

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 16/03/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LIP19004758/13 | SAS e-filing | | |
| Veh No: GX 9254R | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 15/03/19 1650 | 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: (N-51 | Tel: | Fax: |
| TP Particulars: | Veh No: SFQ898R | 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:- (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1901989 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: 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 2005) | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) NI: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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 | 16/03/2019 10:00 |
| Date Of Accident | 15/03/2019 16:50 |
| Exact Location Of Accident | PIE TWDS JURONG B4 SLIP RD INTO CTE(CITY) |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GX9254R |
| Insured/Policyholder | |
| Name Of Registered Owner | ULTRA COOL AIRCON SERVICES |
| Co Reg No | 53136471B |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90269989 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | URVAN |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | SI18V04300/VCV/R02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HENG KIM YAM,MICHAEL(WANG JINYAN,MICHAEL) |
| NRIC No | S8203038G |
| Date Of Birth | 14/02/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/03/2015 |
| Driving Experience | 3 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85555540 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 7 KING GEORGE'S AVENUE #13-110 |
| Postcode | 201007 |
| 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? | YES |
| 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: : LAWSON CHAN GENDER: : MALE |

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

PLS REFER TO THE 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 | SFQ898R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HO MEI CHOOI, BELINDA |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---|
| Name | HENG KIM YAM,MICHAEL(WANG JINYAN,MICHAEL) |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | GX9254R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------|
| Name | LAWSON CHAN |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | GX9254R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.

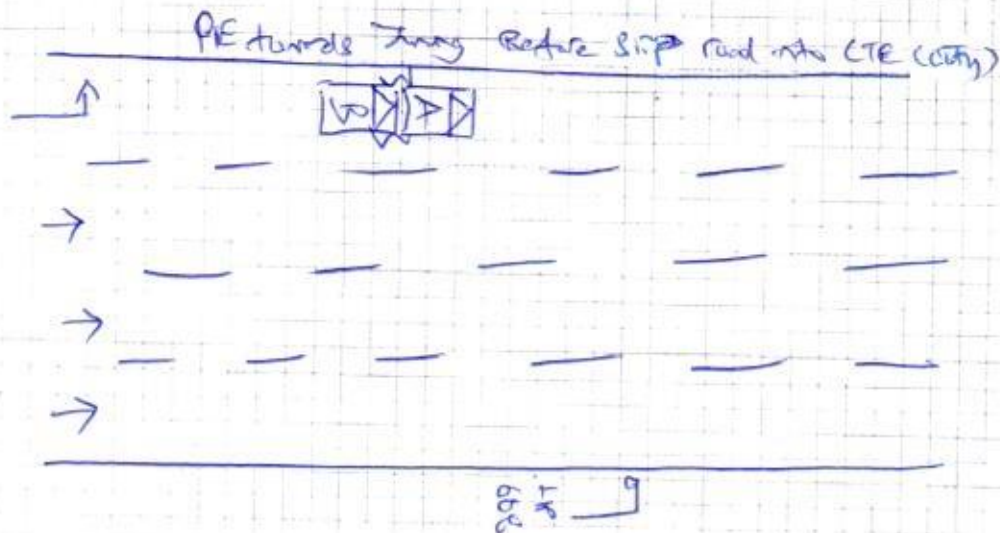


Policyholder's Signature
Date & Time:

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

I was driving along PE towards Jeng on the extreme left lane of a 4-lane expressway. Somewhere before SLP road into CTE (city), vehicles ahead of me slowed down and stopped due to heavy traffic. As such, I applied brake and stopped accordingly. Out of the sudden, van (B) come from the rear and collided onto the rear portion of my vehicle.

A - GX 9254R

B - SQ 998R

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. | 6X9254R | Model / Make | Nissan X-trail |
| Date of Accident | 15/3/19 | | |
| Time of Accident | 4:50 am | HRS | |
| Location of Accident | Highway PE Junction Jang by the Slip Rd into CIE City | | |
| Exact purpose use during accident | Commercial use | | |
| Name of Owner | Ultra Cool Aircon Services | | |
| Telephone No. | H/P: 90269989 | Home: | Office: |
| NRIC | S8500386 531364713 | | |
| Address | 605A, Macpherson Rd, #05-05, S(368240) | | |
| Claim type | OD (THIRD PARTY) REPORTING ONLY | | |
| Insurance Company | Liberty Insurance | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | S138004300/VLV/R02 | | |
| Name of Driver | As Above If No, Heng Kin Yam, Michael | | |
| NRIC | S8200386 | Any Passengers: 01 (male) | |
| Date of birth | 14/2/1982 | | |
| Occupation | (Outdoor) | / | Indoor |
| Driving License Pass Date | 30/3/2015 | | |
| Gender | (Male) / Female | | |
| Contact No. | H/P: 85555540 | Home: | Office: |
| Address | Bk 7, King George's, Ave, #13-10, S(201007) | | |
| Driver have any own vehicle | (No) If yes, Reg No. | | |
| Relationship | (Employee) | If no, state | |
| Weather condition | (Clear) | Raining | Other |
| Road Surface | (Dry) | Wet | Other |
| Any Injuries | No, If Yes, Who? | | |
| Name And Contact No. | Heng Kin Yam, Michael | | |
| Name And Contact No. | Lawson Chan (90269989) | | |
| Police Report | No, If Yes, Where? | | |
| Vehicle B No. | SFA 898R | Any Passengers: 01 (female) | |
| Name of Driver | Ho Mei Chai, Beinda | Contact No.: | |
| Vehicle C No. | | Any Passengers: | |
| Vehicle D No. | | Any Passengers: | |
| Vehicle E no. | | Any Passengers: | |
| Vehicle F No. | | Any Passengers: | |
| Vehicle G No. | | Any Passengers: | |
| Witness Name | | Witness Contact: | |
| Accident Portion | Rear Bumper | | |
| Camera Recorder | Yes / (No) | | |
| Email Address | | | |
| PARTICULAR WORKSHOP | N51 Auto AL | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Heng | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP Email ADDRESS | Sales @ n51.com.sg | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8203038G**

Name: **HENG KIM YAM, MICHAEL**
(WANG JINYAN, MICHAEL)

Birth Date: 14 Feb 1982

Issue Date: 30 Mar 2015

002411049C

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8203038G**

Name: **HENG KIM YAM, MICHAEL**
(WANG JINYAN, MICHAEL)

王 金 炎

Race: **CHINESE**

Date of Birth: 14-02-1982

Sex: **M**

Country of Birth: **SINGAPORE**

S8203038G

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

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

EFFECTIVE DATE

30 Mar 2015

Licence No: S8203038G

NP 428A

A0176622

S8203038G

NRIC No: **S8203038G**


Blood Group: **B+**

Date of Issue: **24-07-2002**

Address: **APT BLK 7 KING GEORGE'S AVENUE**
#13-110
SINGAPORE 201007

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|--|---|
| Certificate No | SI18V04300 /VCV /R02 |
| Form | MZ300A |
| Date of Issue: | 04-Apr-2018 |
| 1. Index Mark and Registration No. of Vehicle: | GX9254R |
| 2. Chassis number of Vehicle: | JN1MG4E25Z0712032 |
| 3. Name of Policyholder: | ULTRA COOL AIRCON SERVICES |
| 4. Effective date of Commencement of Insurance: for the purposes of the Act: | 21-APR-2018 00:00 |
| 5. Date of Expiry of Insurance: | 20-APR-2019 23:59 |
| 6. 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. |
| 7. Limitations as to use*: | A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes. |
| 8. The Policy does not cover: | A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |
| *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. | |
| 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). | |
| For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature | |
| For Information only: | |
| COVERAGE: | Third Party Fire & Theft |
| SUM INSURED (\$\$): | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS (\$\$): | Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00 |
| FINANCE COMPANY: | ABWIN PTE LTD |
| PRODUCER NAME: | B.A.S. INSURANCE AGENCY |

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 53136471B
 Owner ID Type: Business
 Owner Name: ULTRA COOL AIRCON SERVICES
 Registered Address: 605A MACPHERSON ROAD #05-05 SINGAPORE 368240
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: GX9254R
 Previous Vehicle No.: -
 Effective Date of Ownership: 16 Apr 2014
 Original Regn Date: 30 Oct 2004
 Registration Date: 30 Oct 2004
 Year of Manufacture: 2004
 Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: NISSAN
 Vehicle Model: URVAN
 Primary Colour: Silver
 Secondary Colour: Grey
 Passenger Capacity: 1
 Chassis No.: JN1MG4E25Z0712032
 Engine No.: ZD30044387
 Engine Capacity / Power Rating: 2953 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 1500 kg
 Maximum Laden Weight: 3100 kg
 Open Market Value: \$21,779.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 4
 IU Label No.: 1042018564
 COE No.: 2004100105001129Z
 COE Expiry Date: 31 Jul 2019
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus
 Quota Premium (QP) / Prevailing Quota Premium: \$6,797.00 / -
 PQP Paid: \$20,383.00
 QP (Regn Cat): \$6,797.00
 OPC Cash Rebate Eligibility: No
 QP during COE Bidding Exercise: \$6,797.00
 Additional Registration Fee Rate: 5.00 %
 Actual ARF Paid: \$1,089.00
 Vehicle Lifespan Expiry Date: 29 Oct 2024
 CO2 Emission: -
 CO Emission: -
 HC Emission: -
 NOx Emission: -
 PM Emission: -
 Message: -

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