

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 120019375

Date In: 12/12-13:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000734/24	SAS e-filing		
Veh No: 4034563P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 11/12-13:30	i-Motor Claim Form	12/12/2004 14:00	
OD : 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: YUJ773A	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:	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	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	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	12/02/2020 13:50
Date Of Accident	11/02/2020 13:30
Exact Location Of Accident	20 BUKIT BATOK CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4563P
Insured/Policyholder	
Name Of Registered Owner	SIM LEE HENG INVESTMENTS PTE LTD
Co Reg No	1XXXXX690E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96819494
Alternative Phone No	OFFICE-96819494

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5109076481
Cover Note Number	

Driver

Name of Driver	LIM KOH LOON
NRIC No	SXXXX982C
Date Of Birth	16/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1971
Driving Experience	48 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93473390
Fax Number	
Contact Number	OFFICE-93473390
Email Address	NOEMAIL

Address	BLK 121 POTONG PASIR AVENUE 1 #10-281
Postcode	350121
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

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	YN5773A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FENG ZHAOXU
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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.

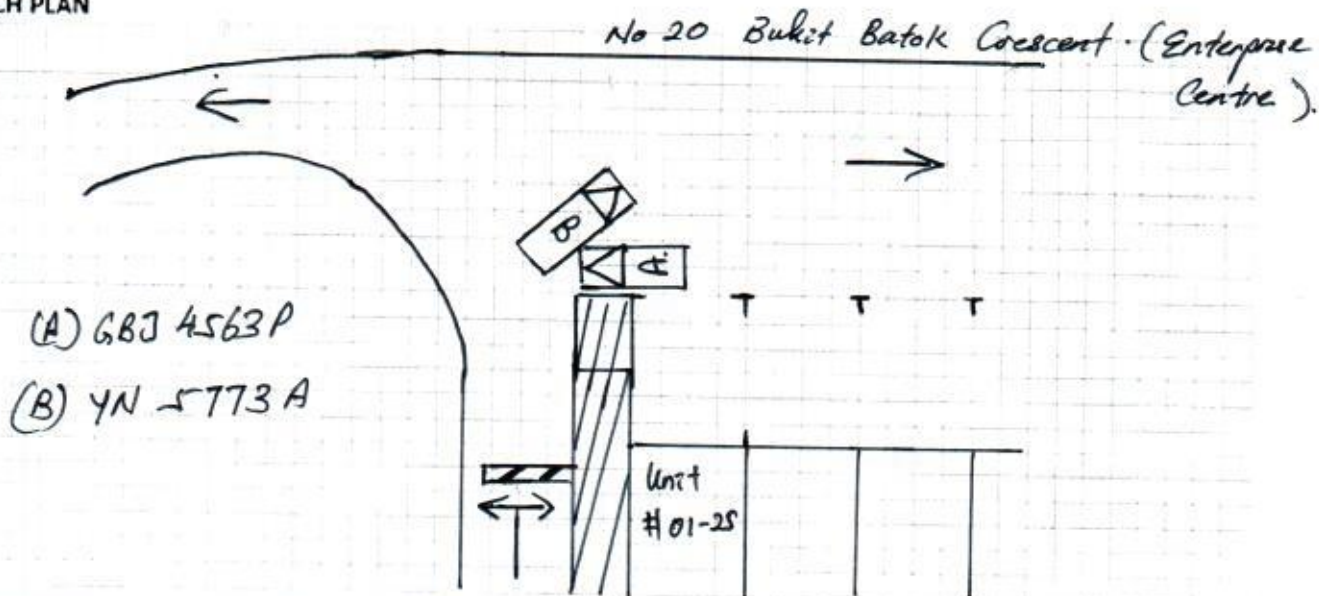
利興私人有限公司
SIM LEE HENG INVESTMENTS PTE LTD
X 20 BUKIT BATOK CRESCENT
#01-25 ENTERPRISE CENTRE
SINGAPORE 658080
TEL: 6270 0980 FAX: 6270 0986

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/02/2020 at @ 1330 hrs, I parked my lorry (GBJ 4563P) in front of my shop and was doing my unloading of goods. Suddenly, a 20ft lorry came in and make a right turn and collided onto the front right side of my lorry.

DECLARATION

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

SIM LEE HENG INVESTMENTS PTE LTD
20 BUKIT BATOK CRESCENT
#01-25 ENTERPRISE CENTRE
SINGAPORE 658080

TEL: 6270 0960 FAX: 6270 0986

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.:

Vehicle No.	GBJ 4563 P		Model / Make	Toyota Dyna .
Date of Accident	11 / 02 / 2020 .			
Time of Accident	1330 HRS			
Location of Accident	No. 20, Bukit Batok Crescent (Infront of Unit #01-25)			
Exact purpose use during accident	Commercial Used .			
Name of Owner	Sim Lee Heng Investments Pte Ltd .			
Telephone No.	H/P: 9681 9494 . Home :		Office :	
NRIC	198105690E			
Address	1, Sophia Road #05-03 Peace Centre (S) 228149 .			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	NTAC .			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	5109076481 .			
Name of Driver	As Above If No, Lim Kah Loon .			
NRIC	S 0399982 C .		Any Passengers : N.A .	
Date of birth	16 / 01 / 1949 .			
Occupation	<u>Outdoor</u> / Indoor			
Driving License Pass Date	02 / 04 / 1971 .			
Gender	<u>Male</u> / Female			
Contact No.	H/P: 9347 3390 . Home :		Office :	
Address	BLK 121 Potong Pasir Ave 1 #10-281 (S) 350121 .			
Driver have any own vehicle	<u>No,</u> If yes, Reg No.			
Relationship	<u>Employee,</u> If no, state			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	<u>No,</u> If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	<u>No,</u> If Yes, Where?			
Vehicle B No.	YN 5773 A	Any Passengers : 01 (M) .		
Name of Driver	Feng Zhaoru .	Contact No. :		
Vehicle C No.		Any Passengers :		
Vehicle D No.		Any Passengers :		
Vehicle E no.		Any Passengers :		
Vehicle F No.		Any Passengers :		
Vehicle G No.		Any Passengers :		
Witness Name	N.A .	Witness Contact : N.A .		
Accident Portion	Front right side .			
Camera Recorder	Yes <u>No</u> .			
Email Address				
PARTICULAR WORKSHOP	N-51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Teng .			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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 : 5109076481

Cover : Preferred Workshop Plan

- | | |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBJ4563P |
| Chassis Number | : JTFAT35YX0K212816 |
| 2. Name of Policyholder | : SIM LEE HENG INVESTMENTS PTE LTD |
| 3. Effective Date of Insurance | : 25 Apr 2019 |
| 4. Expiry Date of Insurance | : 24 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 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	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)
Date of Issue : 23 Apr 2019 15:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/02/2020 13:30"/>							
Vehicle No.(For Motor)	<input type="text" value="GBJ4563P"/>	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 type="radio"/>	5109076481		SIM LEE HENG INVESTMENTS PTE LTD	198105690E	GCV	Preferred Workshop Plan	GBJ4563P	GBJ4563P	25/04/2019	24/04/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5109076481	Policyholder Name	SIM LEE HENG INVESTMENTS P	Policyholder NRIC	198105690E
Certificate No.					
Address	20 BUKIT BATOK CRESCENT #01-25 ENTERPRISE CENTRE SINGAPORE 658080				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	23/04/2019	Effective Date	25/04/2019 00:00	Expiry Date	24/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	20 BUKIT BATOK CRESCENT	Address 2	#01-25 ENTERPRISE CENTRE	Address 3	SINGAPORE 658080
Address 4		Address Type	Singapore address	Post Code	658080
Unit No.		Related Policy Number	5094856082-02		

Insured Object: GBJ4563P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/04/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 25 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: ABWIN PTE LTD CHASSIS NUMBER: JTFAT35YX0K212816 ENGINE NUMBER: 1KD2848724 VEHICLE REGISTRATION NUMBER: GBJ4563P ORIGINAL REGISTRATION DATE: 25 Apr 2019

Continue

Cancel

Claim Handling

Accident MT/1084049

Policy No.	5109076481	Vehicle No.	GBJ4563P	GST Registration No.	M200446674
Certificate No.					
Policyholder Name	SIM LEE HENG INVESTMENTS PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	198105690E
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96819494	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
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	12/02/2020 12:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	11/02/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	20 BUKIT BATOK CRESCENT				
Total Excess Applicable					
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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200446674	GST Status Verified	Yes
Modification History	12/02/2020 13:59:44 System changed GST Registration Date from 01/01/2015 to 01/04/1994 12/02/2020 13:59:44 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	20 BUKIT BATOK CRESCENT	Address 2	#01-25 ENTERPRISE CENTRE	Address 3	SINGAPORE 658080
Address 4		Address Type	Singapore address	Post Code	658080
Unit No.		Related Policy Number	5094856082-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/01/1949
Unnamed driver Name	LIM KOH LOON	Driver NRIC	SXXXX982C	Driving Experience	48
Register Date of Driver License	02/04/1971	Driver Age	71	Contact No.(Home)	0
Contact No.(Mobile)	93473390	Contact No.(Office)	0	Address 3	SINGAPORE 350121
Address 1	BLK 121	Address 2	POTONG PASIR AVENUE 1	Post Code	350121
Address 4		Address Type	Singapore address		
Unit No.	10-281				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SIM LEE HENG INVESTMENTS P	Insured NRIC	198105690E
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	62700960
Email Address		OI Vehicle Number	GBJ4563P	TP Vehicle Number	YN5773A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ4563P / YN5773A ON 11 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/02/2020 14:00	Claim Close Date		Date Received	12/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1084049	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2020 14:01
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

12/2/2020