NATIONAL Assessment Centre Services (wef 1 Jan 00) NWA418154970

Date In: 30/4/2018 10:59	Job description	Date & Time Completed	Done by
Ref No: NBA/INC180215 92/4	SAS e-filing		
Veh No: GBB 9637U	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 29/4/2018 15:10	I-Motor Claim Form	IMT/1021974-001	30/4/2018
OD / (TP) / Reporting Only	I-Motor W/O (Within OD 3hrs, TP 4hrs)		30/4/2018
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: GBB 6112L 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 0016)	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

NA1807876

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Surveyor's Comments:

1. 1:

1. 2 / 3:

Invoice Preparation Check List		Amt(S) Bill	Amt(S) Not Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($50)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2001)			
6) TR : Re-Inspection	$75		
7) N1 : 1day DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OIU			
*N1: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N3: Post Repair Inspection	$75		
*N6: DY / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$30		
9) N13: Idea Mobile	10		
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 witholding 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	30/11/2018 10:59
Date Of Accident	29/11/2018 15:10
Exact Location Of Accident	ALONG LAVENDER STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB9637U
Insured/Policyholder	
Name Of Registered Owner	HOONG KONG ELECTRIC CO PTE LTD
Co Reg No	197501313R
Email Address	HKELEPL11@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98777488
Alternative Phone No	OFFICE-62714076
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5088371658-01
Cover Note Number	
Driver	
Name of Driver	SIMON LUI THIM CHOY
NRIC No	S7328103B
Date Of Birth	03/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98777488
Fax Number	
Contact Number	OFFICE-62714076
EMail Address	HKELEPL11@YAHOO.COM.SG

Address	BLK 816 JELLICOE ROAD #20-04
Postcode	200816
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	AFTER RAIN
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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6112L
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.**
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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:

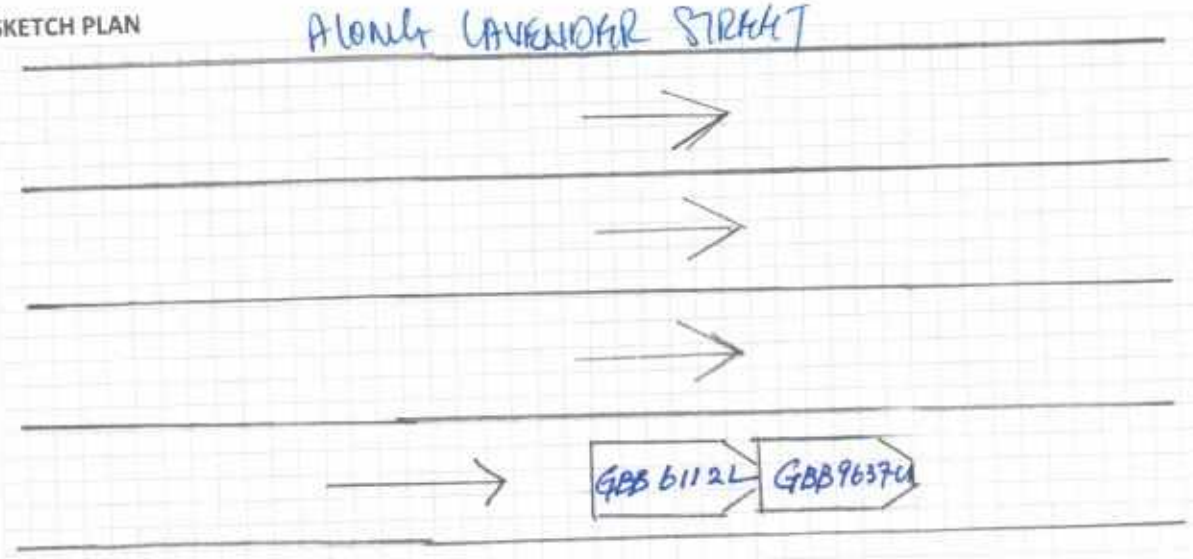
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

HOONG KONG ELECTRIC CO PTE LTD
1092 LOWER DELTA ROAD
#04-07
TEL: 62

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 ALONG LAVENDER STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG LAVENDER STREET AT AROUND 15.12pm, MY VAN WAS STATIONERY DUE TO RED TRAFFIC LIGHT WHEN TURN GREEN, THE CAR INFRONT MOVE & STOP & I FOLLOW SUDDENLY I FELT A IMPACT FROM MY REAR AND AI SLIGHTLY, A LORRY HAS BANG ONTO MY REAR

DECLARATION

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

HOONG KONG ELECTRIC CO PTE LTD
1092 LOWER DELTA ROAD
#04-07 SINGAPORE 169203
TEL: 62714076

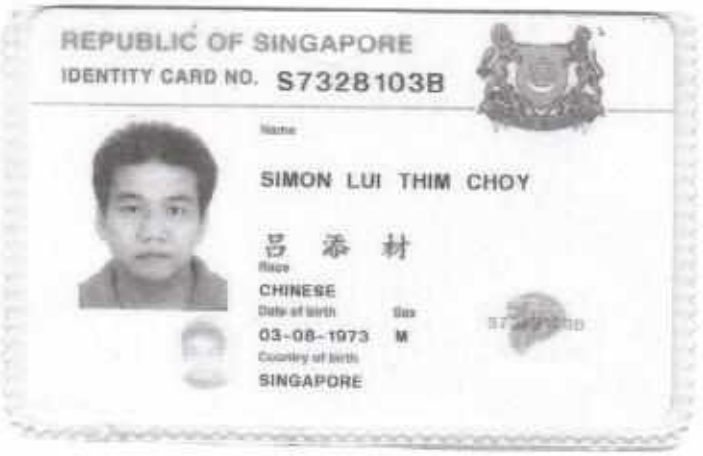
Policyholder's Signature
Date & Time:

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

30/4/2018

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


REPUBLIC OF SINGAPORE DRIVING LICENCE
S7328103B
SIMON LUI THIM CHOY
03 Aug 1973
25 Jun 2008


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7328103B
SIMON LUI THIM CHOY
呂 泰 材
CHINESE
03-08-1973
M
SINGAPORE


S7328103B
15-06-2009
APT BLK 816 JELLICOE ROAD
#20-04
SINGAPORE 200816


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E
Class 3
Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 3500kg
26 Apr 2009
Licence No: S7328103B

Claim Handling

Accident MT/1021979

Policy No.	508837165B-01	Vehicle No.	GB8963TU	GST Registration No.	
Certificate No.					
Policyholder Name	HOONG KONG ELECTRIC CO PTE LTD			Policyholder NRIC	197501313R
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98777488	Contact No.(Office)	62714076	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	30/11/2018 11:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/11/2018	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LAVENDER STREET				

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 Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	1092 LOWER DELTA ROAD	Address 2	#04-07	Address 3	SINGAPORE 169203
Address 4		Address Type	Singapore address	Post Code	169203
Unit No.	04-07	Related Policy Number	508837165B-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIMON LUI THIM CHOY	Driver NRIC	S7328103B	Driver DOB	03/08/1973
Register Date of Driver License	26/04/2005	Driver Age	45	Driving Experience	13
Contact No.(Mobile)	98777488	Contact No.(Office)	62714076	Contact No.(Home)	
Address 1	BLK 836 #20-04	Address 2	JELLICOE ROAD	Address 3	LAVENDER GARDENS
Address 4	SINGAPORE 200816	Address Type	Foreign address	Post Code	200816
Unit No.	20-04				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GB8963TU	Driver Insurer Company	NTUC

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HOONG KONG ELECTRIC CO PTE	Insured NRIC	197501
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address	HKELECPL@SINGNET.COM.SG	OI Vehicle Number	GB8963TU	TP Vehicle Number	GB861
Claim Description	GB8963TU / GB8611ZL ON 29 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Subject No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/11/2018 11:21	Claim Close Date		Date Received	30/11/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1021979	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/11/2018 11:21

Path *

	Category *	Confidential	Urgency *	Desc
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	H
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	Photos	Normal	Photos 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	SAS	Normal	SAS 2018-11-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Nov 2018 11:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-30

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 11 / 2018) (DD/MM/YYYY). TIME: (15 : 12) (HH:MM)

LOCATION: BUONA VISTA STREET

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GBB 9637 U
   b) INSURANCE COMPANY: MSIG
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: TOYOTA WISH
   f) TYPE: (SALOON / COUPE / MPV / ~~VAN~~ / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: ~~WORK~~ ON THE WAY HOME
   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: HEALTH TOUCH FOOTCARE & PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 62714076
   c) ADDRESS: _____

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: SIMON LIM (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 98777488
   c) ADDRESS: _____

   *d) DATE OF BIRTH: (____/____/_____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS _____
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 AFTER RAIN)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE

* No of passenger (Including driver) (___)

   a) VEHICLE NUMBER: GBB 6112L MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) (___)

   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = HKELEPL11@YAHOO.COM.SG
VIDEO

income
made different

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the Schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule,
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-K

Policy Number	:	50883716SR 01
The Policyholder	:	HOONG KONG ELECTRIC CO PTE LTD 1002 TOWER DELTA ROAD #04-07 SINGAPORE 169203
Period of Insurance	:	15 May 2018 To 14 May 2019
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	$51,149.53

Interest Insured

Cover Type	:	Comprehensive	
Make/Model	:	TOYOTA/HIACE	
Capacity	:	3.0Z ton(s)	
Registration Number	:	GB8963Z0	Number of Seater : 2
Chassis Number	:	JTFHT02P8000640S5	Registration Date : 15 Nov 2010
Excess (Section 1)	:	$5600	Insure with COE : Yes
Excess (Section 2)	:	N/A	NCD Entitlement : 20%
Hire Purchase Company	:	N/A	

Memo A : N/A

Endorsement Operative : N/A

Agency	:	AsiaWin PTE LTD (00000614234)
Date of Issue	:	04 May 2018 11:22 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive