

NATIONAL Assessment Centre Services.

[ver 1 Jan'06]

MNA48962795

Date In: 18/12/2018 14:37	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/80226674	SAS e-filing		
Veh No: GBD 9866P	E-mail (w/dln 3hrs, AIC 2hrs)		
D.O.A. 8/12/2018 07:30	I-Motor Claim Form	MT/1024293-001	18/12/2018
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:07
	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: SGT 9389X

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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: /

Actions:

N/A/80226674

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Call:

2/3

Invoice/Particulars	Amount (\$)	Adm (\$)	Adm (\$)
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimant against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repairs Co-ordination	\$10		
*NZ: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Co-ordination	\$5		
TE (Nil): TP (Non INC) against INC	\$20		
9) NI: 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	18/12/2018 14:37
Date Of Accident	18/12/2018 07:30
Exact Location Of Accident	JUNCTION OF ALJUNIED ROAD AND SIMS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9866P
Insured/Policyholder	
Name Of Registered Owner	HONG HAP FRUITS & VEGETABLES SUPPLIES
Co Reg No	52973014J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98284112
Alternative Phone No	OFFICE-67788690

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	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	5073145155-03
Cover Note Number	

Driver

Name of Driver	TAN HONG KIANG
NRIC No	S0116713H
Date Of Birth	10/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1976
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98284112
Fax Number	
Contact Number	OFFICE-67788690
Email Address	NOEMAIL

Address	BLK 842E TAMPINES STREET 82 #14-114
Postcode	525842
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	SJT9389X
Vehicle Make/Model/Colour	MITSUBISHI LANCER
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.

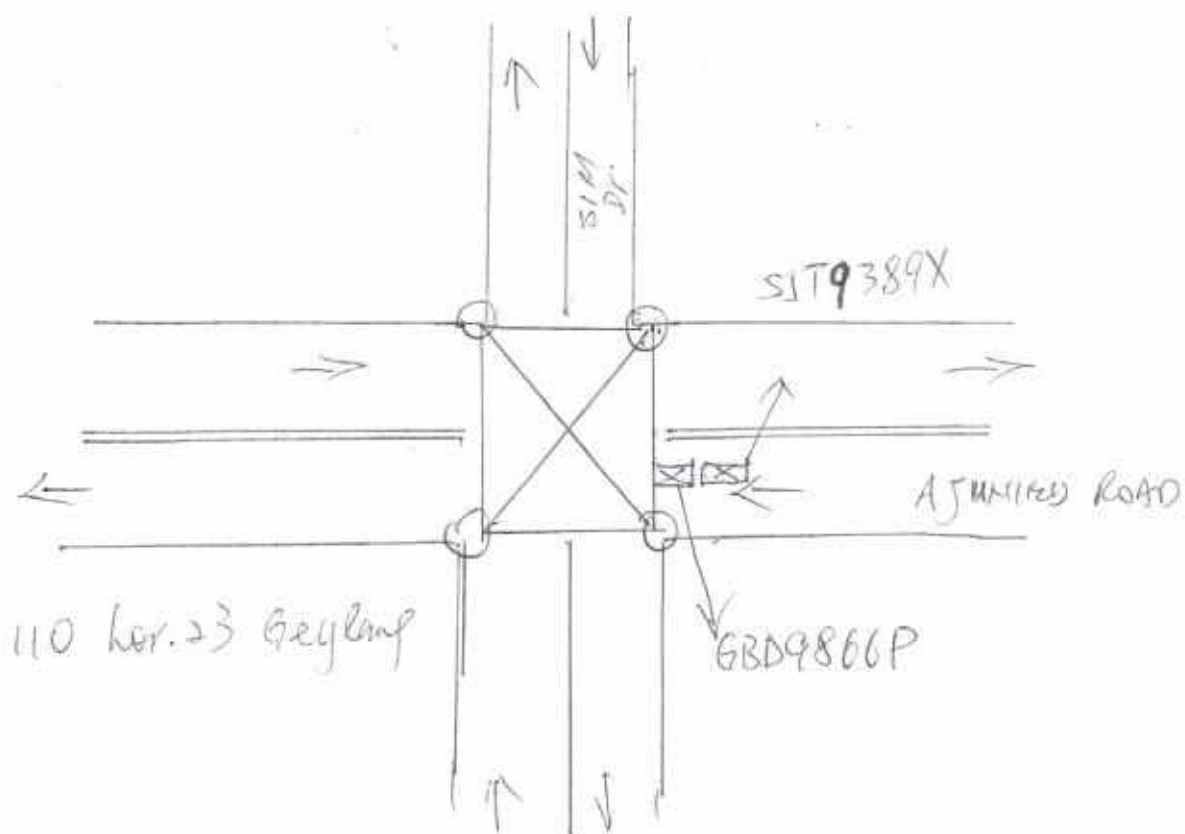
Hong Hap Fruits & Vegetables Supplies

 TAN HONG KIANG

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.:

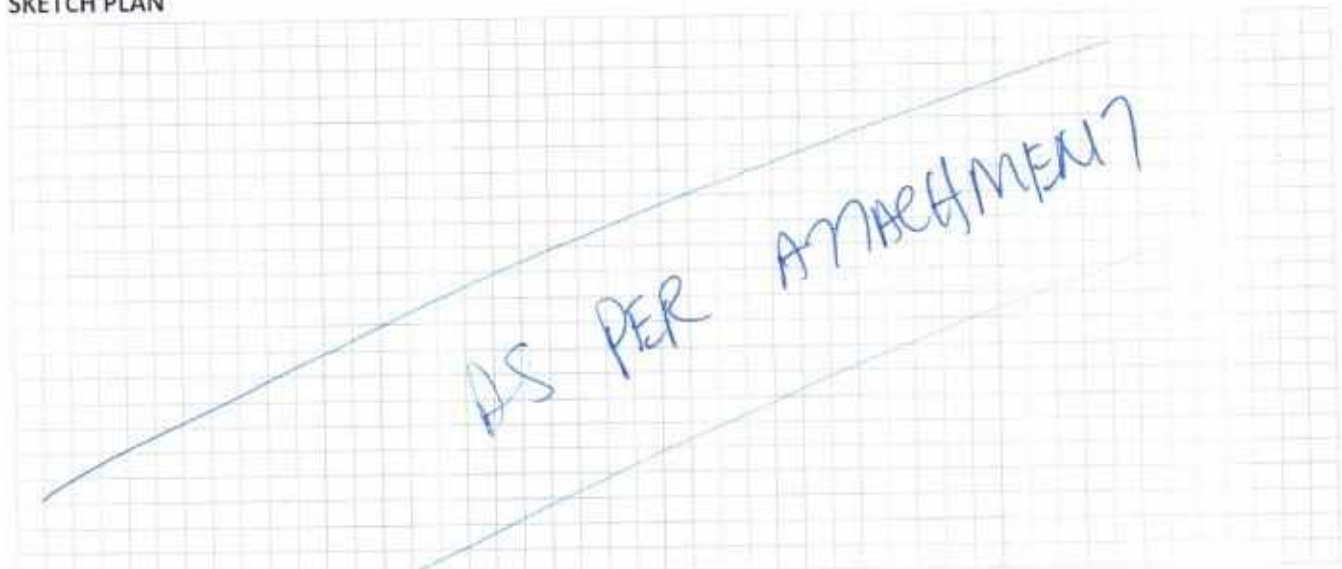


Hong Hap Fruits & Vegetables Supplies

jitf 18/12/18.

Am 18/12/2018
Reli 11/11/2013

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18/12/2018 I WAS AT PLANNED ROAD JUNCTION OF
SING DRIVE STOP AT THE TRAFFIC JUNCTION. NOT MORE
THAN 20 SECONDS I FELT A BUMP FROM THE REAR.
A CAR SBT 9389X BANG INTO MY HON GBD 9866P. I TOOK
PHOTO OF THE DRIVER ID BUT MY HANDPHONE GOT SOME
PROBLEM AND WAS DELETED.

DECLARATION

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

Hong Hap Fruits & Vegetables Supplies

[Signature] TAN HING KIANG

[Signature] 18/12/2018
Rafiqi Luthans

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.:

Claim Handling

Accident MT/1024293

Policy No.	5073145155-01	Vehicle No.	GBD9866P	GST Registration No.	
Certificate No.				Policyholder NRIC	S29730143
Policyholder Name	HONG HAP FRUITS & VEGETABLES SUPPLIES	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURR	Contact No.(Office)	67788600	Contact No.(Home)	
Contact No.(Mobile)	98284112	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
WPK	No Yes	ICD Entitlement(%)	20	Private Hire	No
ICD Protection	No				
Accident Details					
Report Date	18/12/2018 15:05	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/12/2018	Time of Accident (hh:mm)	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ALJUNIED ROAD AND SIMS DRIVE				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 10 #01-425	Address 2	WHOLESALE CENTRE	Address 3	SINGAPORE 110010
Address 4		Address Type	Singapore address	Post Code	110010
Unit No.		Related Policy Number	0089433807-13		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/03/1955
Unnamed driver name	TAN HONG KIANG	Driver NRIC	S0116713H	Driving Experience	42
Register Date of Driver License	09/11/1976	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	98284112	Contact No.(Office)	67788600	Contact No.(Home)	
Address 1	BLK 842E #14-114	Address 2	TAMPINES STREET #2	Address 3	TAMPINES ARCADEA
Address 4	SINGAPORE 525842	Address Type	Foreign address	Post Code	525842
Unit No.	14-114				
Does he own a Singapore Registered car?	No Yes No	Driver Vehicle No.	GBD9866P	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	No Yes No		

Modification History

Claim 001 [View](#)

Claim Type *	OD-MX	Insured Name	HONG HAP FRUITS & VEGETABLES	Insured NRIC	S29730143
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67788600
Email Address		OS Vehicle Number	GBD9866P	TP Vehicle Number	S17931
Claim Description	GBD9866P / S17931 ON 18-Dec-2018			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Repair Option	Repair	Preferred Workshop, Name unknown			
Date Registered	18/12/2018 15:05	Claim Close Date		Date Received	18/12/
Report Taken By	ROSLI WANAB				
Print AX letter					
Save Submit					

Attachment

Accident No.	MT/1024293	Claim No.	001
Last Doc. Received	No Yes No	Upload Date	18/12/2018 15:05
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_805676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 18 Dec 2018 15:05		Photos	Normal
Description: Photos 2018-12-18			

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:09	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:09	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:09	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:09	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:09	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:09	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:08	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:08	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:08	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:08	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 15:08	SAS	Normal	SAS 2018-12-18

Video List

Uploaded By/Date	Folder Data	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (18/12/2018) (DD/MM/YYYY). TIME: (7.30^{AM}) (HH:MM)

LOCATION: Altunied Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRD9866P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5073145155-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN / NV350
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Hong Hap Fruits & Vegetables Supplies (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 67788690
 c) ADDRESS: BLK 10 #01-425 WHOLESALE CENTRE
SINGAPORE 110010

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN HONG KIANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 0116713-14 CONTACT: 98284112
 c) ADDRESS: BLK 842E, TAMPINES ST. 82
18-114

*d) DATE OF BIRTH: (10/03/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1976

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: SJT 9389X MODEL: MIT
 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 =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0116713H



TAN HONG KIANG
陳烘銓
Race
CHINESE
Date of Birth
10-03-1955
Sex
M
Country of Birth
SINGAPORE
S0116713H

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0116713H



TAN HONG KIANG
Date of Birth 10 Mar 1955
Issue Date 28 May 2003
1000523434K

0750052




NRIC No. S0116713H
Blood Group: O+
Date of Issue: 26-01-1993
NRIC No: 1559109

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

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Valid Date: 09 Nov 1976

License No: S0116713H
428A

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 : 5073145155-03

Cover : Comprehensive

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : GBD9866P |
| Chassis Number | : JN1MC2E26Z0004394 |
| 2. Name of Policyholder | : HONG HAP FRUITS & VEGETABLES SUPPLIES |
| 3. Effective Date of Insurance | : 13 Aug 2018 |
| 4. Expiry Date of Insurance | : 12 Aug 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.
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 : UNION MOTOR TRADING CO PTE LTD (00000613853)
 Date of Issue : 08 Aug 2018 17:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive