

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **MA10418103028**

Date In: 10/08/2018 11:07	Job description	Date & Time Completed	Done by
Ref No: NEA/INC/8014485/Y	SAS e-filing		
Veh No: GT 70958	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/08/2018 12:45	i-Motor Claim Form	MA/1006586001	10/08/2018 11:25
OD: TR: 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: **SQU 59557** 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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA104181

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
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	10/08/2018 11:07
Date Of Accident	08/08/2018 12:45
Exact Location Of Accident	SOUTH CANAL ROAD TOWARDS MERCHANT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT7095S
Insured/Policyholder	
Name Of Registered Owner	CDL TRADING PTE LTD
Co Reg No	200517379Z
Email Address	CHEN@CDLTRDG.COM
Mobile Phone No	(LOCAL) +65-96862636
Alternative Phone No	OFFICE-96862636

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096337866
Cover Note Number	

Driver

Name of Driver	TAN TECK LI
NRIC No	S0151911E
Date Of Birth	23/03/1952
Occupation	INDOOR
Date Of Driving Pass	03/08/1972
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96862636
Fax Number	
Contact Number	OTHERS-96862636
Email Address	CHEN@CDLTRDG.COM

Address	BLK 650 WOODLANDS RING ROAD #05-416
Postcode	730650
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : STAFF GENDER: : FEMALE

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	SGU5955T
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)	

SKETCH PLAN

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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**.
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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.

CDL TRADING PTE. LTD.
Policyholder's Signature
Date & Time:

10/08/2018

1030 AM

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

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

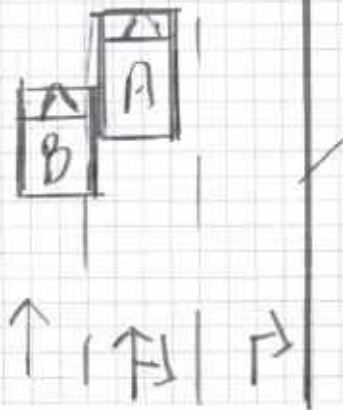
10/08/2018

1030 AM

SKETCH PLAN

NORTH CANAL ROAD TOWARDS MERCHANT ROAD

A) GT 70958
B) SGU 59557



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along South Canal Road
when the vehicle crashed into my left
side of my van.

DECLARATION

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

Policyholder's Signature
Date & Time:

CDL TRADING PTE. LTD.
Driver's Signature
(If driver is not the policyholder).....
Date & Time: 16/08/2018 1030 AM.
Manager

Reporting Centre Personnel's Signature
Name: 16/08/2018
NRIC/FIN No.: 9821 111103

Claim Handling

Accident NT/1006586

Policy No.	SGR633966	Vehicle No.	GT70955	GST Registration No.	2005173792
Certificate No.					
Policyholder Name	COL TRADING PTE LTD	Policyholder NRIC	2005173792		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96862636	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPIC	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	10/08/2018 11:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Snipe
Date of Accident	08/08/2018	Time of Accident hh:mm	12:43	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SOUTH CANAL ROAD TOWARDS PEACHANT ROAD				

Benefits

Excess

Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	2005173792	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	153A COMMONWEALTH DRIVE	Address 2	#03-10/11 TANGLIN HALL INCL	Address 3	SINGAPORE 149596
Address 4		Address Type	Singapore address	Post Code	149596
Unit No.		Related Policy Number	SGR6183087-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/03/1952
Unnamed driver name	TAN TECK LI	Driver NRIC	S0131911F	Driving Experience	46
Register Date of Driver License	03/08/1972	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	96862636	Contact No.(Office)		Address 3	SINGAPORE 730650
Address 1	BLK B50 #05-415	Address 2	WOODLANDS KING ROAD	Post Code	730650
Address 4		Address Type	Foreign address		
Unit No.	05-415				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	GT70955	Driver Insurer Company	NTUC

Declaration

Brathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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Modification History

Claim 001 **New**

Claim Type *	OG-MA	Insured Name	COL TRADING PTE LTD	Insured NRIC	2005173792
Contact No.(Mobile)	91458614	Contact No. (Office)		Contact No. (Home)	
Email Address		Vehicle Number	GT70955	Vehicle Number	S0131911F
Claim Description	GT70955 / SCUBREST ON 8 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Signature No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	10/08/2018 11:24	Claim Close Date		Date Received	10/08/2018
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Save Submit

Attachment

Accident No. NT/1006586 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 10/08/2018 11:25

Path *

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Aug 2018 11:25		Photos	Normal	Photos 2018-8-10



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 11:25	SAS	Normal	SAS 2018-8-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 08/08/2018 (DD/MM/YYYY), TIME: 12:46 (HH:MM)

LOCATION: South Canal Road towards
Whalebone Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9770955
b) INSURANCE COMPANY: N74C
c) POLICY NUMBER: 5096337866
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota / Hilux
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: delivery
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: COL TRADING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 115A Commonwealth Ave #03-10/12
Singapore 149596

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN TECK LI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0151911E CONTACT: 96862636
c) ADDRESS: Bukit Timah #05-416 Woodlands Rd
Road 5730610

*d) DATE OF BIRTH: 23/03/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1970

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: SG45955T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = chen@cdltdg.com

VIDEO =

STAFF (F)

*No of passengers
(including driver)
(2)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0151911E



Name

TAN TECK LI

陳德例

Race

CHINESE

Date of birth

23-03-1952

Country/Place of birth

SINGAPORE

Sex

M



5295005



NRIC No. S0151911E



Date of issue

16-04-2014

Address

APT BLK 650 WOODLANDS RING ROAD
#05-416
SINGAPORE 730650

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0151911E

Name

TAN TECK LI

Birth Date: 23 Mar 1952

Issue Date: 01 Dec 2003



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

03 Aug 1972

NP 428A



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)

Certificate Number : 5096337866

Cover : Comprehensive

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GT70955 |
| Chassis Number | : JTFHT02P500213828 |
| 2. Name of Policyholder | : CDL TRADING PTE LTD |
| 3. Effective Date of Insurance | : 16 Dec 2017 |
| 4. Expiry Date of Insurance | : 15 Dec 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates 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)

Agency : JIN-SHI (HOLDINGS) PTE LTD (00000614399)
 Date of Issue : 04 Dec 2017 10:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive