

Date/Time	29/10/19 14:20	Job description	SAS e-filing	Date & Time Completed	Done by
Ref No	MA/INC19019075164	E-mail (within 2hrs, A/C 2hrs)			
Veh No	YP 7647H	I-Motor Claim Form	MT/1068949-001	29/10/19 18:11	
Date	25/10/19 16:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)			
CU	TP & Repair Only	I-Photo Uploaded			
TP Insurer		Assessment/Survey Report			
		Ass't Report by Fax / Hand to Owner/Wksp			

Protolmat Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:	Veh No:	STJ 6341E	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:	IN () / Out ()	Date & Time Completed	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	29/10/19 14:20
Actions	

MA1908080

Claims Details Particulars:	Invoice Information Checklist:	Rate (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30):	30.00	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2023)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NR: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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	29/10/2019 14:20
Date Of Accident	25/10/2019 16:20
Exact Location Of Accident	WARINGIN PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7647H
Insured/Policyholder	
Name Of Registered Owner	KC & WATSON (FAR EAST) PTE LTD
Co Reg No	198300856N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67444888

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5094821696-02
Cover Note Number	

Driver

Name of Driver	LAI ZENG DONG
NRIC No	G3157249K
Date Of Birth	25/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88704236
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	60 KIM KEAT RD #04-03
Postcode	328827
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SJJ6341E
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

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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.



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.:

賴增輝 29/10/19

A handwritten signature in black ink, appearing to be 'H' followed by a flourish.

SKETCH PLAN

(A) YP7647H

(B) STJ6341E

Waringin Park



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing & collided onto Third party parked vehicle.

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.:

李增榮 29/10/19

Handwritten signature of reporting center personnel.

NOTICE OF REPORTING

This is to confirm that Lai Zengdong, FIN:G3157249K, has reported to the Police a non-injury traffic accident which occurred at Waringin Park on 25/10/2019 at 4.20pm involving the following vehicles:

- 1) YP7647H
- 2) SJJ6341E

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: W/SSS Nadiyah Easa

Date: 26/10/2019 Time: 1850hrs

S/D Ref: 70

Police Post/Unit : Bedok North NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Bedok North NPC
No. 30 Bedok North Road
Singapore 469676
Tel: 1800-7449999

ACCIDENT STATEMENT

ACCIDENT DATE: 25/10/19 (DD/MM/YYYY), TIME: 4:20 ^{pm} (HH:MM)

LOCATION: Waringin Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 7642H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5094821696-02
 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: Delivery goods
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KC & Waringin Park East (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 67444888
 c) ADDRESS: 11 Sims Ave #05-04 SCA Centre
SG 287355

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lai Zengdong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3157249K CONTACT: 88704236
 c) ADDRESS: 60 Kim Keat Rd #04-03 (S) 328827

*d) DATE OF BIRTH: 25/12/1987 (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: Bedok North NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STJ6341E 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)
(2)

No of passengers
 (including driver)
(0)

No of passengers
 (including driver)
()

Email =

fax = 65836188

VIDEO =

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5094821696-02
The Policyholder	: KC & WATSON (FAR EAST) PTE LTD 11 SIMS DRIVE #05-04 SCN CENTRE SINGAPORE 387385

Period of Insurance	: 06 Oct 2019 To 05 Oct 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,690.40

Interest Insured

Cover Type	: Comprehensive		
Make/Model	: MITSUBISHI/FB		
Capacity	: 4.20 ton(s)	Number of Seater	: 2
Registration Number	: YP7647H	Registration Date	: 06 Oct 2017
Chassis Number	: FEB71EA20463	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 15%
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : N/A

Agency	: PRO-LINK INSURANCE AGENCY (00000615233)
Date of Issue	: 17 Sep 2019 09:28 hrs

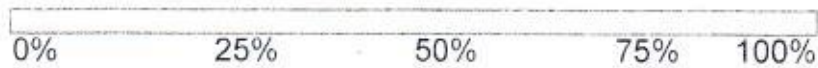
DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	YP7647H		
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	MITSUBISHI	Vehicle Model:	CANTER FEB71ER4SDEC (CBU)
Chassis No.:	FEB71EA20463	Engine No.:	4P10C61722
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2998 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	2480 kg	Maximum Laden Weight:	6700 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	06 Oct 2017	Original Registration Date:	06 Oct 2017
Manufacturing Year:	2017	Open Market Value:	\$35,043.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$1,753.00		

Owner Particulars

Owner Name:	KC & WATSON (FAR EAST) PTE LTD
Owner ID Type:	Company
Owner ID:	198300856N
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	35D
Registered Street Name:	LORONG STANGEE
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	425006
COE No. / Expiry Date:	2017100105000069W / 05 Oct 2027
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$43,002.00

Transaction Details

Business Transaction Ref. No.:	20171006155344976721
Business Transaction Date:	06 Oct 2017
Business Transaction Time:	15:53:44

Message

The above vehicle has been successfully registered.

Please note that \$34,905.00 will be deducted from your GIRO account.

Claim Handling

Accident MT/1068949

Policy No.	5094821696-02	Vehicle No.	YP7647H	GST Registration No.	NA
Certificate No.					
Policyholder Name	KC & WATSON (FAR EAST) PTE LTD			Policyholder NRIC	198300856N
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67444888	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	29/10/2019 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	25/10/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WARRINGIN PARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	26/10/1998		
GST Registration No.	198300856N	GST Status Verified	Yes		
Modification History	29/10/2019 18:09:18 System changed GST Registration No. from NA to 198300856N 29/10/2019 18:09:18 System changed GST Registration Date from 01/01/2015 to 26/10/1998 29/10/2019 18:09:18 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	11 SIMS DRIVE	Address 2	#05-04 SCN CENTRE	Address 3	SINGAPORE 367385
Address 4		Address Type	Singapore address	Post Code	367385
Unit No.		Related Policy Number	5113286342		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/12/1987
Unnamed driver Name	LAI ZENG DONG	Driver NRIC	G3157249K	Driving Experience	0
Register Date of Driver License	14/11/2018	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	88704236	Contact No.(Office)		Address 3	SINGAPORE 328827
Address 1	60 KIM KEAT ROAD	Address 2	#04-03 KIM KEAT HOUSE	Post Code	328827
Address 4		Address Type	Singapore address		
Unit No.	04-03			Driver Insurer Company	
Does he own a Singapore registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001

New

Claim Type *	DD-MX	Insured Name	KC & WATSON (FAR EAST) PTE	Insured NRIC	198300856N
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		Q1 Vehicle Number	YP7647H	TP Vehicle Number	513634
Claim Description	YP7647H / 5136341E ON 25 Oct 2019				
Preferred Workshop	0	Insured Liability	Fully at fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered		GIA report	Received	Claim Close Date	29/10/2019 18:10
Report Taken By				Date Received	29/10/2019
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1068949	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/10/2019 18:11
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			
Attachment List			

2/2