

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MNA11810681V

Date In: 17/8/18 - 19:20	Job description	Date & Time Completed	Done by
Ref No: NA/3321805032/24	SAS e-filing		
Veh No: YN1171M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/8/18 - 16:15	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: Excraybr

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% P: 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

Invoice Preparation Checklist

Amt (\$)

Int Bill

Amt (\$)

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

QD*

*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

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	17/08/2018 19:29
Date Of Accident	15/08/2018 16:15
Exact Location Of Accident	SARIMBUN RECYCLING PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN1171M
Insured/Policyholder	
Name Of Registered Owner	SIN CHEW WOODPAQ PTE LTD
Co Reg No	200104742C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	MKB37BNHRA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496876
Cover Note Number	
Driver	
Name of Driver	CHIA MENG HENG
NRIC No	S6846475G
Date Of Birth	05/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86981028
Fax Number	
Contact Number	OFFICE-86981028
EMail Address	NOEMAIL

Address	BLK 920 JURONG WEST STREET 92 #09-91
Postcode	640920
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?	
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

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	EXCAVATOR
Vehicle Make/Model/Colour	BEE JOO INDUSTRIES PTE LTD
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

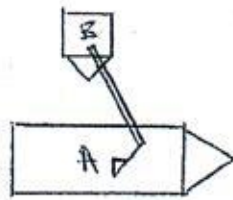
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



(A) YN 1171 M

(B) EXCAVATOR

(SARIMBUN RECYCLING PARK)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE MY ~~LORRY~~ LORRY IS STATIONARY AT LIM CHU KANG SARIMBUN RECYCLING PARK WAITING TO UNLOAD MY GOODS. WITHOUT MY ACKNOWLEDGE THIS EXCAVATOR SUDDENLY LOWER HIS ARM AND HIT ONTO MY LORRY. THUS DAMAGE MY LORRY SIDE GATE. AFTER I KNOW THAT THE EXCAVATOR BELONG TO BEE JAO INDUSTRIES PTE LTD.

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.:

Date of Accident : 15/8/18 Accident Time: 1615 . (24-HR-Format)
Accident Place : SARIMBIN RECYCLING PARK
Vehicle Reg. No. (Car Plate No.) : YN 1171M
Vehicle Make/Model : NISSAN MKB37BN HRA
Insurance Company : INDIA INT'L Policy No. M496876
Owner or Company Name /IC No. : SIN CHEW WOODPAQ PTE LTD /200104742C
Owner or Company Contact No. : 2888535 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : CHIA MENG HENG /568464756
DRIVER'S Date Of Birth : 5/12/1968 DRIVER'S License Pass Date 17 FEB 2011
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BK920 LURONG WEST ST 92 #09-91
DRIVER'S Contact No./ Alt No. : 1) 86981028 2) _____ (S) 2264
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : woodpaq @ sin - chew . com . sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>EXCAVATOR</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>KOBELCO E28</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6846475G

CHIA MENG HENG

谢明兴

CHINESE
Date of Birth 05-12-1968
Country of Birth SINGAPORE

Sex M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6846475G

CHIA MENG HENG

Birth Date: 05 Dec 1968
Issue Date: 17 Feb 2011

0019367198



1770729



NRIC No. S6846475G



Blood Group Date of issue
A+ 08-03-1994

Address

APT BLK 920 JURONG WEST STREET 92
#09-91
SINGAPORE 2264

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

EFFECTIVE DATE

- Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 26 Nov 1991
- Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg 02 Jan 2003
- *Motor vehicles which are not constructed to carry load and the unladen weight \leq 2500kg

Licence No: S6846475G



NP 428A

**INDIA INTERNATIONAL INSURANCE PTE LTD**

Co. Reg. No. 198701791K (GST Reg. No. M2-0070306X)
110 Cecil Street #03-01/02 #03-02 IOB Building Singapore 06711
Office (65) 63476100 Email: insured@ii.com.sg
Fax: (65) 62344174 Website: www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1979 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance.
The Certificate must be returned if the insurance is suspended during its currency.

Agency Code: **91374SE**

Comprehensive

Excess: S\$850/- Sect. 1 (For Employee) S\$1700/- (For Non-Employee)
Additional S\$3000/- Sect. 1 for age < 22 yrs or age > 65 yrs
&/or S'pore D.L. < 2 yrs
Windscreen: S\$100/-

CERTIFICATE NO.

M496876

1. Index Mark and Registration
Number of Vehicle

YN 1171 M

2. Name of Policy Holder

Sin Chew Woodpac Pte Ltd

3. Effective date of the commencement of
insurance for the purposes of the Act25th May 2018

4. Date of Expiry of Insurance

24th May 2019

5. Persons or Classes of Persons entitled to drive*

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 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 to that behalf from driving
the Motor Vehicle

6. Limitations as to use*

- (1) Use in connection with the Policyholder's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (3) Use for social, domestic and pleasure purposes

The Policy does not cover

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

* Limitations conferred insurance 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

I 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)

Date of Issue: **hh/13.04.2018**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

MZ (MOTOR GOODS CARRYING)
PRIVATE TYPE

Individual Signature

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189) it shall be unlawful for any person
to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance
company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this
obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed
to by the insurance company concerned. If the insurance company agree to cover the new owner they will enforce the policy accordingly and will issue a
new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT UNDER THIS POLICY, YOU SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN
YOUR INSURANCE BEING INVALID.

Agent/Broker Name: **Tan Shi Jack**Hire Purchase Company: **NA**