

NATIONAL Assessment Centre Services

(M11/12/00)

MMAY18066563

Date In: 17/05/2018 18:05

Ref No: NBA/INC18009004/Y

Veh No: G10 2805

O.O.A: 16/05/2018 20:25

OD: TPT Reporting Unit

Job description

Date & Time Completed

Done by

3AS e-illing

B-moll (white shell, 1100000)

1-Motor Claim Form

1-Motor VVO (Vehicle 00 1000, 1000)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Box/Hand to Owner/Vhs2

MM10994192-001

17/05/2018 18:22

TP Insured

Preferred Whsp / INC Assign Whsp / OWL

Tell

Fax

TP Particulars: Yell No: SLJ 6793K

INC () / Non-INC ()

Owner / Driver (

Tell

Policy No (

Period (

Cover Type (

Confirmed by (

Date

Time

Insured/Driver Liability (

% (Note: BIL SUMI (WO): NI 0.20%; PI 21.79%; PI 30.100%)

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 reporter.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In (

/ Towed-In (

Invoice YES (

/ NO (

Towing Co (

Remarks: 1) Apply for Transition Allowance (

Done by

2) QC Check / Post Repair Inspection (

3) Upload Survey Photo (Repair Cost > \$3000) (

Injury:

Date Time Action

NA1803195

Vehicle Particulars

Driver/Owner

Policy No

Assigned Portion

C Checked by (Eng-In-Charge)

Invoice Preparation Checklist

1) AR: Accidental Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (40)

3) TP: Towing Fee

4) PT: Follow Through Survey

5) PT: Follow Through Survey (Repair)

6) TR: Bill of Materials

7) H1: H1 & SMART Survey

8) NTUC Additional Survey

9) H1: H1

10) H1: H1

11) H1: H1

12) H1: H1

13) H1: H1

14) H1: H1

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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	17/05/2018 18:05
Date Of Accident	16/05/2018 20:25
Exact Location Of Accident	BUKIT MERAH VIEW CARPARK NO:BMHE3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ2380S
Insured/Policyholder	
Name Of Registered Owner	HUP LEONG SHIPPING & TRANSPORT COMPANY
Co Reg No	20413400E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97626195
Alternative Phone No	OFFICE-97626195

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	GOING TO FOOD CTR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	0083538939-13
Cover Note Number	

Driver

Name of Driver	LU TIOW CHUAN
NRIC No	S0384346G
Date Of Birth	10/05/1942
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1960
Driving Experience	58 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97626195
Fax Number	
Contact Number	OTHERS-97626195
Email Address	NOEMAIL

Address	BLK 104 HENDERSON CRESCENT #05-58
Postcode	150104
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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)	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 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	SLJ6793K
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL CHUA QIDA
NRIC/Passport Number	S8407625B
Contact Number	92728130
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:

Li Hui Thuen

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/05/2018
Reda Wathob

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

~~Refer 2 Attachment?~~

On 16/5/18 I went to Bukit Merah Food Centre Car Park BXHE3. When I reversed my lorry into an empty lot I accidentally grazed the right hand side below the engine compartment of another car SLI 6793K causing a slight dent.

We declare the foregoing particulars are true in every respect.



Date & Time:

Shay Chorani

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

17/05/2018
Reporting Centre Personnel's Signature:
Name: JESU W. OTHMAN
NRIC/FIN No.:

合隆船務運輸公司
HUP LEONG SHIPPING & TRANSPORT CO.

6001 Beach Road, Golden Mile Tower
#02-14 Singapore 199589

TEL: 64731803. HP: 97626195.

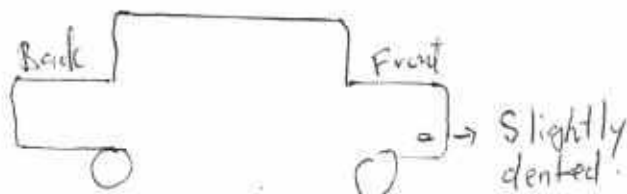
Business Reg. No. 20413400E

Bukit Merah Food Centre Car Park No. _____



Lorry GQ 2380S reversed
into the parking lot. Slightly
Grazed the right hand
Side below the engine
compartment. (Front) of SLT 6793K.

*Car 17/05/2018
Roshan WATTS*



Claim Handling

Accident MT/0994792

Policy No.	0083539939-13	Vehicle No.	GQ23805	GST Registration No.	
Policyholder Name	HUP LEONG SHIPPING & TRANSPORT COMPANY			Policyholder NRIC	204134008
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97626195	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTC	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	17/05/2018 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	16/05/2018	Time of Accident (hh:mm)	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT MERAH VIEW CARPARK NO 01H03				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	2001 BRACH ROAD #02-14	Address 2	GOLDEN HILL TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.		Related Policy Number	0083539939-13		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LU TIOW CHUAN	Driver NRIC	50384360G	Driver DOB	18/05/1942
Register Date of Driver License	11/04/1980	Driver Age	76	Driving Experience	38
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 104 #05-58	Address 2	HENDERSON CRESCENT	Address 3	HENDERSONVILLE
Address 4	SINGAPORE 150104	Address Type	foreign address	Post Code	150104
Unit No.	05-58				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GQ23805	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HUP LEONG SHIPPING & TRANS	Insured NRIC	204134008
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	97626195
Email Address		OT Vehicle Number	GQ23805	TP Vehicle Number	SL36793K
Claim Description	GQ23805 / SL36793K ON 16 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/05/2018 18:22	Claim Close Date		Date Received	17/05/2018 00:00
Report Taken By	ROSLL WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/0994792	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/05/2018 18:22


Recd *

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
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	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	Clear Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	SAS	Normal	SAS 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:22	Photos	Normal	Photos 2018-5-17	Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

ACCIDENT STATEMENT

ACCIDENT DATE: 16/05/2018 (DD/MM/YYYY). TIME: 8.23p.m (HH:MM)

LOCATION: Bukit Merah View Car Park No: BM14E3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GQ 2380S
b) INSURANCE COMPANY: NTUC INCOME INSURANCE
c) POLICY NUMBER: 0083578939-13
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going to Food Centre
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: HUP LEONG SHIPPING A TPT CO. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 6001 BEACH ROAD, GOLDEN MILE TOWER
#02-14 SINGAPORE 199589.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: LU TIOW CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 50384346-6 CONTACT: 97626195
c) ADDRESS: BLK 104, Henderson Crescent #05-58
SINGAPORE 150104

* d) DATE OF BIRTH: (10/05/42) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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: SLJ 6793 K MODEL: COROLLA Altis
b) DRIVER'S NAME: DANIEL CHUA QIDA
c) NRIC/FIN/PASSPORT: S8407625B CONTACT: 92728130

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

()
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL :

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0384346G



Name
LU TIOW CHUAN
呂 潮 川
Race
CHINESE
Date of Birth
10-05-1942
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Name: S0384346G

Name
LU TIOW CHUAN

Birth Date: 10 May 1942
Issue Date: 07 Apr 2003




0853713



NRIC No. S0384346G



Street Group: A*
Date of Issue: 08-10-1992

APT BLK 104 HENDERSON CRESCENT #05-58
SINGAPORE 160104
NRIC No: S0384346G Date: 02-06-2006 No: 5400493


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

CLASS DATE

Class 3: Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg 21 Apr 1940

S / No. 9000072065

NP 420A



THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 0083538939-13		
The Policyholder	: HUP LEONG SHIPPING & TRANSPORT COMPANY		
	: 6001 BEACH ROAD #02-14		
	: GOLDEN MILE TOWER		
	: SINGAPORE 199589		
Period of Insurance	: 01 Apr 2017 To 20 Jul 2018		
Sum Insured	: N/A		
Premium (Inclusive GST)	: S\$1,739.07		
Interest Insured			
Cover Type	: Third Party		
Make/Model	: TOYOTA/DYNA 1500		
Capacity	: 1.87 ton(s)		
Registration Number	: GQ2380S	Number of Seater	: 2
Chassis Number	: LY2110017188	Registration Date	: 21 Jul 1998
Excess (Section 1)	: N/A	Insure with COE	: N/A
Excess (Section 2)	: N/A	NCD Entitlement	: 15%
Hire Purchase Company	: N/A	Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : M1

Agency	: INCOME - MAIN SERVICING (00000600057)
Date of Issue	: 02 Mar 2017 15:44 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive