

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 119031627

Date In: 8/2/19-17:29	Job description	Date & Time Completed	Done by
Ref No: NA 119031627	SAS e-filing		
Veh No: 6043629	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/3/19-17:35	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: SHA 1592

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

NA 119031627

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac 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: Idac Mobile 30

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	08/03/2019 17:29
Date Of Accident	07/03/2019 17:35
Exact Location Of Accident	BEDOK NORTH AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3672A
Insured/Policyholder	
Name Of Registered Owner	M/S HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Co Reg No	201736464Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1814661800
Cover Note Number	

Driver

Name of Driver	NG YONG SHENG
Passport No/FIN	G8719738M
Date Of Birth	10/12/1998
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91218800
Fax Number	
Contact Number	OFFICE-91218800
EMail Address	NOEMAIL

Address	3 GAMBAS CRESCENT #02-08 NORDCOM ONE
Postcode	757088
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 - MAJOR/MINOR RD
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

REFER TO 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	SHA1593Z
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.

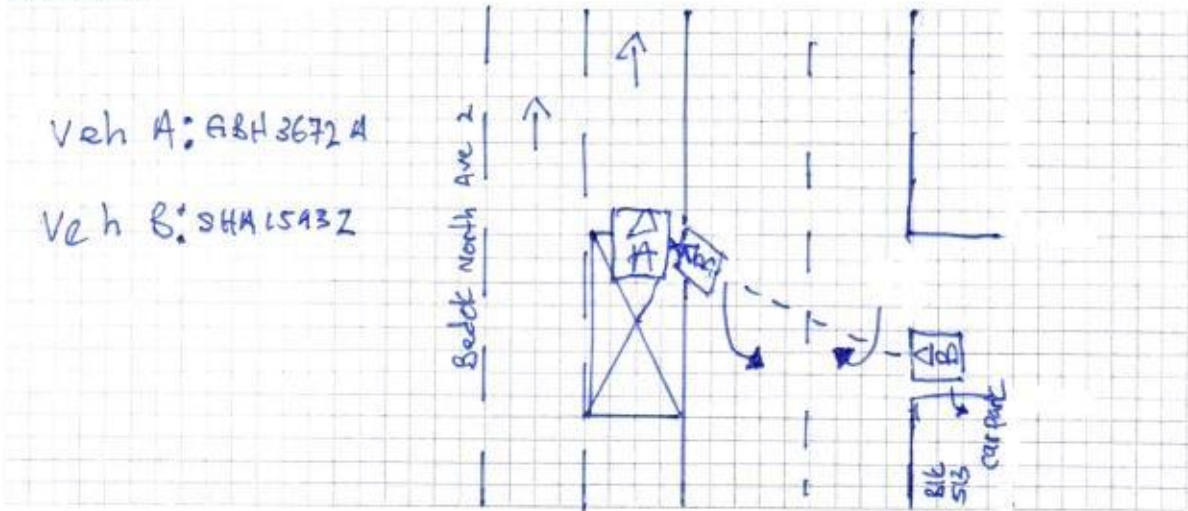


Policyholder's Signature
Date & Time:


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

on the above stated date and time. I VEH A "GBH 3672 A" was travelling along Bedok North Ave 2. Suddenly I felt an impact coming from my right. I then stop and alighted to check. I found out that VEH B "SHA 1593 Z" have failed to stop intime and collided into my vehicle right fotion. I wish to state, my vehicle was travelling straight and Vehicle B was coming out from car park.

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:

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

VEHICLE NO: GBH3672A

MAKE & MODEL: TOYOTA DYNA

DATE OF ACCIDENT

07 / 03 / 19

TIME OF ACCIDENT

0535

AM / PM

LOCATION OF ACCIDENT

BROOK NORTH AVE 2

Exact Purpose use during accident

TRANSPORTATION

NAME OF OWNER

HENH HUP HUAT FOODSTUFFS TRADING PTE LTD

TELEPHONE NO.

NRIC

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

PRIVATE HIRE

YES / NO ?

INSURANCE CO.

CHINA TAI PING

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

DMCVSN1814661800

NAME OF DRIVER

As above / If No: NG YONG SHENG

NRIC

G8719738M

Any passengers: 0-0

DATE OF BIRTH

10 / 12 / 1998

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

20 / 03 / 2017

GENDER

Male / Female

CONTACT NO.

91218800 Office: Home:

ADDRESS

DRIVER HAVE ANY OWN Vehicle

NO / If yes: Reg No:

RELATIONSHIP

Employee / If No:

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONTACT NO.

POLICE REPORT

No / If yes: Where?

VEHICLE B NO.

SHA 1593Z

Any Passenger:

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.

Have you been approach by unknown person soliciting (s) /

entering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

Sme Motor Pte Ltd

Email: vicob6autoservices@gmail.com

P NO

1 Kaki Bukit ave 6 #02-15

CONTACT PERSON


Autobay @ kaki bukit

X NO


Singapore 417883

Telp: 67476106 (6 lines)

Fax: 67440360



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


Employer
HENG LEE BEAN CAKE MAKING

 Name
NG YONG SHENG

Work Permit No.
4 06695794

Sector:
MANUFACTURING

 **K0854066**

VISIT PASS
Immigration Regulations 05-10-2019

Name
NG YONG SHENG

 FIN
G8719738M

Date of Birth
10-12-1998

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.





LESEN MEMANDU
DRIVING LICENCE



MALAYSIA

NG YONG SHENG



Warganegara / Nationality No. Pengenalan / Identity No.

MALAYSIA 981210015763

Kelas / Class

B2 D

Tawarikh / Validity

20/03/2017 - 10/12/2022

Alamat / Address

DH 104

81500 PEKAN NANAS

JOHOR



[illegible]

Ketua Pengarah Pengangkutan Jalan

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 No.	DMCVSN1814661800	Engine No :1KD2784522
		Chassis No:KDY2318032685
1. Index Mark and Registration Number of Vehicle	GBH3672A	
2. Name of Policy Holder	M/S HENG HUP HUAT FOODSTUFFS TRADING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	2 MAY 2018	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	1 MAY 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

SO MOTOR TRADER PTE LTD

Reg. No.: 201537467C

172 Sin Ming Drive

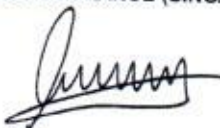
Singapore 575720

Tel: 6933 8400 Fax: 6456 0678

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory