

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

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 4930U	E-mail (within 8hrs. A/C 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: SKR 4770J 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)

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 1903376 Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	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 \$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
Insured/Policyholder	
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)

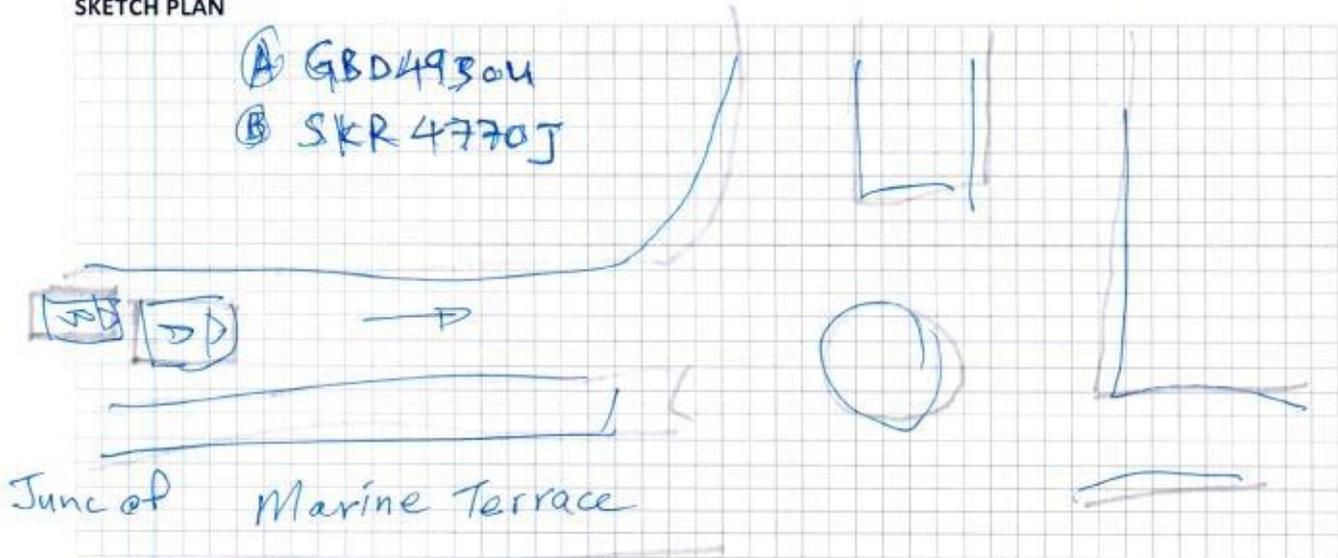
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR477OJ
 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

DECLARATION

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

立得貿易公司
LIP TERK TRADING CO
BLK 105, TELUK ANSON 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

* Report on 10/5/2019 @ 1020AM

ACCIDENT STATEMENT

ACCIDENT DATE: (9/5/2019) (DD/MM/YYYY), TIME: (07:25) (HH:MM) ^{Am}

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 passengers
(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) (NO)

7. a) REPORTED TO POLICE (YES / NO) (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: S7771466 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 = exclusiveenterprise50@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

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 OR www.lia.org.sg OR www.sdic.org.sg).

PREMIUM PAYMENT WARRANTY