

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MVA18134497**

Date In: **16/12/18-15:56**
 Ref No: **NA/918018793/24**
 Veh No: **60N53434**
 D.O.A: **21/9/18-09:46**
 OD / TP: **Reporting Only**
 TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs, AIC 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()
 TP Particulars: Vch No: () Tel: () Fax: ()
 Owner / Driver: () INC () / Non-INC ()
 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)

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

NA18066A

Claimant's Particulars :-
 Driver/Owner:
 Contact No:
 Damaged Portion:
 QC Checked by (Engr-In-Charge):

Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee			
4) FT: Follow-Through Survey	\$40/\$45		
5) FT: Follow-Through Survey (Resurvey)	\$120		
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		

Auditors' Comments :-
 at 1:
 at 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 willful 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. 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	16/10/2018 15:56
Date Of Accident	24/09/2018 09:40
Exact Location Of Accident	AMK TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5347H
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Insured/Policyholder

Name Of Registered Owner	LIAN HUP HUAT FOOD INDUSTRIES PTE LTD
Co Reg No	201411226M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68423535

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1630031802
Cover Note Number	

Driver

Name of Driver	KOH SENG MENG
NRIC No	S0092045B
Date Of Birth	20/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81137819
Fax Number	
Contact Number	OFFICE-81137819
EMail Address	NOEMAIL

Address	BLK 630 WOODLANDS RING ROAD #13-222
Postcode	730630
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
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

I RECEIVED CLAIM LETTER FROM THE COMPANY I WAS INVOLVED IN THE ACCIDENT DATE AND TIME, I WAS TRAVELLING ALONG HOUGANG AVE 2 . THERE WAS NO DENT OF MY VEHICLE. I DID NOT FELT ANY IMPACT DURING THE SAID TIMING. THE VEHICLE REGISTRATION NUMBER: SHD7188E - THE DRIVER DID NOT STOP AT THAT TIME.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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**.
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

No sketch plan provide.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0092045B**
 Name: **KOH SENG MENG**

Birth Date: **20 Oct 1949**
 Issue Date: **23 Aug 2004**

001277167A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0092045B




Name: **KOH SENG MENG**
許 星 明


Race: **CHINESE**
 Date of birth: **20-10-1949** Sex: **M**
 Country of birth: **SINGAPORE**



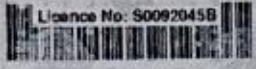

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Jul 11
Class 2A	Motorcycles between 201 cc and 400 cc	19 Jul 1974
Class 2	Motorcycles exceeding 400 cc	19 Jul 1974
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusively of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	11 Dec 1974

Fuel Up to the Power of 21



Licence No. S0092045B



3965489



NRIC No. **S0092045B**



Date of issue: **27-11-2006**

APT BLK 630 WOODLANDS RING ROAD #13-222
SINGAPORE 730630

NRIC No. **S0092045B** Date: **30/03/2013** No: **7238671**



中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Reg. No. N100208344E

MZ300/C
R SN
AN0420A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

AXA Insurance Pte Ltd (Company No. 198200101)
8 Shenton Way, #24-01 AXA Tower, Singapore 068802
Customer Centre #8101
Tel: +65 6880 4888 Fax: +65 6880 4889
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Road Transport Act, 1987 (Malaysia)

CERTIFICATE OF INSURANCE

ORIGINAL

CERTIFICATE No	DMCVSN1630031802	Engine No : ZD3022382K
		Chano: 3N15C2F2420800911
1 Index Mark and Registration Number of Vehicle	GBB5347H	AUTOSAFE
2 Name of Policy Holder	LIAN HUP HUAT FOOD INDUSTRIES PTE LTD	
3 Effective date of the Government approval of insurance for the purposes of the Road Transport Act, 1987 (Malaysia) or Enactment	27 May 2018	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4 Date of Expiry of insurance	26 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 in 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 or pleasure purposes.
- The Policy does not cover:
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 9 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/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).

Please see reverse



[Handwritten Signature]

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Handwritten Signature]

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory