

NATIONAL Assessment Centre Services. [ver 1 Jan 00]

Date In: 29/05/2019 12:37	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19009456/K4	SAS e-filing		
Veh No: XD1589G	E-mail (5 jobs then, AIC then)		
D.O.A: 28/05/2019 10:30	I-Motor Claim Form	MT/1046710-002	30/05/19
OID / TP / Reporting Only	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SDH21A 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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: _____

Date/Time	Actions

NAI903936

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
Additor's Comments:	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
Ref 1:	9) NI: Idao Mobile	30
	Invoice dated	Fee Charged
2/2	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	29/05/2019 12:37
Date Of Accident	28/05/2019 10:30
Exact Location Of Accident	119 MCNAIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1589G
Insured/Policyholder	
Name Of Registered Owner	AVENUE ENGINEERING PTE LTD
Co Reg No	200720196N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91902549
Alternative Phone No	OFFICE-91902549

Vehicle Particulars

Manufacturer	ISUZU
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072174241-04
Cover Note Number	

Driver

Name of Driver	OI KENG HONG (WEI QINGFENG)
NRIC No	S8225482Z
Date Of Birth	09/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91902549
Fax Number	
Contact Number	OTHERS-91902549
EEmail Address	NOEMAIL

Address	BLK 439C SENGKANG WEST AVENUE #14-303
Postcode	793439
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?	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)	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

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	SDH21A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CARESSE KONG WEN LI
NRIC/Passport Number	S8707910D
Contact Number	83330321 / 96601033
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



x

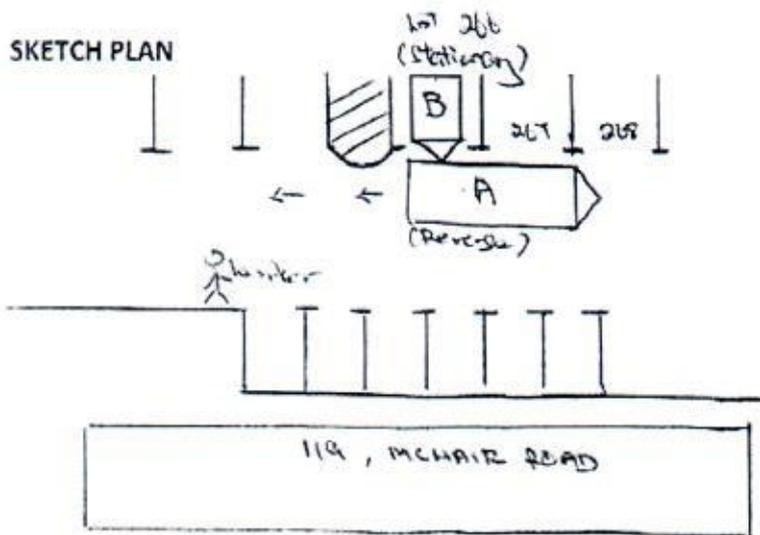
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

29/5/2019

SKETCH PLAN



VEH A = XD1589G

VEH B = SDH21A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/5/2019 around 1030hr, I was at the above location.

I wanted to reverse my vehicle into position for the workers to load up my tipper truck.

A worker was on my right to assist me to reverse my vehicle.

I wind down my window and look behind to ensure I could see the worker guiding me.

Suddenly, I heard a scratching sound. I immediately came down to check and realized I grazed vehicle B which was parked in lot 267.

I waited 3 hours and no driver came to the car.

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.:

29/5/2019

(TP)

SDH 21A

Carresse Kong wen hi

587079100

8333 0321 / 96601033

UBI → Reported on 28/5/2019 @ 1515 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (28/5/2019) (DD/MM/YYYY), TIME: (10:30 AM) (HH:MM)

LOCATION: 119 MCNAIR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD1589G
- 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: 9190 25 49
- c) ADDRESS: _____

*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: SDH21A MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = vezel2509@gmail.com ✓

fax =

VIDE.O =

Waiting for Company Check?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8225482Z**



Name
**OI KENG HONG
(WEI QINGFENG)**
韦庆丰

Race
CHINESE

Date of birth
09-09-1982

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S 8 2 2 5 4 8 2 Z**
Name
**OI KENG HONG
(WEI QINGFENG)**

Birth Date **09 Sep 1982**
Issue Date **14 Mar 2011**

001946445B



5181626



NPIC No. **S8225482Z**



Date of issue
12-06-2013

**APT BLK 439C SENGKANG WEST AVENUE #14-303
SINGAPORE 783439**
NPIC No: **S8225482Z** Date: **09/10/2018**

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

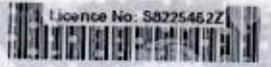
	EFFECTIVE DATE
Class 3 Motor cars ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	14 Mar 2011
Class 4 Heavy motor cars and motor tractors > 2500 kg	22 Mar 2013
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	06 Sep 2013

S8225482Z

S / No. 9000187802

NP 128A

Licence No. **S8225482Z**



For LKK/NAC Use Only

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5072174241-04		AVENUE ENGINEERING PTE LTD	200720196N	GFT	Comprehensive	XD1589G	XD1589G	20/02/2019	

Continue

Policy Information

Policy No.	5072174241-04	Policyholder Name	AVENUE ENGINEERING PTE LTD	Policyholder NRIC	200720196N
Certificate No.					
Address	2 SUNGEI KADUT STREET 4 SM INDUSTRIAL BUILDING SINGAPORE 729032				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/02/2019	Effective Date	20/02/2019 00:00	Expiry Date	19/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	500.00
Additional Excess		OS Premium	58115.01		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2 SUNGEI KADUT STREET 4	Address 2	SM INDUSTRIAL BUILDING	Address 3	SINGAPORE 729032
Address 4		Address Type	Singapore address	Post Code	729032
Unit No.		Related Policy Number	5108648189		

Insured Object: XD1589G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	20/02/2019 00:00	Basic Information Endorsement	000001287010272	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicles are subject to Endorsement M42(A) - EQUIPMENT AND THIRD-PARTY WORKING RISKS : VEHICLE NUMBER 1. XD8098K 2. XD1778C.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. XE8228Y 07-03-2019 \$2,832.58 2. YP6493R 07-03-2019 \$1,573.88 In view of this amendment, an additional premium of \$4,406.46 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	08/03/2019 00:00	Basic Information Endorsement	000001287023272	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1046710

Policy No.	5072174241-04	Vehicle No.	XD1589G	GST Registration No.
Certificate No.				
Policyholder Name	AVENUE ENGINEERING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	29/05/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/05/2019	Time of Accident hh:mm	10:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	119 MCNAIR ROAD			

Excess

Own Damage Excess	1,500.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	17/01/20
GST Registration No.	200720196N	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	2 SUNGAI KADUT STREET 4	Address 2	SM INDUSTRIAL BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108648189	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	OI KENG HONG (WEI QINGFEN)	Driver NRIC	S8225482Z	Driver DOB
Register Date of Driver License	14/03/2011	Driver Age	36	Driving Experience
Contact No.(Mobile)	91902549	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 439C # 14-303	Address 2	SENGKANG WEST AVENUE	Address 3
Address 4	SINGAPORE 793439	Address Type	Singapore address	Post Code
Unit No.	14-303			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	AVENUE
Contact No.(Mobile)	NIL	Contact No. (Home)	684675
Email Address		OI Vehicle Number	XD1589G
Claim Description	XD1589G / SDH21A ON 28 May 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Preferred Repair Option		Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	30/05/2019 14:40
		Workshop Repairer	

Print AK letter

Attachment

Accident No. MT/1046710 Claim No. 002
 Last Doc. Received Yes No Upload Date 30/05/2019 14:30

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:39	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:37	SAS	Normal	SAS 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:36	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:36	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:36	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:35	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:35	Photos	Normal	Photos