

NATIONAL Assessment Centre Services

Unit 1 (201901)

MINA118137844

| | | | |
|-----------------------------|--|-----------------------|---------|
| Date In: 23/09/2018 / 17:53 | Job description | Date & Time Completed | Done by |
| Ref No: NGA/EQT/18019244 | SAS e-Milling | | |
| Veh No: GBD 869C | E-mail (within 3hrs, A/C 3hrs) | | |
| D.O.A: 17/09/2017 / 18:10 | E-Motor Claim Form | | |
| OD / TP? Reponing Only | I-Motor W/O (within 24 hrs, TP 1hr) | | |
| | I-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass'l Report by Fax/Hand to Owner/Wksp | | |

| | | |
|---|---|-----------------|
| Preferred Wksp / INC Assign Wksp / OWI: | Tel: | Fax: |
| TP Particulars: Yeh No: SJX 5809G | 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 repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks: INC hotline 6788 6016 | 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: _____

Action: _____

* policy number incorrect in G/A

* CI not cover. OK MA

Donik 2019

| Customer's Particulars | Invoice Preparation Checklist | Amount | Amount |
|------------------------|--|-------------|--------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) | INC (\$10) | |
| Assessed Portion: | 3) TP: Towing Fee | \$40/\$43 | |
| | 4) FT: Follow-Through Survey | \$130 | |
| | 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| | For estimate against INC Only (used 10 Jan 2019) | | |
| | 6) TR: Re-inspection | \$13 | |
| | 7) NI: Day DA + SMRT Survey | \$160 | |
| | 8) NTUC Additional Services | | |
| | 9) NI: Courtesy Car / Tpl Allowance | \$5 | |
| | 10) NI: Repairs Coordination | \$10 | |
| | 11) NI: Post Repair Inspection | \$13 | |
| | 12) NI: DY / Collect Unpaid Coordination | \$3 | |
| | TP (NI) / TP (Run INC) against INC | \$20 | |
| | 13) NI: Mileage Mobile | \$20 | |
| | Invoice dated | Not Charged | |
| | Invoice dated | Not 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 | 23/10/2018 17:53 |
| Date Of Accident | 17/09/2017 18:10 |
| Exact Location Of Accident | ALONG HAIG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBD8659C |
| Insured/Policyholder | |
| Name Of Registered Owner | VC MARKETING |
| Co Reg No | 53154985B |
| Email Address | COOLSTUFF6287@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92267033 |
| Alternative Phone No | OFFICE-92267033 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN152549170 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NG JIAK CHOR |
| NRIC No | S6910399E |
| Date Of Birth | 07/03/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/05/2006 |
| Driving Experience | 11 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92267033 |
| Fax Number | |
| Contact Number | OTHERS-92267033 |
| EMail Address | COOLSTUFF6287@GMAIL.COM |

| | |
|---|---------------------------|
| Address | BLK3 HAIG ROAD #04-541 |
| Postcode | 430003 |
| 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 | NO COLLISION |
| Weather Conditions | UNKNOWN |
| Road Surface | UNKNOWN |

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? | 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) | 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

PLEASE 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 | SJX5809G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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.

VC MARKETING

Co. Reg. No. 53154985B

22/10/18

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:

Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5/10/2018 I RECEIVED A LETTER SAYING I WAS INVOLVED IN AN ACCIDENT ON 17/09/2017 AND I WAS NOT AWARE OF IT THAT ALL.

DECLARATION

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

VC MARKETING

Co. Reg. No. 53154985B

Policyholder's Signature *[Signature]*
Date & Time: 22/10/18

Driver's Signature *[Signature]* 22/10/18
(If driver is not the policyholder)
Date & Time:

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



EAST ASIA LAW CORPORATION

Advocates & Solicitors

133 New Bridge Road #10-02
Chinatown Point Singapore 059413
Tel: 65 6323 2565 Fax: 65 6323 2373
E-mail: law@ealc.com.sg
Website: www.ealc.com.sg

Kasturibai Manickam
Jocinda Wong Jia Heng

ACRA Reg. No.
200309625D

(Service of Court documents by way of fax is not accepted)
GST Reg. No. 200309625D

Our ref : 2017.5267.EA.MK.ya

5 October 2018

Ng Jiak Chor (Driver)
Blk 3 Haig Road
#04-541
Singapore 430003
Your ref: GBD8659C

By certificate of Posting

VC Marketing(Owner)
1 Queenway #01-25
Queenway Shopping Ctr/ Tower
Singapore 149053
Your ref : GBD8659C

By certificate of Posting

China Taiping Insurance (Singapore) Pte. Ltd.
No.3 Anson Road,
#16-00 Springleaf Tower
Singapore 079909
Your ref: SNM18d04614C02

PDX #8178

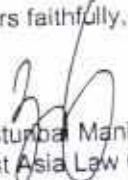
Dear Sir/Madam,

**CLAIMANT: TEE KIAN YONG
ACCIDENT INVOLVING SJX5809G & GBD8659C ON 17 SEPTEMBER 2017 ALONG ALONG HAIG
ROAD AT ABOUT 1810 HOURS**

We refer to the above matter and to M/s China Taiping Insurance (Singapore) Pte. Ltd's email dated 26 September 2018, a copy of which is enclosed.

Please look into this matter and revert within the next 7 days hereof.

Yours faithfully,


Kasturibai Manickam
East Asia Law Corporation

Enc.

DRIVING LICENCE / INS CAR & STAMPED FROM UNIT. COLS STAMP

ACCIDENT STATEMENT

ACCIDENT DATE: 17/09/2017 (DD/MM/YYYY), TIME: 15:10 (HH:MM)

LOCATION: ALONG HAILU ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 8659C
 b) INSURANCE COMPANY: China Taiping Insurance
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: VC MARKETING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53154985-B CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AL JAKHUR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5910394E CONTACT: 62267033
 c) ADDRESS: 3 HAILU ROAD #04-541 1930003

*d) DATE OF BIRTH: 07/03/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SSX 5809G MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = coolstuff6287@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6910399E



Name
NG JIAK CHOR

黄叶昌

Race
CHINESE

Date of birth
07-03-1959

Sex
M

Country of birth
SINGAPORE

4303754



NRIC No. S6910399E



07-11-2008

BLK HAP ROAD #04-541
SINGAPORE 430003

NRIC No. S6910399E

Date: 15/09/2011

No. 15022

QDING CHOR



NG JIAK CHOR

Birth Date: **07 Mar 1969**

Issue Date: **22 May 2006**



001419947K

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS LATE

1984

ORIGINAL

THE SCHEDULE

Agency AN0579A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number DMCVEN1525491702
Account AN0579A Issued on 16/06/2017 in SINGAPORE Replacing Policy no. DMCVEN1525491401
Client 3174054 Acceptance Date 16/06/2017

Period of Insurance from 17/06/2017 to 16/06/2018, both dates inclusive

Insured's Name.... M/S VC MARKETING
Address: 1 QUEENSWAY
#01-21
QUEENSWAY SHOPPING CTR/TWR
SINGAPORE 149053

Business/Occupn... RETAIL SALES
Financial interest MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

| | | | |
|---------------|--------------------------------|-------------|-------------------------|
| Premium | Base Annual Premium..... | \$82,117.00 | |
| | Less 10% Loyalty Discount..... | \$2211.70 | |
| | Less 15% Autosafe Scheme..... | \$2476.33 | |
| | No Claim Discount20.00% | \$2285.79 | |
| | Windscreen @ \$1,000..... | \$250.00 | |
| | Total Annual Premium | \$81,193.18 | Premium Due \$81,193.18 |
| | | | Premium GST \$283.52 |
| | | | Total Due \$81,476.70 |

Risk No. 001 MOTOR COMMERCIAL VEHICLE
ORIGINAL REGISTRATION DATE: 17 JUN 2015

| | | |
|-----------------------------|---------------|------------------------------------|
| 1. Registration GND8639C | Make/Model .. | TOYOTA HIACE 3.0 DX DIESEL TURBO A |
| Type of Cover Comprehensive | No. of seats | 2 Body Type VAN |
| Engine No. ... 1KD1490647 | Capacity cc's | 0 Yr of Manuf/Regn 2014/2015 |
| Chassis No... KDW7010160812 | Tonnage | 1.41 Certificate Ref. M2100/C |

Sum Insured..Market value at the time of loss
Excess Sent 1 \$1500.00
EX ON WINDSCREEN \$1100.00

The following clauses and endorsements apply to this policy

Subject to Endts. 2, V. 15, 57, 72 & W(91,000, -)

AUTOSAFE SCHEME (M)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$22,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this \$22,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118137844-001 Vehicle Registration No: GAB 8659C
Name (as shown in NRIC) : NG JIAK CHOR NRIC/FIN/Passport No : 86910399E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 9226 7033
Email Address : _____
Date of Accident : 17/09/2017 Time of Accident : 18:10
Place of Accident : AYER HANG ROAD
Insurance Company: EQ INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER DMCVSN1525491702

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafael Wong
NRIC/FIN No.:
Date: 12/10/2018