

NATIONAL Assessment Centre Services. [ver 1 Jan 00]

MNA419001849

Date In: 04/04/2009 18:20	Job description	Date & Time Completed	Done by
Ref No: NBA/10019000264/4	SAS e-filing		
Veh No: YP 9076E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 20/12/2008 15:30	I-Motor Claim Form		
OD: TIC Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SJP 64937 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 Allocation: 6788/6016)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Actions

NA1900127

Claimant's Particulars	Invoice/Particulars	Amount	Admitted
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100);	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Date:	For claiming against INC Only (ver 10 Jan 2009)		
2/3:	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (Nil): TP (Nil) 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 willful 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	04/01/2019 18:10
Date Of Accident	20/12/2018 15:30
Exact Location Of Accident	PASIR PANJANG MRT OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7076E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ECONFLO SYSTEMS PTE LTD
Co Reg No	198500717G
Email Address	ACCOUNTS@ECONFLO.COM
Mobile Phone No	(LOCAL) +65-81129898
Alternative Phone No	OFFICE-63963738

#### Vehicle Particulars

Manufacturer	mitsubishi
Model	CANTER
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110162861800
Cover Note Number	

#### Driver

Name of Driver	KHOR CHOON KIANG
Passport No/FIN	G6668664M
Date Of Birth	26/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81129898
Fax Number	
Contact Number	OFFICE-63963738
EMail Address	ACCOUNTS@ECONFLO.COM

Address BLK 658 WOODLANDS RING ROAD  
#08-118  
Postcode 730658  
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 COLLIDED INTO PARKED VEHICLE  
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) 2  
Passenger 1 NAME: : COLLEAGUE  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name ALEXANDRA NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4739999 - FAX NO: 64713569  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

ACCIDENT DATE 20/12/2018 TIME :15:30 MY VEHICLE YP7076E PARK BESIDE MDM SIM (STP6493T) STATIONARY AT PASIR PANJANG CARPARK, WHILE REVERSING MY BACK LORRY YP7076E HIT HER CAR FRONT PASSANGER DOOR CAUSING SCRATCH AND DENTED AND BROKE HER FRONT SIDE WING MIRROR ,MY COMPANY ECONFLO SYSTEMS PTE LTD WILL SETTLE THE CLAIM WITH MDM SIM COMPANY RENTAL THAT ALL.

#### 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 SJP6493T  
Vehicle Make/Model/Colour SUBARU  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MDM SIM

## 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.

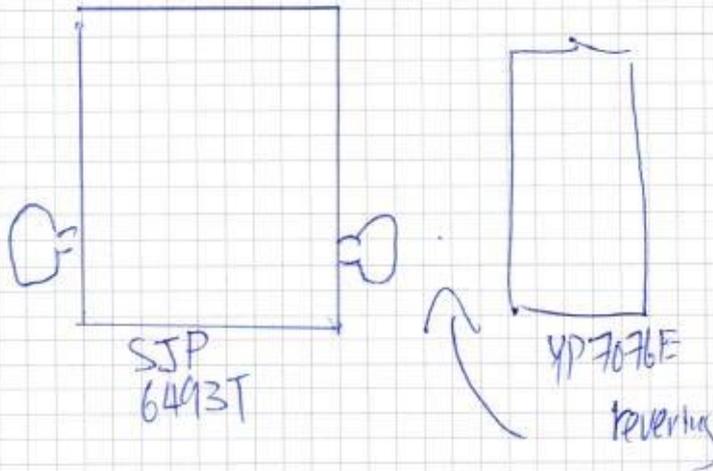
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

PASIR PANJANG MR1 OPEN SPACE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT DATE 20,12-2018 TIME: 15:30 MY VEHICLE YP7076E  
 Park beside Mdm SIM SJP 6493T Stationery at Pasir Panjang Capne,  
 while reversing my truck lorry YP7076E hit her car front passenger  
 door causing scratch & dent and broken her front side mirror.  
 My company Eronto Systems Pte Ltd will settle the claim with Mdm SIM  
 Company rental.

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 4/1/2019

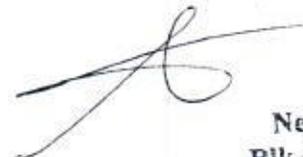
  
 Reporting Centre Personnel's Signature  
 Name: Rafee Wafar  
 NRIC/FIN No.:

Annex E

**NOTICE OF REPORTING**

This is to confirm that Name: **Khor Choon Kiang** FIN No: **G6668664M**, Contact number: **81129898** has reported to the Police a non-injury traffic accident which occurred at **Carpark of Pasir Panjang Food Centre** on **20/12/2018** at about **1530hrs** involving the following vehicles: **SJP6493T, YP7076E.**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.



Rank/Name of Issuing Officer: **Sergeant Alvin Lee T140225**  
Date: **04/01/2019** Time: **1600hrs**

Alexandra  
Neighbourhood Police Post  
Blk 46-2 Commonwealth Drive  
#01-382A  
Singapore 140402

S/D Ref: 21

Police Post/Unit : **Alexandra NPP**

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

# ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 12 / 2018) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: PASIR PANJANG MRT Car Park open area

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XP 7076 E  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: DHOM110162861800  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: M 2 300  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 15:30  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) ANDY

## 2. INSURED / POLICY HOLDER

- A) NAME: Encarlo system Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 1985007179 CONTACT: 63963738  
c) ADDRESS: 401 Commonwealth Drive #01-01  
Star Pan Techno Centre S 149598

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

## DRIVER

- a) NAME: KHOR CHOUN KIANN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 86686644 CONTACT: 81129898  
c) ADDRESS: Block 658 #05-118 Woodlands Ring Road Singapore  
730658

\*d) DATE OF BIRTH: (26 / 05 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21 Dec 2016

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: Alexandra NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP 648BT MODEL: Subaru  
b) DRIVER'S NAME: MAN SIM  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = SALAH @ Encarlo.com

VIDEO

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G 6668664M**

Name: **KHOR CHOON KIANG**

Birth Date: **26 May 1989**

Issue Date: **21 Dec 2016**

Valid Till: **20/12/2021**

002640973E




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

Employer: **ECONFLO SYSTEMS PTE LTD**

Name: **KHOR CHOON KIANG**

Work Permit No.: **4 03325074** Sector: **MANUFACTURING**

K0995664




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

		EFFECTIVE DATE
C	Class 2B Motorcycles <= 200 CC	21 Dec 2016
C	Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	31 Aug 2017

G6668664M

S / No. 9000273074

NP 428A

Licence No: G6668664M



**VISIT PASS**  
Immigration Regulations

03-12-2018

Name: **KHOR CHOON KIANG**

FIN: **G6668664M**

Date of Birth: **26-05-1989** Sex: **M**

Nationality: **MALAYSIAN**

Download SGWorkPass App to check status




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





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel: (65) 6222 7733
Fax: (65) 6327 3866 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

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)

ORIGINAL

CERTIFICATE NO. DHOM110162861800 Excess: \$500/-SECTION 1
Type of Cover COMPREHENSIVE \$1000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number YP7076E
Name of Insured ECONFLO SYSTEMS PTE LTD
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 25 July 2018 to 24 July 2019 Engine# 4P10890997
Hire Purchase THINK ONE CREDIT PTE LTD Chassis# FEB50542950

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
(3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

\*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

FCZAH Date : 05/07/2018

Signature
For the Company