

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MA 449/40280

Date In: 22/10/2019 16:53	Job description	Date & Time Completed	Done by
Ref No: N/A/MA 449/40280/14	SAS e-Milling		
Veh No: SGT 6249A	E-mail (by Julia Shier, AIC 2hrs)		
DOA: 22/10/2019 19:30	I-Motor Claim Form	22/10/2019 17:18	
OID / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKW 3734	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 > \$3000] ( )		

Injury: _____
Date: _____
Action: _____
_____
_____
_____
_____

Claimant: _____	1) AR: Accident Reporting (\$30)	
Driver/Owner: _____	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No: _____	3) TP: Towing Fee \$40/\$45	
Damaged Portion: _____	4) PT: Follow-Through Survey \$120	
QC Checked by (Bgr-In-Charge): _____	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11) : TP (N11 INC) against INC \$20	
	*N12: Idao Mobile \$0	
	Invoice dated _____	Fee Charged _____
	Invoice dated _____	Fee Charged _____

22/10/2019



## 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	22/10/2019 16:53
Date Of Accident	21/10/2019 19:30
Exact Location Of Accident	ALONG VICTORIA STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6249A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG SAN HONG WEI PTE LTD
Co Reg No	199503987Z
Email Address	DELPHINETS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96156220
Alternative Phone No	OFFICE-96156220

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108547847
Cover Note Number	

### Driver

Name of Driver	TANG SI YUN
NRIC No	S9343035B
Date Of Birth	08/11/1993
Occupation	INDOOR
Date Of Driving Pass	20/08/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96156220
Fax Number	
Contact Number	OTHERS-96156220
EEmail Address	DELPHINETS@GMAIL.COM

Address	BLK 402 FAJAR ROAD #09-221
Postcode	670402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

PLEASE REFER TO SKETCH PLAN

#### 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	SKW373Y
Vehicle Make/Model/Colour	AUDI A3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALLAN ANG
NRIC/Passport Number	
Contact Number	81882929
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.

紅山鴻偉私人有限公司  
HONG SAN HONG WEI PTE LTD

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

Along Victoria Street

A) SKJ 6249 A

B) SKW 373 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 October, 7-30 pm I park along the roadside of Victoria Street behind the other vehicle. When I was turning out to the road, I scratch his car bumper and my car front.

DECLARATION

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

紅山鴻偉私人有限公司  
HONG SAN HONG WEI PTE LTD

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/10/19

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



## ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 10 / 2019) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: Along Victoria Street

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ6249A  
b) INSURANCE COMPANY: Inwme  
c) POLICY NUMBER: 5108547847 - 000001  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA ALTIS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: HONG SAN HONG WEI PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 96156220  
c) ADDRESS:

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

#### DRIVER

- a) NAME: TANG SI YUN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S934303SB CONTACT: 96156220  
c) ADDRESS: BLK 402 FAJAR ROAD #09-221 S670402

\* d) DATE OF BIRTH: (08 / 11 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/8/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: SKW373Y MODEL: AUDI A3  
b) DRIVER'S NAME: Allan Ang  
c) NRIC/FIN/PASSPORT: CONTACT: 8185 2929

### 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = delphinetasy@gmail.com

VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/1068002

Policy No.	5108547847	Vehicle No.	SGJ6249A	GST Registration No.	
Certificate No.	5108547847-000001				
Policyholder Name	HONG SAN HONG WEI PTE LTD				
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC	1995039872
Contact No.(Mobile)	NA	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	+ No Yes	TCA	+ No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Not available

Accident Details

Report Date	22/10/2019 15:20	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/10/2019	Time of Accident In:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIDE ROAD ALONG VICTORIA STREET				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
DO Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED DO Excess		YIED TP Excess			
Additional Excess	0				
Total DO Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 1002 #01-85	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRIAL
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-85	Related Policy Number	5108547847		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type \*

Contact No.(Mobile)		Insured Name	HONG SAN HONG WEI PTE LTD	Insured NRIC	1995039872
Email Address		Contact No. (Home)	NIL	Contact No. (Office)	
Claim Description		Oil Vehicle Number	SGJ6249A	TP Vehicle Number	SKW373Y
Preferred Workshop				Name of Preferred Workshop	
Contact No. Finalisation		Insured Liability	Fully at Fault		
Date Registered		Preferred Workshop, Name unknown		GIA report	Received
Report Taken By				Claim Close Date	22/10/2019 17:18
				Date Received	22/10/2019 00:00

Print All letter

Save Submit

Attachment

Accident No.	MT/1068002	Claim No.	002
Last Doc. Received	Yes No	Upload Date	22/10/2019 17:18
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos	Normal	Photos 2019-10-22	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos	Normal	Photos 2019-10-22	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos	Normal	Photos 2019-10-22	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 17:18	SAS		Normal	SAS 2019-10-22

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					



## 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: 5108547847-000001

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGJ6249A**  
Chassis Number : **MR053ZEC107126268**
2. Name of Policyholder : **HONG SAN HONG WEI PTE LTD**
3. Effective Date of Insurance : **10 Apr 2019**
4. Expiry Date of Insurance : **09 Apr 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 or Hirer's business.

### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

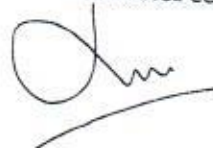
Agency : **TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)**  
Date of Issue : **29 Mar 2019 12:59 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive