

NATIONAL Assessment Centre Services (wef 1 Jan 05) MAA 4181/16829			
Date In: 10/09/2008 11:58	Job description	Date & Time Completed	Done by
Ref No: NA842000080164504	SAS e-filing		
Veh No: GBE 76773	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/09/2008 09:50	i-Motor Claim Form	MM/1010773-001	10/09/2008 15:25
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: TIB 1773K	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

NA805782

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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 / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	
Cat. 1:			
Cat. 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	10/09/2018 11:55
Date Of Accident	08/09/2018 09:50
Exact Location Of Accident	TRAFFIC JUNCTION OF WOODLANDS AVE 9 AND AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2677J
Insured/Policyholder	
Name Of Registered Owner	LIAN HIN PTE. LTD
Co Reg No	201306186N
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98004980
Alternative Phone No	OFFICE-69044901

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074764663-02
Cover Note Number	

Driver

Name of Driver	MA CHUNCHENG
NRIC No	G6658097R
Date Of Birth	18/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98004980
Fax Number	
Contact Number	OFFICE-69044901
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 204 WOODLANDS INDUSTRIAL PARK E9 WOODLANDS INDUSTRIAL PARK E
	05-16
Postcode	758879
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	DRIZZLING
Road Surface	WET

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: : COLLEAGUE
	GENDER: : MALE

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

P-LEASE 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	TIB1173K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE YAN NING
NRIC/Passport Number	G2092660R
Contact Number	94231456
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

Vehicle No:

DOA:

GBE2677J
08/09/2018

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (II) 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) involved in this accident and the Insurers' 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.

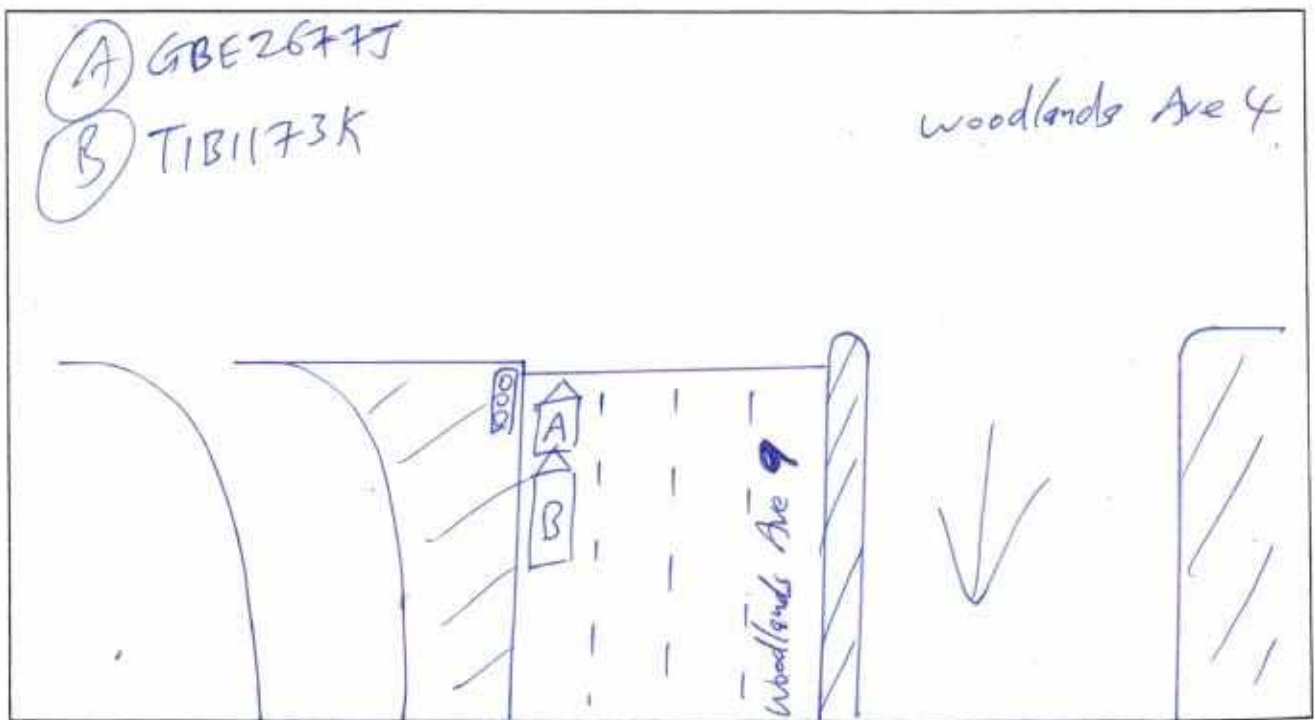
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan



Describe Circumstances of the Accident

I was stationary at the traffic junction while waiting for the traffic to turn green.

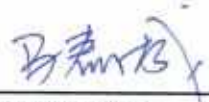
Before I started to move off when the traffic light turned green, vehicle (B) came from behind and hit my lorry. (A)


Declaration

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



Policyholder's Signature
Date & Time


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


Witnessed by Reporting Centre
Personnel

Claim Handling

Accident MT/1010773

Policy No.	5074764663-02	Vehicle No.	GBE26773	GST Registration No.	
Certificate No.					
Policyholder Name	LIAN HIN PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201306186N
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98004980	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KFK	Yes	TCO Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/09/2018 15:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/09/2018	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRAFFIC JUNCTION OF WOODLANDS AVE 9 AND AVE 4				
Excess					
Own Damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 204	Address 2	WOODLANDS INDUSTRIAL PARK	Address 3	WOODLANDS INDUSTRIAL
Address 4	SINGAPORE 757879	Address Type	Singapore address	Post Code	757879
Unit No.	05-1E	Related Policy Number	S103492746		
GI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/04/1978
Unnamed Driver Name	MA CHUNCHENG	Driver NRIC	G6558297R	Driving Experience	0
Register Date of Driver License	24/07/2018	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)			
Address 1	BLK 204 #05-1E	Address 2	WOODLANDS INDUSTRIAL PARK	Address 3	WOODLANDS INDUSTRIAL
Address 4	SINGAPORE 757879	Address Type	Foreign address	Post Code	757879
Unit No.	05-1E				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	GBE26773	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes		

Modification history

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIAN HIN PTE. LTD.	Insured NRIC	201306
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	629311
Email Address		GI Vehicle Number	GBE26773	TP Vehicle Number	TIB117
Claim Description	GBE26773 / TIB1173K ON 8 Sept 2018				
Referred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Basinet No. Finalisation	Yes	Repair option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received	Claim Close Date	10/09/2018
Report Taken By	WDSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1010773	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/09/2018 15:25
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Re
NAC_BUKIT_MERAH_200676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 19:25		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:25	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:25	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:25	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:25	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:17	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:17	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:17	Photos	Normal	Photos 2018-9-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:16	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:16	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:16	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:16	Photos	Normal	Photos 2018-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2018 15:16	SAS	Normal	SAS 2018-9-10

Video List

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

PERSONAL PARTICULARS

Date of Accident: 08/09/2018

Time of Accident: 09:51 (24Hrs)

Vehicle No: GBE2677J

Vehicle Make/Model: Toyota Dyna (2982cc)

Exact Location of Accident: Traffic Junction of Woodlands Ave 9 and Ave 4

Owner's Name/NRIC: Lian Hin Pte Ltd / 201306186N

1 Driver
1 passenger

Driver's Name/NRIC: Ma Chuncheng / G6658097R

Driver's Contact: 69044901 / 98004980

Insurance Co & Policy No: NTUC / 5074764663-02

Driver's Email Address: hancarsrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer / Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Lee Yan Ning / G2092660R

Vehicle No: T1B1173K

Insurance Company: _____

Driver's Contact: 1800-336-8900

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

94231456

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore




Employer:
LIAN HIN PTE. LTD.

Name:
MA CHUNCHENG

Work Permit No:
0 73721431

Sector:
MANUFACTURING

K0100355

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number:
G6658097R

Name:
MA CHUNCHENG

Birth Date: 18 Apr 1978

Issue Date: 24 Jul 2018

Valid Till: 23/07/2023

002827474F




Jeremy : 69044901 / 98004980


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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 24 Jul 2018

NP 428A

Licence No: G6658097R



VISIT PASS
Immigration Regulations

18-04-2018

Name:
MA CHUNCHENG

File:
G6658097R

Date of Birth:
18-04-1978

Sex:
M

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU





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 : 5074764663-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBE2677J**
Chassis Number : **KDY2318021216**
 2. Name of Policyholder : **LIAN HIN PTE. LTD.**
 3. Effective Date of Insurance : **22 Oct 2017**
 4. Expiry Date of Insurance : **21 Oct 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	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)
Date of Issue : 06 Oct 2017 00:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive