

NATIONAL Assessment Centre Services

MA 418004434

Date In: 12/08/2018 16:50	Job description	Date & Time Completed	Done by
Ref No: NIA/21108014636/V	SAS e-filing		
Veh No: GX 12717	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/08/2018 17:35	I-Motor Claim Form	ml1006960-001	13/08/2018 17:08
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: FBH 351/G 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Client's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est 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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idno 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: Idno 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	13/08/2018 16:50
Date Of Accident	11/08/2018 17:35
Exact Location Of Accident	JUNCTION OF CTE AND BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1271T
Insured/Policyholder	
Name Of Registered Owner	RUNDA TRADING PTE LTD
Co Reg No	201301313Z
Email Address	SAMUEL@RUNDATRADING.SG
Mobile Phone No	(LOCAL) +65-94553261
Alternative Phone No	OFFICE-98799197

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE-2.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077979933-02
Cover Note Number	

Driver

Name of Driver	FENG HUAAN
Passport No/FIN	G6336272M
Date Of Birth	29/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94553261
Fax Number	
Contact Number	OTHERS-98799197
EMail Address	SAMUEL@RUNDATRADING.SG

Address	587 BUKIT TIMAH ROAD #02-35 CORONATION PLAZA
Postcode	269707
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 - HEAD TO REAR
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	FBH3511G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

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:

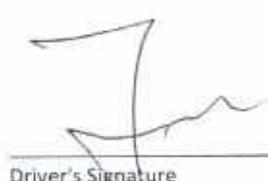
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 13/08/2018

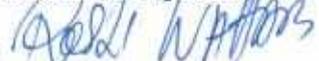
10:30 am



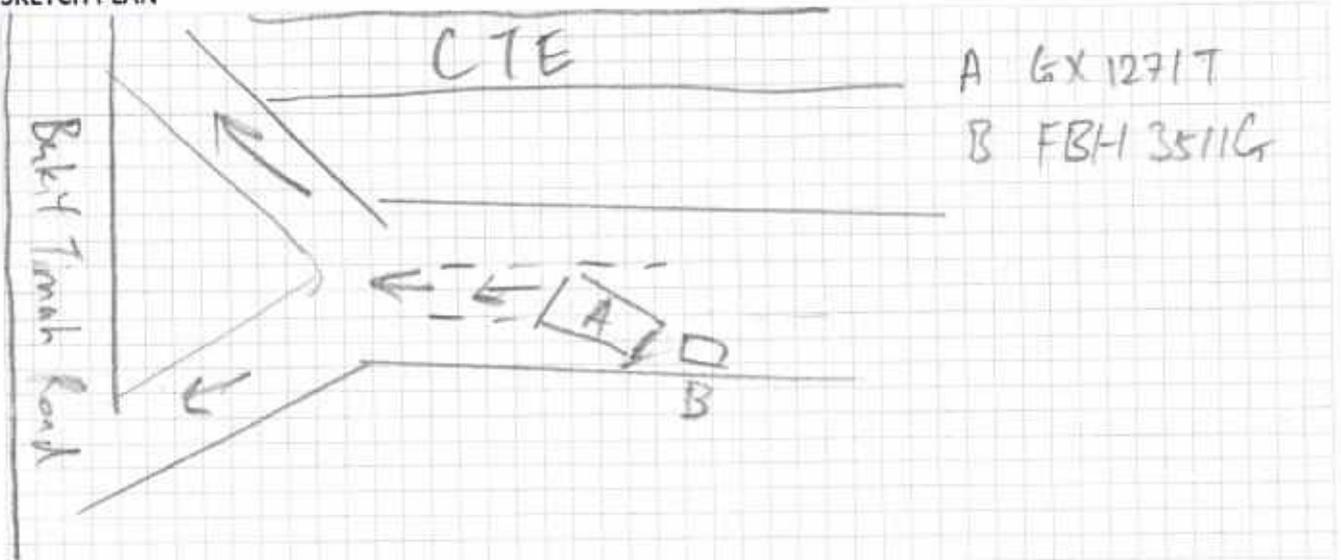

Driver's Signature
(If driver is not the policyholder)

Date & Time: 13/08/2018

10:30 am


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

SKETCH PLAN

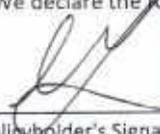


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

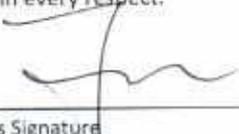
Van A was changing lanes, then Motorcycle B hit the left rear end of Car A.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 13/08/2018
 10:30am




 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13/08/2018
 10:30am


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

Claim Handling

Accident MT/1006960

Policy No.	5077879533-02	Vehicle No.	GX1271T	GST Registration No.	
Certificate No.					
Policyholder Name	KUNDA TRADING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201301313Z
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94553261	Special Remark		Contact No.(Home)	
Email Address		TGA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	sCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	10	sCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	13/08/2018 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/08/2018	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF CTE AND BUKIT TIMAH ROAD				

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 Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	587 BUKIT TIMAH ROAD	Address 2	#02-35 CORONATION PLAZA	Address 3	SINGAPORE 269707
Address 4		Address Type	Singapore address	Post Code	269707
Unit No.	02-35	Related Policy Number	5093855018-01		

GI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/11/1983
Unnamed driver Name	FENG HUAAN	Driver NRIC	G6336272M	Driving Experience	3
Register Date of Driver License	12/06/2015	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	98799197	Contact No.(Office)		Address 3	SINGAPORE 269707
Address 1	587 BUKIT TIMAH ROAD	Address 2	#02-35 CORONATION PLAZA	Post Code	269707
Address 4		Address Type	Foreign address		
Unit No.	02-35				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	GX1271T	Driver Insurer Company	NTUC

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

Modification History

Claim 001 **New**

Claim Type *	DD-HX	Insured Name	KUNDA TRADING PTE LTD	Insured NRIC	201301313Z
Contact No.(Mobile)	94553261	Contact No.(Home)		Contact No.(Office)	
Email Address		GI Vehicle Number	GX1271T	TP Vehicle Number	FBH35
Claim Description	GX1271T / FBH35:IG ON 11 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Repair Option	Preferred Workshop, Name unknown
Finalised	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	UOA report	Received	Claim Close Date	13/08/2018 17:07
Date Registered				Date Received	13/08/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1006960	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2018 17:08			
Path *		Category *	Confidential	Urgency *	Desc	
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		Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:08		Photos	Normal	Photos 2018-8-13



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:08	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:08	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:08	Photos	Normal	Photos 2018-8-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:07	Photos	Normal	Photos 2018-8-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:07	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:07	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:07	SAS	Normal	SAS 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 17:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 11/08/2018 (DD/MM/YYYY), TIME: (17:35) (HH:MM)

LOCATION: Junction of CTE and Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX12717
b) INSURANCE COMPANY: V Income
c) POLICY NUMBER: 5077979933-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota / Liteace 2.2
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work / Deliveries
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Runda Trading Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 94553261
c) ADDRESS: 587 Bukit Timah Road #02-35 Coronation Plaza
Singapore 269707

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Feng Hua an (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6236272M CONTACT: 92799197
c) ADDRESS: Jalan Bukit Merah 07-44fb

- *d) DATE OF BIRTH: (29/11/1985) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 12/06/2015
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) NO
7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBH 3511G MODEL: Motorcycle
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: _____

*No of passengers
(including driver)
(1)

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
(1)

email = Samuel@rundatrading.sg

VIDEO =

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

Employer:
RUNDA TRADING PTE. LTD.



Name:
FENG HUAAN

S Pass No.
0 73599797

Sector:
SERVICE



X0243700

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 6336272 M**

Name:
FENG HUAAN

Birth Date: **29 Nov 1985**

Issue Date: **12 Jun 2015**

Valid Till: **11/06/2020**

002438332G

SG 50

VISIT PASS
 Immigration Regulations

04-04-2016

Name:
FENG HUAAN

ID No.
06336272M

Date of Birth: **29-11-1985** Sex: **M**

Nationality:
CHINESE

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.

Download SGWorkPass App to check status



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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A



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 : 5077979933-02
The Policyholder : RUNDA TRADING PTE LTD
587 BUKIT TIMAH ROAD
#02-35 CORONATION PLAZA
SINGAPORE 269707

Period of Insurance : 01 Mar 2018 To 28 Feb 2019
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$1,121.45

paid @ Feb-2018

Interest Insured

Cover Type	: Third Party, Fire & Theft	Number of Seater	: 2
Make/Model	: TOYOTA/LITEACE 2.2	Registration Date	: 12 Feb 2004
Capacity	: 0.85 ton(s)	Insure with COE	: Yes
Registration Number	: GX1271T	NCD Entitlement	: 10%
Chassis Number	: CR425007685	Loyalty Discount	: 5%
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M2

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 02 Feb 2018 16:38 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