

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MA118158757

Date In: 08/12/2008 14:43	Job description	Date & Time Completed	Done by
Ref No: NA/EG/18022092/Y	SAS e-filing		
Veh No: GBA 9085S	E-mail (within 5hrs, AIC 2hrs)		
DOA: 07/12/2008 23:00	I-Motor Claim Form		
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:

Unknown Tax

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 repaler.

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

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

Remarks:

(INC) 6788 6616

Date:

Time:

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:

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

2 / 3:

Invoice/Repairation Charge

1) AR: Accident Reporting (\$30)	
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 (ver 10 Jan 2005)	
6) TR: Re-Inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
OD:	
*N5: Courtesy Car / Tpl Allowance	\$5
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (Nil): TP (N-in INC) against INC	\$20
9) NI2: Idao Mobile	\$0

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	08/12/2018 14:43
Date Of Accident	07/12/2018 23:00
Exact Location Of Accident	MCE TOWARDS JURONG BEFORE EXIT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9085S
Insured/Policyholder	
Name Of Registered Owner	A YONG PTE LTD
Co Reg No	-
Email Address	TAY08323@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91885495
Alternative Phone No	OFFICE-68980978

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCPHQ18-001546
Cover Note Number	

Driver

Name of Driver	SHEN WEI
NRIC No	G8315268R
Date Of Birth	16/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91885495
Fax Number	
Contact Number	OFFICE-68980978
Email Address	TAY08323@GMAIL.COM

Address	NO 5 2ND, CHIN BEE ROAD
Postcode	618772
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	CLEAR
Road Surface	DRY

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

Shan Wei

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

08/12/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Roshni Wignarajah

SKETCH PLAN

MCE TOWARDS JURONG B/F EXIT 3

A) GBA908S

B) UNKNOWN TAXI



STOP AT ROAD SHOULDER



TYRE PUNCTURE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08/12/2018 AT ABOUT 23:00H I WAS TRAVELLING ALONG MCE TOWARDS JURONG B/F EXIT 3. I WAS AT THE EXTREME LEFT LANE. SUDDENLY MY LORRY GBA908S TYRE PUNCTURED & THE MUDFLAP CAME OUT. I STOP MY LORRY & TAXI DRIVER SAY THAT A MUDFLAP WENT UNDER HIS TAXI. - I DID NOT TAKE PICTURE OF THE TAXI WITHIN 20M TOW TRUCK TOW MY LORRY.

DECLARATION

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



Policyholder's Signature
Date & Time:

Shen Wei

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

08/12/2018

Redi Lim

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
A YONG PTE. LTD.

Sector: **SERVICE**

Name:
SHEN WEI
Occupation:
DRIVER

Work Permit No.
0 72616596

Date of Application
15-11-2017
Date of Issue
24-11-2017
Date of Expiry
15-11-2019

L8473478

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G8315268R

Name
SHEN WEI

Birth Date: **16 May 1980**
Issue Date: **11 Feb 2015**
Valid Till: **10 Feb 2020**

002395485B

SG 50

VISIT PASS
Immigration Regulations

Name:
SHEN WEI

Date of Birth: **16-05-1980** Sex: **M** Nationality: **CHINESE**

File: **G8315268R** Date of Issue: **24-11-2017** Date of Expiry: **15-11-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE
11 Feb 2015

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Licence No: G8315268R

NP 428A

Insurance Company Limited

Well Road #17-00 Tower Block MND Complex Singapore 069110
 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 no. 1978-00490-N



**COMMERCIAL VEHICLE PRIVATE (SCH I)
 SCHEDULE**

Page 1 of 8

Agency	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ18-001546
Account	A000342	Issued on	15/03/2018 in Singapore	Replacing Policy no.	DMCPHQ17-000810
Client	0107643	Acceptance Date	15/03/2018		

Period of Insurance from 25/03/2018 to 24/03/2019 , both dates inclusive

Insured's Name A YONG PTE LTD
 Address BLK/HOUSE NO. 20
 CHIN BEE ROAD
 SINGAPORE 619828

Business/Occupn Wholesale - Fruits / Vegetables
 Hire Purchase Abwin Pte Ltd

Premium	Basic Annual Premium	SGD2,344.90	Premium Due	SGD2,344.90
	Premium after NCD	SGD2,344.90	Premium GST	SGD164.14
			Total Due	SGD2,509.04

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)			
1. Registration	GBA90855	Make/Model	NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	
Type of Cover	Comprehensive	No. of seats	2	Body Type REFRIGERATED
Engine No.	ZD30165771K	Capacity cc	0	Yr of Manuf/Regn 2008/2008
Chassis No.	JN1SC2F24Z0800172			NCB% 15.00
		Tonnage	1.28	Certificate Ref. LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00	
Section 1			SGD500.00	
VEID-All Claims	Additional		SGD3,000.00	

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
 to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2

