

NATIONAL Assessment Centre Services.

Form 1 Jan 00

MAY 2000 16/82

Date In: 06/05/2000 15:30	Job description	Date & Time Completed	Done by
Ref No: NIA/ALC0000294	SAS e-illing		
Veh No: SZ TR53D	E-mail (by Job No, AIC ID)		
D.O.A: 05/05/2000 18:10	I-Motor Claim Form	M/11083264-001	06/05/2000
OD / TP / Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		15:30
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whiz		

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

TP Particulars: Veh No: () 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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: _____

NIA2001294		
Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) T: Towing Fee \$40/\$45	
	4) PF: Follow-Through Survey \$110	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$20	
	6) TR: Pa-Inspection \$75	
Additional Comments:	7) NI: Issue DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
Tel: ()	9) NI: Issue Mobile	
	10) NI: Issue Mobile	
2/2/2	Fee Charged	
	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	06/02/2020 14:47
Date Of Accident	05/02/2020 18:10
Exact Location Of Accident	ALONG UPPER CHANGI ROAD EAST ENTERING STC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7853D
Insured/Policyholder	
Name Of Registered Owner	VINCAR PTE LTD
Co Reg No	2XXXXX900K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008866
Alternative Phone No	OFFICE-83663610

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110930450
Cover Note Number	

Driver

Name of Driver	LING WEI XIANG (LIN WEIXIANG)
NRIC No	SXXXX255A
Date Of Birth	25/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81008866
Fax Number	
Contact Number	OTHERS-83663610
E-Mail Address	NOEMAIL

Address	BLK 712 HOUGANG AVENUE 2 #12-289
Postcode	530712
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



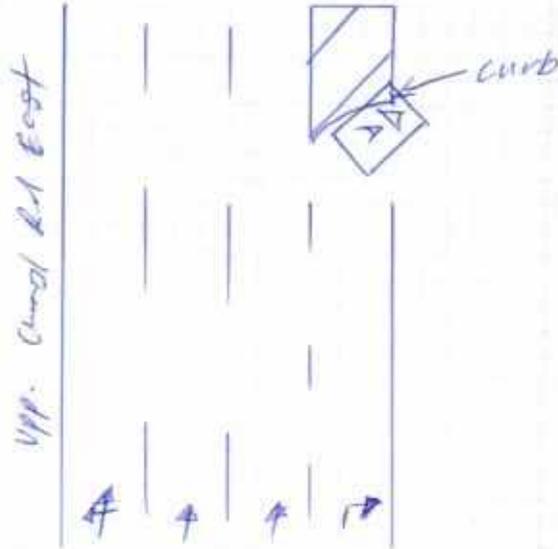
Policyholder's Signature
Date & Time:

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

06/02/2020

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

SKETCH PLAN



[STC]

Vehicle A: SJZ7853D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was travelling straight on the stated road. I could not stop in time and hit onto the curb.

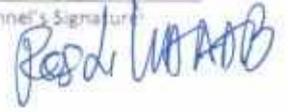
DECLARATION

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:

 06/08/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 05/02/2020 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: Opp Changi Rd East turning to STC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ 7853D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5110930450
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda - Bongo C200
f) TYPE: (SEDAN / 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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Vincen PTE LTD. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 700312900K CONTACT: 8100 8866
c) ADDRESS: 1 Changi Court Rd #05-02
S(154630)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Wei Xiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8836755A CONTACT: 8366 3610
c) ADDRESS: 717 Haying Ave #117-787
S(530712)

* d) DATE OF BIRTH: 25/09/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/09/2017

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

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: carb 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 passenger
(including driver)
(01)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email: assanda_chen@autosprint.com.sg
VIDEO

Claim Handling

Accident MT/1083264

Policy No.	5110930450	Vehicle No.	SJZ7853D	GST Registration No.	
Certificate No.					
Policyholder Name	VINCAR PTE LTD			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	81008866	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	

Accident Details

Report Date	06/02/2020 15:15	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	05/02/2020	Time of Accident hh:mm	18:10	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER CHANGE ROAD EAST ENTERING STC				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0	Total TP Excess Applicable	0.00	
Total OD Excess Applicable	3100.00			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History	06/02/2020 15:27:15 System auto update fail: time-out		

Policyholder Mailing Address

Address 1	1 CHANG CHARN ROAD	Address 2	#05-02 OC	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-02	Related Policy Number	5115427458		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LING WEI XIANG (LIN WEIXIAN)	Driver NRIC	SXXXX255A	Driving Experience	
Register Date of Driver License	06/09/2019	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	83663610	Contact No.(Office)		Address 1	
Address 1	BLK 712 #12-289	Address 2	HOUKANG AVENUE 2	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	12-289	Driver Vehicle No.	SJZ7853D	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VINCAR PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		DI Vehicle Number	SJZ7853D
Claim Description	SJZ7853D / - ON 5 Feb 2020		
Preferred Workshop	Insured Liability	Fully at Fault	GIA report
Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	Received
Date Registered			
Report Taken By		06/02/2020 15:28	Claim Close Date
		ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083264	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	06/02/2020 15:30

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: 5110930450

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJZ7853D |
| Chassis Number | : WDD2040482A475155 |
| 2. Name of Policyholder | : VINCAR PTE LTD |
| 3. Effective Date of Insurance | : 08 Jul 2019 |
| 4. Expiry Date of Insurance | : 07 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : VINCAR PTE LTD (00000614250)
Date of Issue : 05 Jul 2019 16:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 1 MAY 20016782 Vehicle Registration No: SJ27853D.
 Name (as shown in NRIC) : Lim Wei Xiang (Lim Wei Xiang) NRIC/FIN/Passport No : SXXXX 255A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 8366 3610
 Email Address : _____
 Date of Accident : 05/07/2020 Time of Accident : 18:10
 Place of Accident : ALONG UPPER CHANGI ROAD FROM SINGAPORE SIC
 Insurance Company : ANIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF REPORT TO 25/09/1988

Policyholder / Driver's Signature
Date:

[Signature] 06/02/2020
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No:
 Date: