

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA118 072317

Date In: 4/6/18-16:24	Job description	Date & Time Completed	Done by
Ref No: NA/NA21800119/24	SAS e-filing		
Veh No: 6BF-678P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/6/18-13:00	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: SLH 878A	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

NA1803486	Invoice Preparation Checklist	Am't (\$) for Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			



## 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	04/06/2018 16:24
Date Of Accident	02/06/2018 13:00
Exact Location Of Accident	JUNC BARTLEY RD EAST & UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF678P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WING FATT FURNITURE & RENOVATION
Co Reg No	20422000M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67475925

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000004120-00-000
Cover Note Number	

### Driver

Name of Driver	WOO PENG FATT
NRIC No	S0902222H
Date Of Birth	13/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96650868
Fax Number	
Contact Number	OFFICE-96650868
EMail Address	NOEMAIL

Address	BLK 311 UBI AVENUE 1 #11-383
Postcode	400311
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
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?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

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	SLH878A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH WONG LIM
NRIC/Passport Number	S1500225E
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

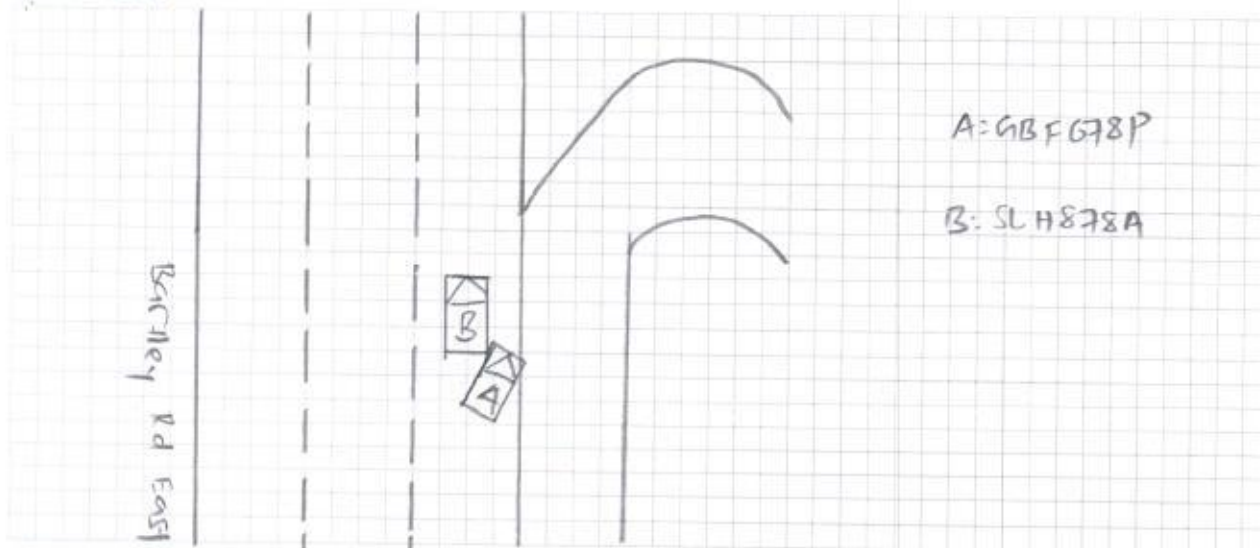
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

永發木器裝修工程  
WING FATT FURNITURE & RENOVATION  
BLK 1081 EUNOS AVENUE 7 #01-162  
SINGAPORE 409584  
TEL: 6747 5926 FAX: 6846 8061

  
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

Refer to statement.

## DECLARATION

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

永發木器裝修工程  
WING FATT FURNITURE & RENOVATION  
BLK 1081 EUNOS AVENUE 7 #01-162  
SINGAPORE 409584  
TEL: 6747 5925 FAX: 6846 8061

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

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 BARTLEY RD EAST. SUDDENLY A PRIVATE VEHICLE FROM LANE 2 CUT ONTO MY LANE. MY VEHICLE SWERE TO LANE AND ACCIDENTALLY HIT ONTO VEHICLE B REAR RIGHT PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 6 / 18 ) (DD/MM/YYYY), TIME: ( 13 : 00 ) (HH:MM)

LOCATION: Junc Berkey Rd East & Upp Paya Lebar Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 678P  
b) INSURANCE COMPANY: GAZ  
c) POLICY NUMBER: M3MVC000004120-00-000  
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: Working  
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: King Fast Furniture & Renovation (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 67475925  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Woo Peng Fast (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 509022224 CONTACT: 96650868  
c) ADDRESS: Blk 311 Ubi Avenue 1 #11-383 (400-311)

\* d) DATE OF BIRTH: ( 13 / 1 / 1949 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/4/1982

## 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

a) VEHICLE NUMBER: 5LH878A MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Toh Wong Lim

c) NRIC/FIN/PASSPORT: 51500225E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of  
passenger  
(including d)

( 3 )

\* male  
\* male

93874838

\* No of pass

(including d)

( 1 )

\* No of pass

(including d)

( - )

email =

fax =



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0902222H

Name: WOO PENG FATT

Birth Date: 13 Jan 1949

Issue Date: 23 Mar 2004

0011724468



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0902222H

Name: WOO PENG FATT

胡 炯 发

Race: CHINESE

Date of Birth: 13-01-1949

Sex: M

Country of Birth: SINGAPORE




PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 300 cc	28 Jun 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Apr 1982

Licence No: S0902222H

NP 426A

AB105924

S0902222H

APR 2002

APT BLK 311 UBI AVENUE 1

#11-363

SINGAPORE 400311



## CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1980  
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVC000004120-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Wing Fatt Furniture & Renovation	Chassis Number	: KDY2318024039
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1KD2600531
Hire Purchase	: UNITED OVERSEAS BANK LIMITED	Registration Number	: GBF678P
Period of Insurance	: From 10/06/2017 (00:00) To 09/06/2018 (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 800.00
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 : Secutect

Date of Issue : 07/06/2017

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  
mlaw