

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA 118163708.

Date In: 20/12/18 14:21	Job description	Date & Time Completed	Done by
Ref No: NAICTI 180 22844 164	SAS e-filing		
Veh No: GGG 5986L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/12/18 16:15	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: GBE 2017J	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

MA1808363	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: 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	20/12/2018 14:21
Date Of Accident	19/12/2018 16:15
Exact Location Of Accident	SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5986L
Insured/Policyholder	
Name Of Registered Owner	M/S BEE HIANG FOOD INDUSTRIES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90286656

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1759261801
Cover Note Number	-

Driver

Name of Driver	LEE KOK HENG
NRIC No	S1573555D
Date Of Birth	10/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90286656
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	34 FERNVALE LINK #07-13
Postcode	797532
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 - CHANGE/CROSS LANE
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?	
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 ATTACHED STATEMENT.

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	GBF2017J
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

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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.



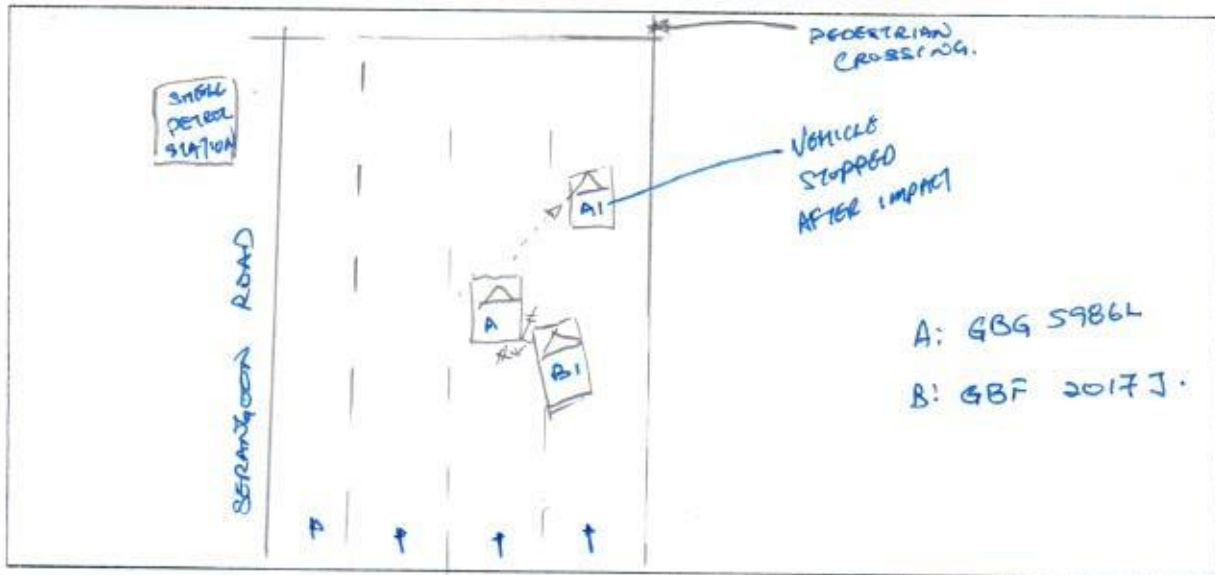
Received By: _____

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SERANGOON ROAD TOWARDS TOOWAY ROAD DIRECTION ON THE SECOND RIGHT LANE, AS I WAS TRAVELLING STRAIGHT, NEAR TO SHELL PETROL STATION, ONE M/LORRY GBF 2017J, SUDDENLY ENCROACHED INTO MY PATH AND COLLIDED ONTO THE REAR RIGHT PORTION. DUE TO THE HEAVY TRAFFIC, I MOVED MY VEHICLE TO THE RIGHT MOST LANE AFTER THE ACCIDENT. I WOULD LIKE TO STATE THAT I WAS TRAVELLING STRAIGHT WHEN VEHICLE (B) SUDDENLY SWERVED TO MY LANE FROM THE RIGHT MOST LANE, THUS RESULTING IN THE ACCIDENT.

DECLARATION

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



BEE HIANG FOOD INDUSTRIES
RECEIVE IN CORRECT ORDER AND IN
GOOD CONDITION

Received By:

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.:

VEHICLE NO: GBG 5986L

MAKE & MODEL: Nissan NV 350

DATE OF ACCIDENT	19 / 12 / 2018
TIME OF ACCIDENT	4 15 AM/PM
LOCATION OF ACCIDENT	SERANGOON ROAD
EXACT PURPOSE USE DURING ACCIDENT	DELIVERY OF GOOD.
NAME OF OWNER	BEE HIANG FOOD INDUSTRIES.
TEL NO	9028 6656
NRIC	36566900X
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE CO	CHINA TAIPING
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMLVSN 17592 61801
NAME OF DRIVER	As Above / If No: LEE KOK HENG
NRIC	8157 3555D Any Passengers: NO
DATE OF BIRTH	10 / 08 / 1963.
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	13 / 12 / 1980
GENDER	<u>Male</u> / Female
CONTACT NO.	Office: Home:
ADDRESS	34 FERNVALE LINK #07-13 S(797532)
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No: SFM 4A
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes: Where?
VEHICLE B NO.	GBF 2017 J. Any Passenger: NO
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
IN-CAR CAMERA	YES // <u>NO</u>
PARTICULAR WORKSHOP	SM AUTOMOTIVE 1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883
TEL NO	TEL: 6747 9241
CONTACT PERSON	Reena / Sukyi
FAX NO.	FAX: 6741 7276
EMAIL	reena@nhtmotor.com admin@nhtmotor.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1573555D



Name

LEE KOK HENG



李 建 興

Race

CHINESE

Date of Birth

10-08-1963

Sex

M

Country of Birth

SINGAPORE



2202403



51433



NRIC No. **S1573555D**

Blood Group

B+

Date of issue

12-07-1994

34 FERNVALE LINK #07-13
SINGAPORE 797532

NRIC No: **S1573555D**

Date: **03/06/2017**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



S1573555D

LEE KOK HENG

Birth Date: **10 Aug 1963**

Issue Date: **16 Dec 2002**



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

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

PASS DATE

13 Dec 1980

NP 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)

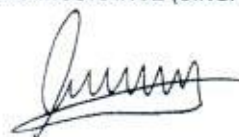
K CYGuh

CERTIFICATE No.	DMCVSN1759261801	Engine No : JN1MC2E26Z0008107 Chassis No: YD25417491A
1. Index Mark and Registration Number of Vehicle	GBG5986L	
2. Name of Policy Holder	M/S BEE HIANG FOOD INDUSTRIES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13 SEPTEMBER 2018	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	12 SEPTEMBER 2019	
5. Persons or Classes of Persons entitled to drive *		
ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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: *		
(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE POLICY DOES NOT COVER. (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.		
HIRE PURCHASE CO. : ETHOZ CAPITAL LTD AS HP OWNER * Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.		

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).
Please see reverse

KCB AGENCY
Co. Reg. No. 53116552C
200 Jalan Sultan
#02-36B Textile Centre
Singapore 199018
Tel: 6391 3813 Fax: 6391 3814

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory