

NATIONAL Assessment Centre Services. (part 1 Jan'09) MMA 119047625.

Date In: 1214119 10:32	Job description	Date & Time Completed	Done by
Ref No: NA11mc190065301h4.	SAS e-filing		
Veh No: GV 1044T	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 814119 15:50	I-Motor Claim Form	M711039671-001	
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/Worksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 4084D.	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 repater.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC to Date: 6/30/2016)	Date of Completion	By Whom
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions
1214119	Ebao Cannot Create CMT/1039671

NA1902655	Invoice Rep/Repairation Credit	Am (\$)	Lab (\$)
Claimant's Particulars:	1) All: Accident Reporting (\$10);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	Explainning against INC Only (ref 10 Jan 2005)		
Ref. 1:	6) TR: Re-Inspection \$75		
Ref. 2/3:	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idan 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	12/04/2019 10:32
Date Of Accident	08/04/2019 15:50
Exact Location Of Accident	BUKIT HO SWEE CRESCENT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV1044T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY
Co Reg No	53124418X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94764165
Alternative Phone No	OFFICE-96818735

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075608057-03
Cover Note Number	-

#### Driver

Name of Driver	CHIA YEOW THIANG
NRIC No	S0165971E
Date Of Birth	05/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83831201
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 108 POTONG PASIR AVE 1 #07-478
Postcode	350108
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	SIDE SWIPE
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

I WAS TRAVELLING ALONG BUKIT HO SWEE CRESCENT, WHILE APPROACHING THE TIONG BAHRU PLAZA LOADING/UNLOADING BAY ENTRANCE, A TAXI WAS STOP AT THE ROAD SIDE BEFORE THE ENTRANCE, WHILE I PASS BY THE TAXI FROM THE RIGHT SIDE, SUDDENLY THE TAXI MAKE A RIGHT TURN FROM THE STATIONARY POSITION AND HIT ONTO MY VEH LEFT HAND SIDE.

#### 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	SHD4084D
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.

飛煌麵粉標製造廠  
FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY

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.:

Tiong Bahru Plaza

loading / unloading bay

Bullet Ho Swee Cres

A = GV1044T  
B = SHD40840

Please Refer to Statement

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.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Chia Yeow Thiang

Licence Number: **S0165971E**

Name: **CHIA YEOW THIANG**

Birth Date: **05 Mar 1950**

Issue Date: **30 Apr 2016**

Barcode: 002562666A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0165971E**

Portrait of Chia Yeow Thiang

Name: **CHIA YEOW THIANG**

Chinese Name: **謝耀鈿**

Race: **CHINESE**

Date of Birth: **05-03-1950**

Sex: **M**

Country of Birth: **SINGAPORE**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	25 Feb 1977
Class 2A Motorcycles between 201 cc and 400 cc	25 Feb 1977
Class 2 Motorcycles > 400 cc	25 Feb 1977
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	22 Nov 1975

Handwritten: 9V10447, 82831001, 13

Licence No: **S0165971E**

NP 428A

1713054

Barcode

NRIC No. **S0165971E**

Fingerprint

Blood Group: **O+**

Date of issue: **23-02-1994**

Address: **APT BLK 108 POTONG PASIR AVENUE 1 #07-478 SINGAPORE 1335**

## 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 :** 5075608057-03

**Cover :** Third Party

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : GV1044T                                       |
| Chassis Number  | : LH1721008763                                  |
| 2. Name of Policyholder   | : FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY |
| 3. Effective Date of Insurance  | : 22 Nov 2018                                   |
| 4. Expiry Date of Insurance   | : 21 Nov 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : THOMSON CREDIT (S) PTE LTD (00000614577)


Date of Issue : 05 Nov 2018 10:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## LKK Paya Ubi

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**From:** ODsupport <ODsupport@income.com.sg>  
**Sent:** Monday, 15 April 2019 10:39 AM  
**To:** LKK Paya Ubi; ODsupport  
**Subject:** RE: CLAIMS NUMBER:MT/1039671 VEH NO: GV1044T

Dear Shan Hui

Please quote this claim nbr when billing MT/1039671-001

With Regards

**Theresa Vimala**  
Senior Administrator  
Motor Insurance  
T +65 6430 7898  
[www.income.com.sg](http://www.income.com.sg)

  
made different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
Find out more at [Income.com.sg/careers](http://Income.com.sg/careers)

**in** with you

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**From:** LKK Paya Ubi [mailto:[rspu@lkkauto.com](mailto:rspu@lkkauto.com)]  
**Sent:** Friday, 12 April 2019 4:32 PM  
**To:** ODsupport <ODsupport@income.com.sg>  
**Subject:** CLAIMS NUMBER:MT/1039671 VEH NO: GV1044T

Hi All,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Thank

Best Regards,

**Shan Hui** | Admin

**National Assessment Centre Services (LKK Group)**

Phone: 6841-0055 | email: [rspu@lkkauto.com](mailto:rspu@lkkauto.com) | fax: 6841-6315





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