

NATIONAL Assessment Centre Services [wef 1 Jan'09] MNA118060952-01

Date In: 12/5/18-15:39	Job description	Date & Time Completed	Done by
Ref No: NA/NA118008554/24	SAS e-filing		
Veh No: YN 55 692	E-mail (within 8hrs, AIC 2hrs)		
D.O.A.: 7/1/18-16:50	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: YP7153R 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:	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

NA1802961	Invoice Preparation Checklist	Am't (\$) Inv Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2009)		
Auditors' Comments :-	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Pat. 1:	8) NTUC Additional Services:-		
Pat. 2 / 3:	Q1)*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in 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	10/05/2018 13:39
Date Of Accident	07/05/2018 16:50
Exact Location Of Accident	AYE (TUAS) BEFORE TUAS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5569Z
Insured/Policyholder	
Name Of Registered Owner	WKS INDUSTRIAL GAS PTE LTD
Co Reg No	199800282E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982292

Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34SUQDC
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000004951-00-000
Cover Note Number	

Driver

Name of Driver	XU WEI
Passport No/FIN	G2077848U
Date Of Birth	19/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-84974083
Fax Number	
Contact Number	OFFICE-84974083
E-Mail Address	NOEMAIL

Address	BLK 9H YUAN CHING ROAD #19-84
Postcode	618650
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	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

REFER TO 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	YP7153R
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	YN2630Z
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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)

SKETCH PLAN

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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 on 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.

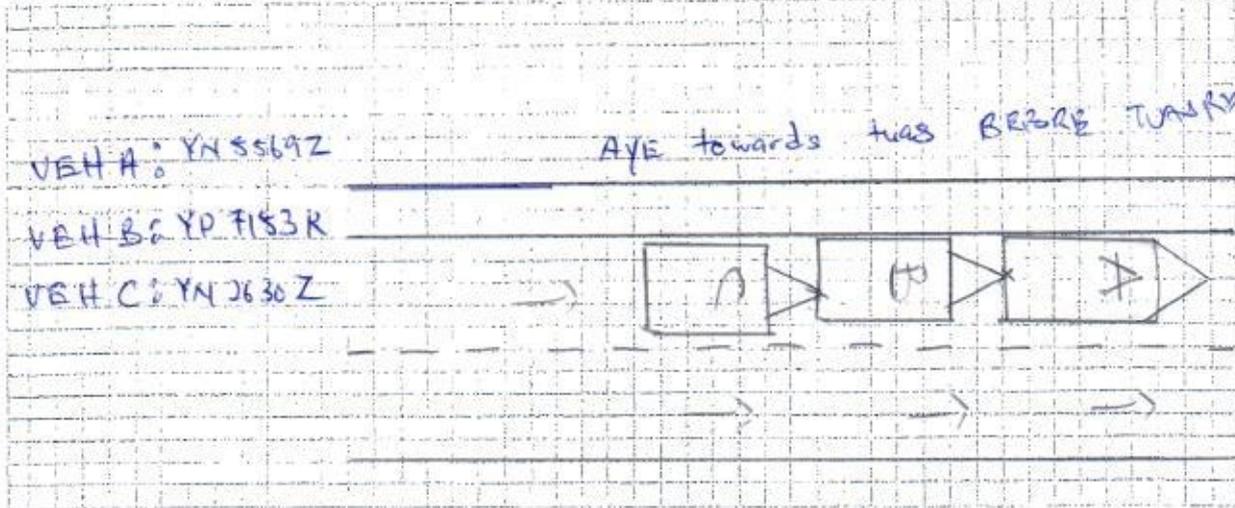


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, as I vehicle A (YN 5569Z) was traveling on AYE towards tuas before Exit tuas rd. As the front vehicle came to a stop, I managed to stop in time. Vehicle B (YP 7153R) could not manage to stop in time and collided into my rear. In the meantime, vehicle C (YN 2630Z) also could not stop in time and collided into vehicle B. I wish to state at the point of impact I felt twice jerking in my back from the rear.

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 Person's Signature: 
 Name:
 NRIC/PIN No.:

Date of Accident : 07/05/18 Accident Time: 1650 (24-HR-Format)

Accident Place : AYE towards Tuas before Tuas Rd Exit

Vehicle Reg. No. (Car Plate No.) : YK 5569Z

Vehicle Make/Model : ISUZU FDR 3450Jd - C

Insurance Company : Great American Policy No. MOMVC000004951-00-000

Owner or Company Name /IC No. : WKS Industrial Gas Pte Ltd

Owner or Company Contact No. : - Owner's Hp 6898 2292 Company Tel

DRIVER'S Name / IC No. : Xu wei

DRIVER'S Date Of Birth : 19/02/1989 DRIVER'S License Pass Date 19/06/2012

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : BIR 9H Yuan Ching #19-84

DRIVER'S Contact No./ Alt No. : 1) 8447 4083 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : -

Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>YF 7153R</u>	Vehicle Reg. No: <u>YN 2630Z</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Enquiry@antowerke.com.sg

68982304

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118060952 Vehicle Registration No: YN 5589Z
 Name(as shown in NRIC) : XU Wei NRIC/FIN/Passport No : G20778480
 (*Vehicle Driver / ~~Vehicle Owner~~)(* Please delete as appropriate
 Address : Blk 9H Yuan Ching Road #19-84 Singapore 618659
 Contact (Tel) : _____ Mobile No. : 84974083
 Email Address : _____
 Date of Accident : 7/5/18 Time of Accident : 16:50
 Place of Accident : Ay ECTuas) before Tuas Rd Exit
 Insurance Company: Great American Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend vehicle B (Yp7153R)

 Policyholder / Driver's Signature
 Date:


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

P497 4083

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2077848U**
Name: **XU WEI**

Birth Date: **19 Aug 1989**
Issue Date: **07 Jun 2017**
Valid Till: **18/06/2022**

002691157D



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

	EFFECTIVE DATE
Class 2B Class 3	Motorcycles \leq 200 cc Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 19 Jun 2012 19 Jun 2012
Class 4A Class 4	Omnibuses Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg 09 Jul 2012 18 Aug 2015

NP 428A

Licence No: G2077848U



~~WKS16~~

2016/WKS/REF-16

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

Employer
WKS INDUSTRIAL GAS PTE LTD

Sector: **MANUFACTURING**



Name
XU WEI
 Occupation
DRIVER

Work Permit No.
0 75016441

Date of Application
10-07-2014
 Date of Issue
28-06-2016
 Date of Expiry
10-07-2018



L6947383

VISIT PASS
 Immigration Regulations

Name
XU WEI



Date of Birth	Sex	Nationality
19-08-1989	M	CHINESE
FIN	Date of Issue	Date of Expiry
G2077848U	28-06-2016	10-07-2018

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.



**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

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)

Policy Details

Certificate Number : MOMVC000004951-00-000 ✓ Cover : Commercial Vehicle (Comprehensive)
Policyholder Name : WKS Industrial Gas Pte Ltd ✓ Chassis Number : JALFVR347E7000368
NCD Entitlement : 15% No Claim Discount Engine Number : 6HK1657769
Hire Purchase : N/A Registration Number : YN5569Z ✓
Period of Insurance : From 11/07/2017 (00:00) To 10/07/2018 (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 1,500.00
Excess (Section 2) : N/A
Windscreen Excess : SGD 100.00
ADDITIONAL EXCESS : Please refer overleaf

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : AVA Insurance Brokers Pte Ltd

Date of Issue : 28/06/2017

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

m/low