

NATIONAL Assessment Centre Services (wef 1 Jan'05) MN A118689010

Date In: 10/2/18-16:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001772/24	SAS e-filing		
Veh No: X064TM	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 10/2/18-11:10	i-Motor Claim Form	MT/1002466-001	10/2/18 18:31
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: Vch No: SUR4995 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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1804354	Invoice Preparation Checklist	Am't (\$) In 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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	10/07/2018 16:03
Date Of Accident	10/07/2018 13:10
Exact Location Of Accident	AYE (CITY) TWDS WEST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6425M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENG BAN HUAT PTE LTD
Co Reg No	201022829M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451725

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083533603-01
Cover Note Number	

### Driver

Name of Driver	HUANG XIANGHUA
Passport No/FIN	G8463001U
Date Of Birth	01/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96425462
Fax Number	
Contact Number	OFFICE-96425462
EMail Address	NOEMAIL

Address	57 UBI AVENUE 1 #06-03 UBI CENTRE
Postcode	408936
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 - CROSS JUNCTION
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?	
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

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN FROM THE JUNCTION. SUDDENLY VEHICLE B FROM LANE 3 MAKING A RIGHT TURN AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### 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	SLK7492S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

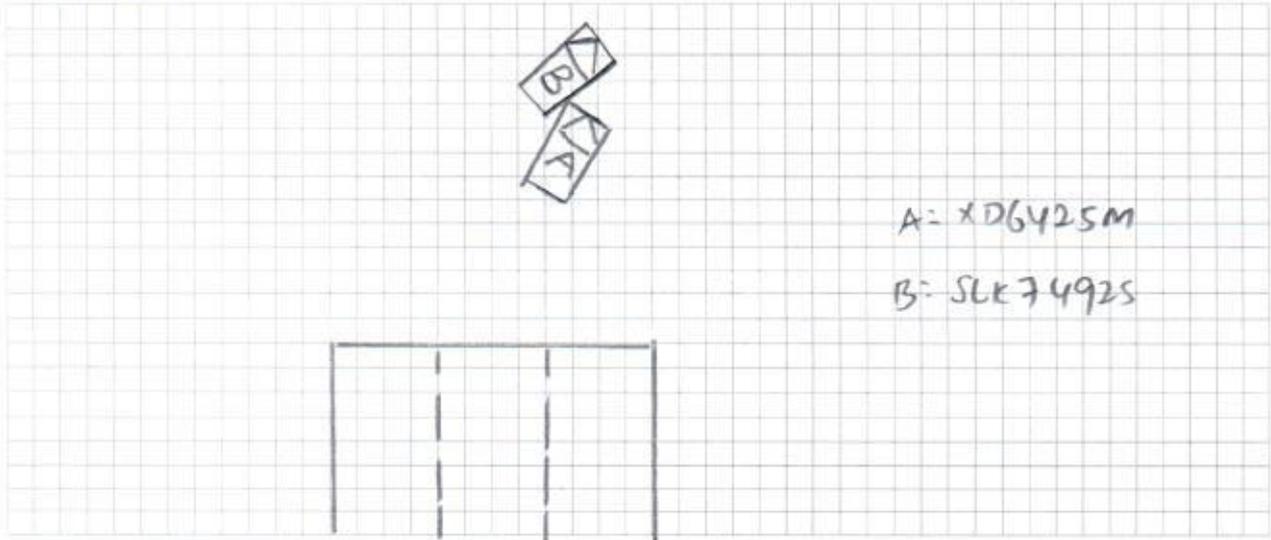


Policyholder's Signature  
Date & Time:

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.

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.:

X1/6925m



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	23 Feb 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	23 Feb 2009
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	18 Aug 2009

NP 478A



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

Employer  
**ENG BAN HUAT PTE. LTD.**

Sector: **MANUFACTURING**



Name  
**HUANG XIANGHUA**

Occupation  
**DRIVER, TRUCK**

S Pass No.  
**D 7316334**

Date of Application  
**06-09-2016**

Date of Issue  
**19-09-2016**

Date of Expiry  
**04-11-2018**





**L7213506**

**VISIT PASS**  
Immigration Regulations

Name  
**HUANG XIANGHUA**



Date of Birth	Sex	Nationality
<b>01-05-1977</b>	<b>M</b>	<b>CHINESE</b>
FIN	Date of Issue	Date of Expiry
<b>G8463001U</b>	<b>19-09-2016</b>	<b>04-11-2018</b>

**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.



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083533603-01	ENG BAN HUAT PTE LTD	201022829M	GCV	Third Party	XD6425M	XD6425M	02/10/2017	01/10/2018

Continue

**Policy Information**

Policy No.	5083533603-01	Policyholder Name	ENG BAN HUAT PTE LTD	Policyholder NRIC	201022829M
Address	57 UBI AVENUE 1 #06-03 UBI CENTRE SINGAPORE 408936				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	26/09/2017	Effective Date	02/10/2017 00:00	Expiry Date	01/10/2018 23:59
Excess Type	All Claim Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	Young/Inexperience Driver Excess			
Agent	VV INSURANCE AGENCY PTE. L1	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	57 UBI AVENUE 1	Address 2	#06-03 UBI CENTRE	Address 3	SINGAPORE 408936
Address 4		Address Type	Singapore address	Post Code	408936
Unit No.	08-03	Related Policy Number	5081360120-02		

**Insured Object: XD6425M**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/10/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 12 Oct 2017, the following amendment(s) is/are made to this policy: 1. The cover is amended from Third Party Fire and Theft to Third Party 2. The Endorsement M2 stated in the Policy is not applicable. 3. The Policy is subject to the following endorsement: M1 - Third Party Cover We are only legally responsible under section 2 of the policy. Section 1 of the policy does not apply. 4. The Hire Purchase Company, SWEE SENG CREDIT PTE LTD, is deleted from this policy. In view of this amendment, you will receive a refund of \$675.44 (inclusive of GST). Please collect this refund from your agent/broker after seven business days from the date of this letter at the following address:                      Agent/Broker: VV INSURANCE AGENCY PTE. LTD. (00000614878)                      Agent/Broker Address: 21 TOH GUAN ROAD EAST #03-01 TOH GUAN CENTRE SINGAPORE 608609 Contact Number: 67913808 Email: ivy.lim@sweesenggroup.com</p>

Continue Cancel

Claim Handling

Exit

Accident MT/1002466

Policy No.	508353603-01	Vehicle No.	XD6425M	GST Registration No.	
Policyholder Name	ENG BAN HUAT PTE LTD	Cover Type	Third Party	Policyholder NRIC	201022829M
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	67451725	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	10
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		

**Accident Details**

Report Date	10/07/2018 18:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	10/07/2018	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (CITY) TWDS WEST COAST RD				

**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	No
Modification History			

Policyholder Mailing Address

Address 1	57 UBI AVENUE 1	Address 2	#06-03 UBI CENTRE	Address 3	SINGAPORE 408936
Address 4		Address Type	Singapore address	Post Code	408936
Unit No.	08-03	Related Policy Number	508353603-02		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/05/1977
Unnamed driver Name	HLIANG XIANGHUA	Driver NRIC	6B463001U	Driving Experience	8
Register Date of Driver License	18/08/2009	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	96425462	Contact No.(Office)	0	Address 3	SINGAPORE 408936
Address 1	57 UBI AVENUE 1	Address 2	UBI CENTRE	Post Code	408936
Address 4		Address Type	Singapore address		
Unit No.	06-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ENG BAN HUAT PTE LTD	Insured NRIC	201022829M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	XD6425M	TP Vehicle Number	SLK74925
Claim Description	XD6425M / SLK74925 ON 10 Jul 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	Received
Date Registered	10/07/2018 18:31	Claim Close Date		Date Received	10/07/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002466	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/07/2018 18:32

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:32	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:32	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	SAS		Normal	SAS 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:31	Photos		Normal	Photos 2018-7-10		<a href="#">Edit</a>

[Video List](#)

Uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>		<a href="#">Scan and uploading</a>	