

NATIONAL Assessment Centre Services.

[wef 1 Jan'09]

MMA 119109978.

Date In: 21/8/19 14:54	Job description	Date & Time Completed	Done by
Ref No: MA/INC19014641/h4	SAS e-filing		
Veh No: XD 9846L	E-mail (within 2hrs, AIC 2hrs)		
IOA: 2018/19 15:40.	I-Motor Claim Form	M71058791-001	21/8/19 15:31
OD: <input checked="" type="radio"/> 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

G8D 39F6R

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 repairer.

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

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

Remarks: (INC 1100115-67886616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Action

MA1906147

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	20.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
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:	For claiming against INC Only (wef 10 Jan 2009)	
Tel: 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC 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 (NI1): 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	21/08/2019 14:54
Date Of Accident	20/08/2019 15:40
Exact Location Of Accident	JUNC SUNGEI KADUT DR & SUNGEI KADUT ST 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9846L
Insured/Policyholder	
Name Of Registered Owner	WAH & HUA PTE LTD
Co Reg No	200000076M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63620078

Vehicle Particulars

Manufacturer	IVECO
Model	TRAKKER AUTO AT260T41 (MY2013, EURO V)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111430253
Cover Note Number	-

Driver

Name of Driver	YANG LEI
NRIC No	G8296562P
Date Of Birth	19/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98105815
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11 KRANJI CRESCENT
Postcode	728656
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 - MAJOR/MINOR RD
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 SUNGEI KADUT DR ON THE RIGHT LANE, WHILE APPROACHING SUNGEI KADUT ST 6, SUDDENLY VEH B DASHED OUT FROM THE SUNGEI KADUT ST 6 AND MAKING A RIGHT TURN, I MANAGE TO STOP MY VEH BUT VEH B STILL HIT ONTO MY VEH RIGHT FRONT PORTION.

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	GBD3986R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.:

SKETCH PLAN

Sungei Kadut St 6

A = XD 9846L
B = GBD 3986R

Sungei Kadut Dr.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **G8296562P**
 Name **YANG LEI**
 Birth Date **19 Jan 1981**
 Issue Date **15 Aug 2014**
 Valid Till **14 Aug 2019**

002335399K

For LKK/NAC Use Only

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


 Name **YANG LEI**
 Work Permit No. **0 72534131**
 Sector **MANUFACTURING**

Employer **WAH & HUA PTE LTD**

072534131

K1421229

For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	12 Aug 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	13 May 2011

NP 42RA

Licence No: G8296562P

For LKK/NAC Use Only

VISIT PASS
Immigration Regulations


 Name **YANG LEI**
 FPN **G8296562P**
 Date of Birth **19-01-1981** Sex **M**
 Nationality **CHINESE**

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.

For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text" value="5111430253"/>	Date of Accident	<input type="text" value="21/08/2019 14:50"/>
Vehicle No.(For Motor)	<input type="text" value="XD9846L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5111430253	5111430253-000002	WAH & HUA PTE LTD	2000000076M	GFM	Preferred Workshop Plan	XD9846L	XD9846L	22/07/2019	21/07/2020

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 : 5111430253-000002

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **XD9846L**
Chassis Number : **WJME2NSS40C281138**
2. Name of Policyholder : **WAH & HUA PTE LTD**
3. Effective Date of Insurance : **22 Jul 2019**
4. Expiry Date of Insurance : **21 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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$200
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 25 Jul 2019 17:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1058781

Policy No.	5111430253	Vehicle No.	XD9846L	GST Registration No.	200000076M
Certificate No.	5111430253-000002				
Policyholder Name	WAH & HUA PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	200000076M
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	63620078	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	21/08/2019 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	20/08/2019	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG SUNGEE KADUT DR & SUNGEE KADUT ST 6				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	200.00		
OO Standard Excess	1,500.00	TP Standard Excess			
YIED OO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OO Excess Applicable	1500.00	Total TP Excess Applicable	0.00		

▼ Benefits

Coverage	Sum Insured
Third Party Working Risk	999999999.99

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	03/01/2000
GST Registration No.	200000076M	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	11 KRANJI CRESCENT	Address 2	SINGAPORE 728656	Address 3	
Address 4		Address Type	Singapore address	Post Code	728656
Unit No.		Related Policy Number	5111431474		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YANG LET	Driver NRIC	Q8296562P	Driver DOB	19/01/1981
Register Date of Driver License	13/05/2011	Driver Age	38	Driving Experience	8
Contact No. (Mobile)	98105815	Contact No. (Office)		Contact No. (Home)	
Address 1	11 KRANJI CRESCENT	Address 2	# WM BUILDING	Address 3	SINGAPORE 728656
Address 4		Address Type	Singapore address	Post Code	728656
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	WAH & HUA PTE LTD	Insured NRIC	200000076M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	63620078
Email Address		OI Vehicle Number	XD9846L	TP Vehicle Number	G8D3986R
Claim Description	XD9846L / G8D3986R ON 20 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault ▼		
Repair Option	Yes *	Preferred Workshop, Name unknown ▼	GIA report	Received ▼	
Date Registered				Claim Close Date	21/08/2019 15:29
Report Taken By				Date Received	21/08/2019 01

Print AK letter

Save Submit

Attachment

Accident No.	MT/1058781	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2019 15:31
Path *		Category *	Please Select ▼
Choose File	No file chosen	Confidential	NO ▼
		Urgency *	Normal ▼
		Description	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:30	SAS	Normal	SAS 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:30	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:30	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:30	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:30	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:30	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:29	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:29	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:29	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:29	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:29	Photos	Normal	Photos 2019-8-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Aug 2019 15:29	Photos	Normal	Photos 2019-8-21	

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading