

**NATIONAL Assessment Centre Services** [Ref: NA 001]

Date In: 10/05/2019 10:39	Job description	Date & Time Completed	Done by
Ref No: NA/40I19008320/K4	SAS e-filing		
Veh No: GBD 49304	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/05/2019 07:25	i-Motor Claim Form		
OD (TP) 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:	Veh No: SKR4770J	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

NA1903376

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against JNC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : 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 \$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	10/05/2019 10:39
Date Of Accident	09/05/2019 07:25
Exact Location Of Accident	JUNCTION OF MARINE TERRACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4930U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIP TERK TRADING CO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96245642
Alternative Phone No	OFFICE-96245642

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110145491503
Cover Note Number	

### Driver

Name of Driver	CHUNG WEE HWA ( ZHUANG WEIHUA )
NRIC No	S7440434J
Date Of Birth	04/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96245642
Fax Number	
Contact Number	OTHERS-96245642
Email Address	NOEMAIL

Address 386 TELOK KURAU ROAD  
 Postcode 423895  
 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? 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: : NIL  
 GENDER: : FEMALE

**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**

VEHICLE A WAS DRIVING ALONG JUNCTION OF MARINE TERRACE. WHEN VEHICLE A STATIONARY SUDDENLY VEHICLE B HIT ON VEHICLE A REAR PORTIONS AND VEHICLE A WAS SLIGHTLY DAMAGE AT THE REAR PORTIONS.

**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 SKR4770J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver JACELY VOON  
 NRIC/Passport Number S7771466I  
 Contact Number 90019101  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

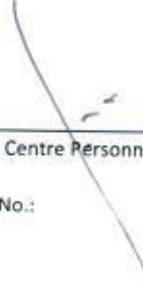
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

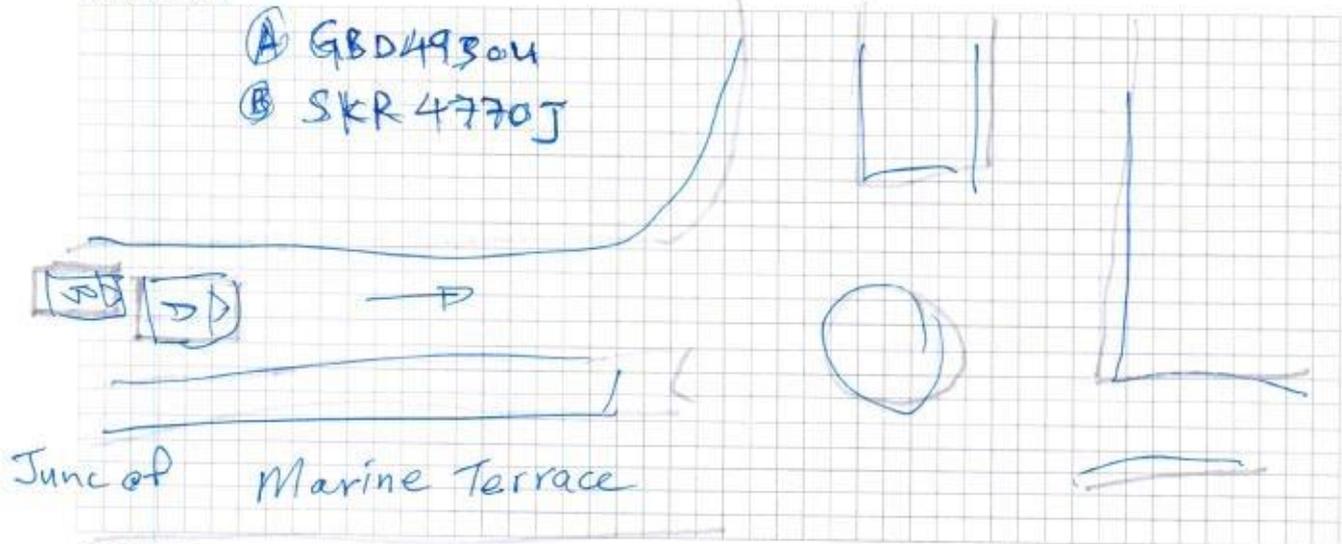
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

立得貿易公司  
LIP TERK TRADING CO  
BLK 1057 EUNOS AVENUE 3  
#01-01 SINGAPORE 409848  
TEL: 65-9159 67430500

  
\_\_\_\_\_  
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

Vehicle A was driving along Junction of Marine Terrace. When Vehicle A ~~gave~~ brake stationary suddenly Vehicle B hit on Vehicle A rear portions and Vehicle A was slightly damage at the rear portions.

stationary.

DECLARATION

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

立得貿易公司  
LIP TERK TRADING CO  
BLK 1057 FINNS AVENUE 3  
#01-95 SINGAPORE 409848  
TEL: 67459159, 67430500

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.:

10/5/2019

### ACCIDENT STATEMENT

ACCIDENT DATE: (9/5/2019) (DD/MM/YYYY), TIME: (07:25) (HH:MM) <sup>Am</sup>

LOCATION: Junc of Marine Terrace

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: GBD 4930U
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

**2. INSURED / POLICY HOLDER**

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

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

**DRIVER**

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96245642
- c) ADDRESS: \_\_\_\_\_

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

1-F

- \*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: \_\_\_\_\_

**8. THIRD PARTY VEHICLE**

- a) VEHICLE NUMBER: SKR 4770 J MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: Jacely Voon
- c) NRIC/FIN/PASSPORT: 57771466 I CONTACT: 90019101

\* No of passenger  
(Including driver)  
( )

**9. THIRD PARTY VEHICLE**

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

\* No of passenger  
(Including driver)  
( )

Email = exclusiventerprisess@gmail.com

fax = 62459678

VIDEO = \_\_\_\_\_

Workshop



**Tony Ng (Ah Onn)**  
Managing Director  
M: 9735 6016

**Exclusive Enterprise Pte Ltd**

Co. Reg. No. : 201906614W

Service Centre & Motor Insurance Claim:

8 Kaki Bukit Avenue 4

#03-50 Premier @ KB

Singapore 415875

Email: exclusiveenterprise50@gmail.com

T: 6245 9655

F: 6245 9678

Insurance Claims | Motor Vehicle Repair and Servicing  
Spray Painting | Insurance Renewal | Courtesy Vehicle  
Genuine Parts and Accessories | All Repairs Comes  
With 6 Months Warranty



Service Centre & Motor Insurance Claim:  
8 Kaki Bukit Avenue 4  
#03-49/50 Premier @ KB  
Singapore 415875  
T: 6443 8382

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7440434J



Name  
CHUNG WEE HWA  
(ZHUANG WEIHUA)  
庄 炜 华

Race  
CHINESE

Date of birth  
04-12-1974

Sex  
M

Country of birth  
SINGAPORE




For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7440434J

Name  
CHUNG WEE HWA  
(ZHUANG WEIHUA)

Birth Date 04 Dec 1974  
Issue Date 16 Jul 2003




For LKK/NAC Use Only

3645932



NRIC No. S7440434J



Date of issue  
07-12-2004

386 TELOK KURAU ROAD  
SINGAPORE 423895  
NRIC No: S7440434J

Date: 14/11/2017

For LKK/NAC Use Only

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

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

PASS DATE  
20 Sep 1993

NP 423A

Licence No: S7440434J



For LKK/NAC Use Only

~~Email~~ Workshop: exclusiveenterprise50@gmail.com ✓



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 3869 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg

Co. Reg. No. 197100152R

RENEWAL CERTIFICATE

**ORIGINAL**

Agency	A000024	Class of Policy	MOTOR	Policy Number	..... DHOM110145491503/
Account	A000024	Issued on	..... 14/11/2018 in UOI	Replacing Policy no.	DHOM110145491502
Client	0305880	Acceptance Date	30/10/2018		

Period of Insurance from 19/11/2018 to 18/11/2019 , both dates inclusive

Insured's Name.... LIP TERK TRADING CO  
Mailing Address.... 1057 EUNOS AVENUE 3  
#01-95  
SINGAPORE 409848

Business/Occupn... HARDWARE RETAILER

Premium .....	BASIC ANNUAL PREMIUM		SGD1,585.45		
	NO CLAIM BONUS	20.00%	SGD317.09-		
	Total Annual Premium .....		SGD1,268.36	Premium Due	SGD1,268.36
				Premium GST	SGD88.79
				Total Due	SGD1,357.15

Risk No. 001	COMMERCIAL VEHICLE				
1. Registration	GBD4930U	Make/Model ..	TOYOTA DYNA	150 MANUAL (2)	
Type of Cover	COMPREHENSIVE	No. of seats	2	Body Type .....	PICKUP
Engine No. ..	1KD2458004	Capacity cc's	0	Yr of Manuf/Regn	2014/2014
Chassis No. ..	JTFAT35Y50K203845			NCB%.....	20.00
		Tonnage .....	2.00	Certificate Ref.	LCVC
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE			
SECTION 1		SGD800.00			
WINDSCREEN DAMAGE CLAIM		SGD200.00			
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00			

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 2 - EXCESS - DAMAGE CLAIMS
- 2 E - YOUNG AND INEXPERIENCED DRIVERS
- 30 & 72(B)
- 89 (UNLIMITED WINDSCREEN COVER)
- AIR-CON/RADIO-CASS COVERAGE INCLUSIVE
- AN EXCESS OF \$200 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
- PREMIUM PAYMENT WARRANTY
- TERRORISM EXCLUSION ENDORSEMENT
- CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
- POLICY OWNERS' PROTECTION SCHEME

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION (SDIC). COVERAGE FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR MORE INFORMATION ON THE TYPES OF BENEFITS THAT ARE COVERED UNDER THE SCHEME AS WELL AS THE LIMITS OF COVERAGE, WHERE APPLICABLE, PLEASE CONTACT YOUR INSURER OR VISIT THE GIA / LIA OR SDIC WEBSITES ([www.gia.org.sg](http://www.gia.org.sg) OR [www.lia.org.sg](http://www.lia.org.sg) OR [www.sdic.org.sg](http://www.sdic.org.sg)).

PREMIUM PAYMENT WARRANTY

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119060575 Vehicle Registration No: GBD4930U  
 Name (as shown in NRIC) : CHUNG WEE HWA (ZHUANG WEIHUA) NRIC/FIN/Passport No : S7440434J  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 386 TELOK KURAU ROAD, Singapore 423895  
 Contact (Tel) : — Mobile No. : 96245642  
 Email Address : NOEMAIL  
 Date of Accident : 09/05/2019 Time of Accident : 07:25  
 Place of Accident : JUNCTION OF MARINE TERRACE  
 Insurance Company : United Overseas Insurance Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the TP vehicle number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

10/7/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: