROL PTE LTD
24, Kaki Bukit View
Singapore 415960
Tel: 6743 1155 Fax: 6744 2622

200002408R

Vehicle Towed In ?	Yes / <u>No</u>	My Insurance Company:	Great Eastern
Police Reported ?	Yes / <u>No</u>	Police Report Reference No. :	T/20180326/2144
Company's Vehicle ?	Yes / <u>No</u>	Insurance Policy No.:	2017-V0101566-VLU-E001
Do you have witness ?	Yes / <u>No</u>	Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only	
(If Yes, Witness Name & Contact No. :)			

Weather Condition	Clear / Cloudy / <u>Light Rains</u> / Heavy Rains
Road Condition	Dry / <u>Wet</u>
Other vehicle or property damage ?	Yes / <u>No</u>
Was anyone injured in the accident ?	Yes / <u>No</u>
Was Notice of Intended Prosecution given ?	Yes / <u>No</u>

Describe How Accident Happened : Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model :	ABC 79736	Vehicle Reg. No. :	YM 7446L
Name of Driver :		NRIC No. :	
Insurance Company :		Handphone :	

Driver's Declaration : I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature :

[Signature]

ATEC CONTROL PTE LTD
24, Kaki Bukit View
Singapore 415960
Tel: 6743 1155 Fax: 6744 2622



ALBERT HOO ELECTRICAL PTE LTD
24, Kaki Bukit View, Singapore 415960
Tel: 6743 3366 Fax: 6743 7433
Email: sales@alberthoo.com.sg

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 : 5097586729

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBF3388G**
Chassis Number : **JN1SC2F24Z0858884**
2. Name of Policyholder : **ALBERT HOO ELECTRICAL PTE LTD**
3. Effective Date of Insurance : **24 Jan 2018**
4. Expiry Date of Insurance : **23 Jan 2019**
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 : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 24 Jan 2018 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="radio"/>	5097586729	ALBERT HOO ELECTRICAL PTE LTD	199501884Z	GCV	Comprehensive	GBF3388G	GBF3388G	24/01/2018	23/01/2019

Claim Handling

[Task Transfer](#) [Exit](#)

▼ Accident MT/0988464

[LOS](#) [SAL](#) [SUB](#)

Policy No.	5097586729	Vehicle No.	GBF3388G	GST Registration No.	M289204423
Policyholder Name	ALBERT HOO ELECTRICAL PTE LTD			Policyholder NRIC	199501884Z
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	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	Not available

▼ Accident Details

Report Date	02/04/2018 13:14	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/03/2018	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER ROAD NORTH				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	15/05/1995
GST Registration No.	M289204423	GST Status Verified	Yes
Modification History	02/04/2018 14:23:38 Karthlyn Yuen changed GST Registration Date from 01/01/2015 to 15/05/1995 02/04/2018 14:23:38 Karthlyn Yuen changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	24 KAKI BUKIT VIEW	Address 2	SINGAPORE 415960	Address 3	
Address 4		Address Type	Singapore address	Post Code	415960
Unit No.		Related Policy Number	5097664479		

▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	

Claim Handling

Accident MT/0988464

Policy No.	5097586729	Vehicle No.	GBF3388G	GST Registration No.	M28
Policyholder Name	ALBERT HOO ELECTRICAL PTE LTD			Policyholder NRIC	199:
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	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	Not

▼ Accident Details

Report Date	02/04/2018 13:14	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	26/03/2018	Time of Accident hh:mm	13:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER ROAD NORTH				

▼ Benefits

▼ Excess

Own damage Excess	600.00	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	15/05/1995
GST Registration No.	M289204423	GST Status Verified	Yes
Modification History	02/04/2018 14:23:38 Karthlyn Yuen changed GST Registration Date from 01/01/2015 to 15/05/1995 02/04/2018 14:23:38 Karthlyn Yuen changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	24 KAKI BUKIT VIEW	Address 2	SINGAPORE 415960	Address 3	
Address 4		Address Type	Singapore address	Post Code	415:
Unit No.		Related Policy Number	5097664479		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	ALBERT HOO ELECTRICAL PTE L	Insured NRIC	199:
Contact No.(Mobile)	98438872	Contact No.(Home)		Contact No.(Office)	674:
Email Address	SALES@ALBERTHOO.COM.SG	OT Vehicle Number	GBF3388G	TP Vehicle Number	GBC
Claim Description	GBF3388G / GBC7973G DN 26 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	07/04/2018 09:20	Claim Close Date		Date Received	07/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment



Accident No.	MT/0988464	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/04/2018 09:20
Path *		Category *	
		Confidential	Urgency *

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

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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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 07 Apr 2018 09:20	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:18	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 09:17	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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