

# NATIONAL Assessment Centre Services

[Part 1 Jan'03]

MMA 119126243

Date In: 14/8/19 14:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1INC19014119/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: G2 6637D	I-Motor Claim Form	MT1057730 <sup>001</sup>	15/8/19 09:21
DOA: 118/19 03:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SLV 3374T	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 repaler.

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

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

Remarks:	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	Action

NA1905936

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	3.00
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damage Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)	
Sub J:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI2: Idao 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	14/08/2019 14:33
Date Of Accident	11/08/2019 03:20
Exact Location Of Accident	JLN BESAR TWDS OPHIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6637D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUP HOCK SENG CONSTRUCTION PTE. LTD.
Co Reg No	198205135N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67432301

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	AFTER 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	5101733381-01
Cover Note Number	-

### Driver

Name of Driver	KASI SELVAM
NRIC No	F7871301K
Date Of Birth	12/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94552471
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	90 TUAS SOUTH AVE 9 #04-204
Postcode	637397
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	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190811/2006

#### 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	SLV3374T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKD6686E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.



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.:

phir Rd

A = 62 6637D  
B = SLV 33747  
C = SKD 6686E

Jln Besar

A = 62 6637D  
B = 5LV 3374T  
C = SKD 6686E

Jln Besar

Refer Police Report T/20190811/2006

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



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

# h. Lernung

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



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



## ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 8 / 19) (DD/MM/YYYY), TIME: (08 : 20) (HH:MM)

LOCATION: Jln Besar twds ophir Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G2 6637D  
b) INSURANCE COMPANY: INC  
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: After work  
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: Hup Hock Seng Construction Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 67432301  
c) ADDRESS: \_\_\_\_\_

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

### 3. DRIVER

- a) NAME: Kasi Selvam (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9455 2471  
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: Rochor NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 3774T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKD 6686 E MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

no of passenger 3.

include driver

( )

writing chp.

email

video

No.

selvam ks 1975@gmail.com



**SINGAPORE  
POLICE FORCE**



T/20190811/2006

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20190811/2006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2019 05:11		Vide Report No.: A/20190811/0023		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: KASI SELVAM			Address: 90 TUAS SOUTH AVENUE 9 #04-204 TUAS LODGE 1 SINGAPORE 637397		
ID Type / ID No.: FIN NO / F7871301K			Contact No.: Home/Office: Mobile: 94552471		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 12/06/1975	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3 Date of Expiry: 30/05/2021		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2019 03:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BESAR OPHIR ROAD Accident happened along Jalan Besar towards Ophir Road. Lamp Post Number: 44F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ6637D	Lorry				Slightly Damaged	0
SKD6686E	Car				Slightly Damaged	1
SLV3374T	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20190811/2006

2 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190811/2006

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KASI SELVAM	ID No.	F7871301K
Related Vehicle	GZ6637D (Lorry)	Contact No.	94552471
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 30/05/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/08/19 at around 0320hrs, I was driving my lorry, Nissan Cabstar bearing registration plate number GZ6637D along Jalan Besar.

I stopped my lorry at the traffic light junction of Jalan Besar, waiting for the traffic light to turn green. I was intending to make a left turn into Ophir Road.

Suddenly, I felt an strong impact from the back of my lorry, I applied my handbrake, exited from my lorry to take a look at what happened.

The driver behind me also exited from his vehicle, a grey coloured Kia Carens bearing registration number SLV3374T. The driver was holding on to his neck and he told me that he was knocked on the rear of his car by another vehicle, a Toyota Wish bearing registration number SKD6686E. Due to the strong impact from SKD6686E, he then inched forward and hit the rear of my lorry. The driver of SLV3374T then called for police assistance and subsequently got conveyed to hospital by ambulance. He was conscious at that point of time.

Subsequently, the driver of SKD6686E came down of his vehicle and asked me to pass him my phone number, and he will settle the matter tomorrow with me. I turned down the offer and waited for police assistance.

While awaiting police to arrive, the driver of SKD6686E hopped onto his vehicle and drove away.

I wish to state that I was not injured, and I also did not exchange particulars with the other involved parties.

I was advised to lodge a police report by the responding Traffic Police officer for investigation purposes.



**SINGAPORE  
POLICE FORCE**



T/20190811/2006

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20190811/2006

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

A /  
Sgt 2 LEE JUN JIE, SEAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Signature Of Informant:

Date/Time:

11/08/2019 05:11

Classification Of Case:

Authorised Singapore  
NP168 POLICE FORCE



SIGNATURE



## Private Settlement Agreement Between Parties Involved in Motor Accidents

When involved in a motor accident, you can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under this private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

**1. Details of the Accident:**

Date: <u>14/1/2017</u>	Time: <u>13:25:00</u>
Location: <u>Yuen Hing Road (near to Sun Kim Tower)</u>	

**2. Details of Vehicles**

	Vehicle A	Vehicle B
Registration Number	<u>GV337HT</u>	<u>G2 663TD</u>
Name of Driver	<u>Sukhdev Singh &amp; Guljinder Singh</u>	
MRC Number	<u>S 12 339293</u>	
Name of Owner		<u>Hop Hock Sang Construction Pte Ltd</u>
MRC Number		<u>1982 05135H</u>

3. There are no personal injuries to the undersigned parties.



4. The parties hereby agree to settle the matter amicably as follows:

**IMPORTANT:  $\neq$  circle a) or b) as applicable**

a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

b) Without any admission of liability, Vehicle A (party paying compensation) has paid a sum of \$\_\_\_\_\_ which Vehicle B (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties are free to make an accident report to comply with the accident reporting requirements.

	Vehicle A	Vehicle B
Signature		
Name		<u>Ng Guan Hock</u>
Home Tel:		<u>6-7432301</u>
Hand Phone		<u>9-7265308</u>



### S PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

HUP HOCK SENG CONSTRUCTION PTE. LTD.



Name  
**KASI SELVAM**  
S Pass No.  
**0 31232341**

Sector  
**CONSTRUCTION**



For LKK/NAC Use Only



X0945889

### VISIT PASS Immigration Regulations

13-11-2018

Name  
**KASI SELVAM**

FIN  
**F7871301K**

Date of Birth  
**12-06-1975** Sex  
**M**  
Nationality  
**INDIAN**

Download SGWorkPass  
App to check status



**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



### REPUBLIC OF SINGAPORE DRIVING LICENCE



**KASI SELVAM**

Birth Date: **12 Jun 1975**

Valid Date: **09 May 2016**

Valid Till: **30/05/2021**



002563081A

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 31 May 2011

For LKK/NAC Use Only

N8 428A



Licence No: F7871301K



## 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 :** 5101733381-01

**Cover :** Comprehensive

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : <b>GZ6637D</b>                       |
| Chassis Number  | : JN1SF4F23Z0861370                    |
| 2. Name of Policyholder   | : HUP HOCK SENG CONSTRUCTION PTE. LTD. |
| 3. Effective Date of Insurance  | : 19 Jul 2019                          |
| 4. Expiry Date of Insurance   | : 18 Jul 2020                          |
| 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ALPINE FINANCIAL PTE. LTD. (00000610144)  
Date of Issue : 12 Jul 2019 17:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1057730

Policy No.	5101733381-01	Vehicle No.	GZ6637D	GST Registration No.
Certificate No.				
Policyholder Name	HUP HOCK SENG CONSTRUCTION PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	67432301	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(%)	20	Private Hire
<b>▼ Accident Details</b>				
Report Date	15/08/2019 09:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/08/2019	Time of Accident hh:mm	03:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JLN BESAR TWDS OPHIR RD			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	Yes	GST Registration Date	01/04/1994	
GST Registration No.	M200586387	GST Status Verified	Yes	
Modification History	15/08/2019 09:19:43 System changed GST Registration Date from 01/01/2015 to 01/04/1994 15/08/2019 09:19:43 System changed GST Status Verified from No to Yes			
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 1014 #04-204	Address 2	GEYLANG EAST AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5038612668-10	
<b>▼ OT Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KASI SELVAM	Driver NRIC	F7871301K	Driver DOB
Register Date of Driver License	31/05/2011	Driver Age	44	Driving Experience
Contact No.(Mobile)	94552471	Contact No.(Office)		Contact No.(Home)
Address 1	90 TUAS SOUTH AVENUE 9	Address 2	#04-204 TUAS LODGE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-204			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HUP HOC
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	GZ6637D
Claim Description	GZ6637D / SLV3374T ON 11 Aug 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	15/08/2019 09:20	GIA report	Received
		Claim Close Date	



Report Taken By

LIEW SHAN HUI

Print AK letter

Save

Submit

## Attachment



Accident No.	MT/1057730	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/08/2019 09:21

Choose File	No file chosen	Clear	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read		Clear	Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	SAS	Normal	SAS 20
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2019 09:21	Photos	Normal	Photos 2

## Video List

Uploaded By/Date	Folder Date	File Name
		Display in New Window
		Scan and uploading