

NATIONAL Assessment Centre Services

MA/1804865

Date In: 01/08/2018 11:36	Job description	Date & Time Completed	Done by
Ref No: NBA/MCUK018954X	SAS e-filing		
Veh No: PC 6913X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/07/2018 15:50	i-Motor Claim Form	ML1005509-001	01/08/2018
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:31
	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: SHA 5275R 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	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	01/08/2018 11:36
Date Of Accident	31/07/2018 15:50
Exact Location Of Accident	VIVO CITY (2ND LEVEL) DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6913X
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#### Insured/Policyholder

Name Of Registered Owner	WEITRONICS MARKETING
Co Reg No	53295320K
Email Address	WALLACEGIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98300986
Alternative Phone No	OFFICE-98300986

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	V-CLASS 220 VKL/E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING(PICK UP GUEST AND THE CAR WAS STATIONARY)
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	5099557628
Cover Note Number	

#### Driver

Name of Driver	NG KIAN PENG
NRIC No	S6801357G
Date Of Birth	05/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98300986
Fax Number	
Contact Number	OTHERS-98300986
EMail Address	WALLACEGIN@GMAIL.COM

Address	BLK 291C COMPASSVALE STREET #13-258
Postcode	543291
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	0
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)	0

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5275R
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BOO HUNG CHYE
NRIC/Passport Number	S1540939H
Contact Number	98553217
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.
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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.



*[Handwritten Signature]*

Policyholder's Signature

Date & Time: 17/8/2018  
09:30 H0

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: *[Handwritten Name]*

NRIC/FIN No.: *[Handwritten NRIC/FIN No.]*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/July/2018, time 1548 hrs, I went to Vivo city (2nd floor) Drop off / pick up area to pick up my guest. while they also bought some shopping bag, therefore I out of car to help them pick up and carry from the shopping mall lobby to my car.

At the time 1548 hrs, I noticed the taxi (Blue colour), car plate SHA5275R want to cut through from my car rear, to go down the ramp.

And I saw his car side (left), slight knock on my rear right bumper. And he about to go without stopping. I quickly go in front to knock on his taxi, asking him to stop down.

He then see my car and said he was not notice on hitting my car. After looking at the damage, he claims that it was very minor and can be clean up easily.

But I do not agree.

He also refuse to give me his particular, until I called up comfort CDQ office to report his taxi hit on my car.

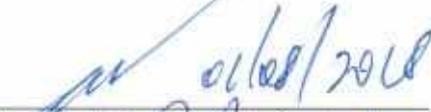
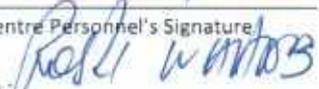
As such, I am filing a record to claim the damages and also my lost of income while repairing the car.

DECLARATION

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


  
 Policyholder's Signature: 
  
 Date & Time: 1/8/2018
   
 09:30 hrs

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


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

**Claim Handling**

Accident MT/1005509

Policy No.	5099557628	Vehicle No.	PC6913X	GST Registration No.	
Certificate No.					
Policyholder Name	WEITRONICS MARKETING			Policyholder NRIC	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	98300986	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	01/08/2018 12:14	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Date of Accident	31/07/2018	Time of Accident h:mm	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	VIVO CITY (2ND LEVEL) DROP OFF POINT				
<b>Benefits</b>					
<b>Excess</b>					
Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	149 PASIR RIS GROVE	Address 2	#07-78 D'NEST	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-78	Related Policy Number	5099557628		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	NG KIAN PENG	Driver NRIC	56801357G	Driving Experience	
Register Date of Driver License	27/09/1985	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	98300986	Contact No.(Office)		Address 3	
Address 1	BLK 291C #13-258	Address 2	COMPASSVALE STREET	Post Code	
Address 4	SINGAPORE 543291	Address Type	Foreign address		
Unit No.	13-258				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PC6913X	Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

**New**

Claim Type *	OD-MX	Insured Name	WEITRONICS MARKETING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	64400220	Contact No.(Office)	
Email Address		OI Vehicle Number	PC6913X	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	PC6913X / SHA5275R ON 31 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	01/08/2018 12:28	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

**Attachment**

Accident No.

Claim No.



# ACCIDENT STATEMENT

ACCIDENT DATE: 31/07/2018 (DD/MM/YYYY), TIME: 15:48 (HH:MM)

LOCATION: VIVO CITY (2nd level) Drop off point

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Pc6913X  
b) INSURANCE COMPANY: NCOME  
c) POLICY NUMBER: CN03126  
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MERCEDES - BENZ V-CLASS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING / PICK UP GUEST  
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: WEITRONIC MARKETING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 53295320K CONTACT:  
c) ADDRESS: 291C #13-258 COMPASS VALE STREET  
SC543291

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

## DRIVER

- a) NAME: NG KIAN PENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 568013574 CONTACT: 98300986  
c) ADDRESS: 291C #13-258 COMPASSVALE STREET  
SC543291

\*d) DATE OF BIRTH: 05/01/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 33 YEARS

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: SHA5275R MODEL: Hyundai I40  
b) DRIVER'S NAME: BOO HUNG CHYE  
c) NRIC/FIN/PASSPORT: S1540939H CONTACT: 98553217

## 9. THIRD PARTY VEHICLE

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

\*No of passengers  
(Including driver)  
(0)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

email = wallacegin@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6801357G



Name  
NG KIAN PENG

黄健平

Race  
CHINESE  
Date of birth  
05-01-1968  
Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S6801357G

Name  
NG KIAN PENG

Birth Date  
05 Jan 1968

Issue Date  
29 Jun 2016



Land Transport Authority

VOCATIONAL LICENCE

Licence No. S6801357G

Name NG KIAN PENG

Issue Date 17/11/2014

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



S68013

NRIC No. S6801357G



Date of issue  
05-11-2004

APT BLK 291C COMPASSVALE STREET #13-25B

SINGAPORE 543291

NRIC No. S6801357G

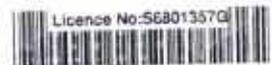
Date: 27/02/2012

No: 7066219

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 13 May 1985  
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg 27 Sep 1985



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	27/08/2014
03	BUS VL	17/11/2014
04	BUS ATTENDANT	17/11/2014



### Motor vehicle cover note

Cover note number <b>03126</b>	Date <b>14 Mar 2018</b>	Issued time <b>9am</b>
Policy number	Agency 	
Policyholder <b>Weitronics Marketing</b>		
Named driver (1)		
Named driver (2)		
<p>Having proposed for the motor vehicle insurance described in the Schedule, the risk is hereby <b>HELD COVERED</b> in accordance to our motor policy terms and conditions for the period from <b>8:30</b> am/pm on <b>2 April Mar 2018</b> to midnight on <b>1 April Mar 2019</b>, unless the cover is terminated by us in written notice. In this respect, we will charge a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time we have been on risk.</p>		



#### Schedule

Policy coverage <b>Preferred Workshop</b>	Engine number <b>65195034230638 ✓</b>	Vehicle registration number <b>PC 69132</b>
Vehicle type <b>Bus</b>	Chassis number <b>WDF44781523342690 ✓</b>	Engine capacity: <b>10 seaters</b>
Make/Model <b>Mercedes Benz V-Class 220VKL/E 4x2 Auto</b>	Policy excess (Section I) <b>\$2000</b>	Additional excess (Section I) <b>-</b>
Sum insured:	Windscreen excess <b>-</b>	Policy excess (Section II) <b>\$2000</b>
Market value of insured vehicle at Time of Loss		

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks And Compensation) Rules

Certificate of Insurance

I/We hereby certify that this Covering Note 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).

For NTUC Income Insurance Co-operative Limited



Countersigned by \_\_\_\_\_

Authorised officer



Chief executive

**IMPORTANT NOTICE:**

Any premium below the minimum sum of \$25 (subject to GST) upon cancellation is not refundable. This minimum sum will also be imposed if the policy is not taken up after issuance of the policy.

The Certificate of Insurance is a legal document. Please contact our customer service officers at 67886616 or email us at csquery@income.com.sg if you do not receive your Certificate of Insurance within ten days after the issuance of this cover note.

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)
[Change Password](#)
[Log Out](#)
[My Desktop](#)
[Notice of Loss](#)

### Policy Query

Policy No.  Date of Accident   
 Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099557628		WEITRONICS MARKETING	53295320K	GBS	Comprehensive	PC6913X	PC6913X	02/04/2018	01/04/2019