NATIONAL Assessment Centre Services (ref: Jan'09) MNA 118121654

Date In: 19/9/18 15:30	Job description	Date & Time Completed	Done by
Ref No: MAI INC1801706616h4.	SAS e-filing		
Veh No: GQ 4065 P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/9/18 14:25.	i-Motor Claim Form	MT1012153-001	19/9/18 16:07.
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: SGS 8979R. 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

MA1805948

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);		30.00	
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:-			
OR*			
*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*		

MNA118121654 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 19/09/2018 15:30
SUBMITTED BY: Liew Shan Hui

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 witholding 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	19/09/2018 15:30
Date Of Accident	18/09/2018 14:25
Exact Location Of Accident	BLK 846 TAMPINES CARPARK (LOT 118)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GQ4065P
Insured/Policyholder	
Name Of Registered Owner	YEW HO CHUANG FURNITURE ENTERPRISE PTE LTD
Co Reg No	199200632W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91444937
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	PARKED
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
Fleet Policy	NO
Policy Number	5089854629
Cover Note Number	-
Driver	
Name of Driver	TIONG KENG FATT
NRIC No	S1314937B
Date Of Birth	04/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91444937
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 846 TAMPINES ST 82 #03-183
Postcode	520846
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER COMPANY
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	
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)	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 ATTACHED 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	SGS8979R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97399075
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.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

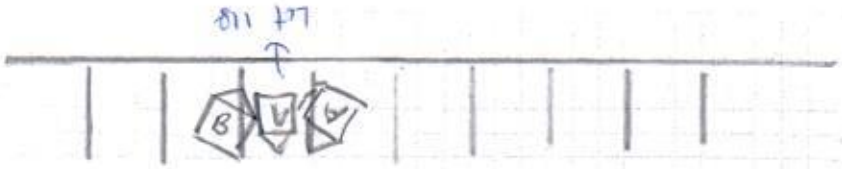
YEW HO CHUANG FURNITURE ENTERPRISE PTE LTD

X

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

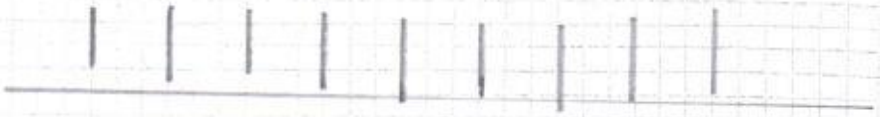
Reporting Centre Personnel's Signature

SKETCH PLAN



Tampines carpark

Vehicle A - GQ 4065P
Vehicle B - SGS 8979R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/09/18, I had park my vehicle GQ 4065P at my block carpark at Blk 846 Tampines St 82 (S) 520846. At around 2:25 pm vehicle SGS 8979R hit on to my car Rear Right side portion vehicle SGS 8979R wanted to do private settlement. On 19/09/18 he call me and ask me to claim against his Insurance.

DECLARATION

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

x

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

x

Reporting Officer / Examiner's Signature
Name:
NRIC/FIN No.:

x

YEW HO CHUANG FURNITURE ENTERPRISE PTE LTD

VEHICLE NO: GQ 4065P MAKE & MODEL : Toyota Hiace

DATE OF ACCIDENT	18 / 09 / 2018
TIME OF ACCIDENT	2:25 AM / (PM)
LOCATION OF ACCIDENT	Blk 846 Tampines carpark (Lot 118)
Exact Purpose use during accident	
NAME OF OWNER	Yew Ho Chuang Furniture Enterprise Pte Ltd
TELP NO	
NRIC	
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
PRIVATE HIRE	YES / (NO)
INSURANCE CO.	NTUC Income
TYPE OF CAVERAGE	Comprehensive / (Third Party) / Third Party Fire & Theft
POLICY NO.	5689854629
NAME OF DRIVER	As above / If No: Tiong Keng Fatt
NRIC	S 1314937B Any passengers: 0
DATE OF BIRTH	04 / 03 / 1958
OCCUPATION	(Outdoor) / Indoor
DATE OF DRIVING PASS	07 / Jun / 1992
GENDER	(Male) / Female
CONTAC NO.	9144 4937 Office: Home:
ADDRESS	Blk 846 Tampines St 82 #03-183 (S) 520846
DRIVER HAVE ANY OWN Vehicle	(NO) / If yes : Reg No:
RELATIONSHIP	Employee / If No: brother company
WEATHER CONDITION	(Clear) / Raining / Other :
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	(No) If yes : Who?
CONTAC NO.	
POLICE REPORT	(No) If yes : Where?
VEHICLE B NO.	SGS 8979R Any Passenger :
NAME	
CONTAC NO.	9739 9075
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TEL P NO	1 Kaki bukit ave 6 #02-15
FAX NO.	Singapore 417883
	Telp : 67476106 (6 lines)

6 Speed Autowerkz Pte Ltd
08 Kaki Bukit Avenue 6
#02-05 ARK @ KB, Singapore 417896
Tel: 6384 7037 Fax: 6384 7039
Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1314937B

Name

TIONG KENG FATT

庄 耿 发

Race

CHINESE

Date of birth

04-03-1958

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1314937B

Name

TIONG KENG FATT

Birth Date 04 Mar 1958

Issue Date 05 May 2003

000448652A

5566036

NRIC No. S1314937B

Date of Issue

25-02-2016

Address

APT BLK 846 TAMPINES STREET 82
#03-183
SINGAPORE 520846

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Jun 1992

Licence No: S1314937B

NP 428A

income
made different

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 : 5089854629 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **GQ4065P**
   Chassis Number : LH1031041005
2. Name of Policyholder : YEW HO CHUANG FURNITURE ENTERPRISE PTE LTD
3. Effective Date of Insurance : 29 Apr 2017
4. Expiry Date of Insurance : 05 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INCOME-BRANCH SERVICES (00000094031)
Date of Issue : 06 Apr 2017 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1012153

Policy No.	5089854629	Vehicle No.	GQ4065P	GST Registration No.	M2010
Certificate No.					
Policyholder Name	YEW HO CHUANG FURNITURE ENTERPRISE PTE LTD			Policyholder NRIC	19920
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91444937	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	19/09/2018 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	18/09/2018	Time of Accident hh:mm	14:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 846 TAMPINES CARPARK (LOT 118)				

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			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M201048494	GST Status Verified	No

Modification History

Policyholder Mailing Address

Address 1	16 DEFU LANE 7	Address 2	SINGAPORE 539339	Address 3	
Address 4		Address Type	Singapore address	Post Code	53933
Unit No.		Related Policy Number	5089854629		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TIONG KENG FATT	Driver NRIC	S1314937B	Driver DOB	04/03/
Register Date of Driver License	01/06/1992	Driver Age	60	Driving Experience	26
Contact No.(Mobile)	91444937	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 846 #03-183	Address 2	TAMPINES STREET 82	Address 3	TAMPI
Address 4	SINGAPORE 520846	Address Type	Singapore address	Post Code	52084
Unit No.	03-183				
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YEW HO CHUANG FURNITURE E
Contact No.(Mobile)	93695605	Contact No. (Home)	
Email Address		OI Vehicle Number	GQ4065P
Claim Description	GQ4065P / SGS8979R ON 18 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Direct No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received		
Date Registered	19/09/2018 16:06	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1012153	Claim No.	001

Last Doc. Received ◉ Yes ○ No | Upload Date 19/09/2018 16:07

Path *		Category *	Confidential	Urgency *
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	SAS	Normal	SAS 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	Photos	Normal	Photos 2018-9-19
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:07	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:06	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:06	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:06	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:06	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:06	Photos	Normal	Photos 2018-9-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2018 16:06	Photos	Normal	Photos 2018-9-19

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading