

**NATIONAL Assessment Centre Services.** [ref 1 Jan'08] **MNA 11813612F**

Date In: <b>20/10/18 09:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA11NC180190661h4.</b>	SAS e-filing		
Veh No: <b>YP 6291G.</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>19/10/18 16:45.</b>	i-Motor Claim Form	<b>MT/1016451 901</b>	<b>20/10/18 17:15.</b>
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: <b>YM 9628R.</b>	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

<b>MA1806714</b> <b>Claimant's Particulars:</b> <b>Driver/Owner:</b> <b>Contact No:</b> <b>Damaged Portion:</b> <b>QC Checked by (Engr-In-Charge):</b> <b>Auditors' Comments:</b> Ref 1: Ref 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (ref 10 Jan 2008)			
	6) TR: Re-inspection \$75			
	7) N1: Idao 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 (N-in INC) against INC \$20				
9) N12: Idao 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 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	20/10/2018 09:30
Date Of Accident	19/10/2018 16:45
Exact Location Of Accident	CHANGI AIRPORT CARGO IMPORT TERMINAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6291G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOADED SERVICES PTE LTD
Co Reg No	200010432N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65468936

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089776504-01
Cover Note Number	-

### Driver

Name of Driver	SIM HOCK SEW
NRIC No	S1576613A
Date Of Birth	07/10/1963
Occupation	INDOOR
Date Of Driving Pass	25/03/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98759168
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 676B YISHUN RING RD #08-1918
Postcode	762676
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	COLLIDED INTO PARKED VEHICLE
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)	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

WHEN I TRY TO PARK INTO THE LOADING BAY, MY LORRY LEFT REAR ACCIDENTALLY HIT ONTO A PARKED LORRY FRONT LEFT PORTION.

#### 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	YM9628R
Vehicle Make/Model/Colour	
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

### 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:

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

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

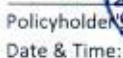
A = YP6291G  
B = YM9628R

Loading bay

Changi Airport Cargo Import terminal

Please Refer to statement

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



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

Identification Number: S1576613A

Name: SIM HOCK SEW

Birth Date: 07 Oct 1963

Issue Date: 27 May 2003

Barcode: 79011413A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1576613A

Name: SIM HOCK SEW

Chinese Name: 沈福秀

Race: CHINESE

Date of Birth: 07-10-1963

Sex: M

Country of Birth: SINGAPORE

Barcode: 79011413A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Class	Description	Valid Until
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	Nov 2011
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	25 Mar 2003
Class 5	Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7200 kg	27 May 2003

S1576613A

S/N: 9000000515

Licence No: S1576613A

NP 438A

Barcode: 79011413A

2280718

NRIC No: S1576613A

Signature: [Signature]

Valid Until: 17-08-2014

APT BLK 876B WISHUN RING ROAD #08-1818  
SINGAPORE 762678

NRIC No: S1576613A Date: 20/04/2018

## 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 : 5089776504-01

Cover : Comprehensive

- |  |                           |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle   | : YP6291G                 |
| Chassis Number   | : FK62FMA30297            |
| 2. Name of Policyholder  | : LOADED SERVICES PTE LTD |
| 3. Effective Date of Insurance   | : 03 Apr 2018             |
| 4. Expiry Date of Insurance  | : 02 Apr 2019             |
| 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.<br>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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : PRO-LINK INSURANCE AGENCY (00000571869)  
Date of Issue : 26 Mar 2018 10:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

RECEIVED 27 MAY 2018



## Claim Handling

Accident MT/1016451

Policy No.	5089776504-01	Vehicle No.	YP6291G	GST Registration No.	200010432N
Certificate No.					
Policyholder Name	LOADED SERVICES PTE LTD			Policyholder NRIC	200010432N
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65468936	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	20/10/2018 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	19/10/2018	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI AIRPORT CARGO IMPORT TERMINAL				

## ▼ 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	Yes	GST Registration Date	01/01/2015
GST Registration No.	200010432N	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	61 ALPS AVENUE	Address 2	SINGAPORE 498798	Address 3	
Address 4		Address Type	Singapore address	Post Code	498798
Unit No.		Related Policy Number	5094818242-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM HOCK SEW	Driver NRIC	S1576613A	Driver DOB	07/10/1955
Register Date of Driver License	25/03/2003	Driver Age	55	Driving Experience	15
Contact No.(Mobile)	98759168	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 676B #08-1918	Address 2	YISHUN RING ROAD	Address 3	PARK C
Address 4	SINGAPORE 762676	Address Type	Singapore address	Post Code	762676
Unit No.	08-1918				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LOADED SERVICES PTE LTD
Contact No.(Mobile)	97468240	Contact No.(Home)	NIL
Email Address	loadedls@singnet.com.sg	OI Vehicle Number	YP6291G
Claim Description	YP6291G / YM9628R ON 19 Oct 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	20/10/2018 17:15	Received	Received
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1016451	Claim No.	001
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10/20/2018

## Claim Handling(accident reporting Claim Task )

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

20/10/2018 17:15

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Please Select ▼

Confidential

NO ▼

Urgency \*

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	SAS	Normal	SAS 2018-10-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	Photos	Normal	Photos 2018-10-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	Photos	Normal	Photos 2018-10-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	Photos	Normal	Photos 2018-10-20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	Photos	Normal	Photos 2018-10-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	Photos	Normal	Photos 2018-10-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:15	Photos	Normal	Photos 2018-10-20

## Video List

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

Scan and uploading