

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MMA 1200 65020 -01

Date In: 31/8/20 11:25	Job description	Date & Time Completed	Done by
Ref No: MA 1200 65020 7936164	SAS e-filing		
Veh No: GBD 607T	E-mail (within 3hrs, A/C 2hrs)		
IP/A: 11/8/20 10:05	I-Motor Claim Form	MT/1099103-001	
(IP) 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/Whgn		

Profund Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: SDV 22775 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 ()

Genie / UAC 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: ()

Comments: (INC 10/11/05 0709 0616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____

Location: _____

Comments Particulars	Invoice Description	Amount	AS Amount	AS Adf/Bill
	1) AR: Accident Reporting (\$30)		30.00	
	2) DA: Damage Assessment (\$100) INC (\$30)			
	3) TP: Towing Fee \$40/\$43			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	QI:			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NG: Repair Co-ordination \$10			
	*NJ: Post Repair Inspection \$25			
	*NB: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
Driver/Owner:	Invoice dated	Fee Charged		
Contact No:	Invoice date	Fee Charged		
Damaged Portion:				
QC Checked by (Ingr-In-Charge):				
Auditors Comments:				
Call:				

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	03/08/2020 11:25
Date Of Accident	01/08/2020 10:15
Exact Location Of Accident	MIDDLE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6017T
Insured/Policyholder	
Name Of Registered Owner	HOCK CHUAN ANN KWAY TEOW & NOODLES MANUFACTURER
Co Reg No	3XXXX800K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67459437

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	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	5115179779
Cover Note Number	

Driver

Name of Driver	PAN HONGFENG
NRIC No	GXXXX321K
Date Of Birth	16/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93918471
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3017 BEDOK NORTH ST 5 #04-27
Postcode	486121
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 - CHANGE/CROSS LANE
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	SDV2277S
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

IMPORTANT NOTICE

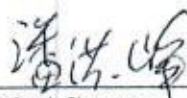
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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.
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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

requirements under any regulations, laws or court orders.

WONG CHUAN ANN
WAY TEOW & NOODLES MANUFACTURER
 BLK 3017 BEDOK NORTH ST. 5 #04-27
 SINGAPORE 486121
 TEL: 6745 9437, 5746 4180

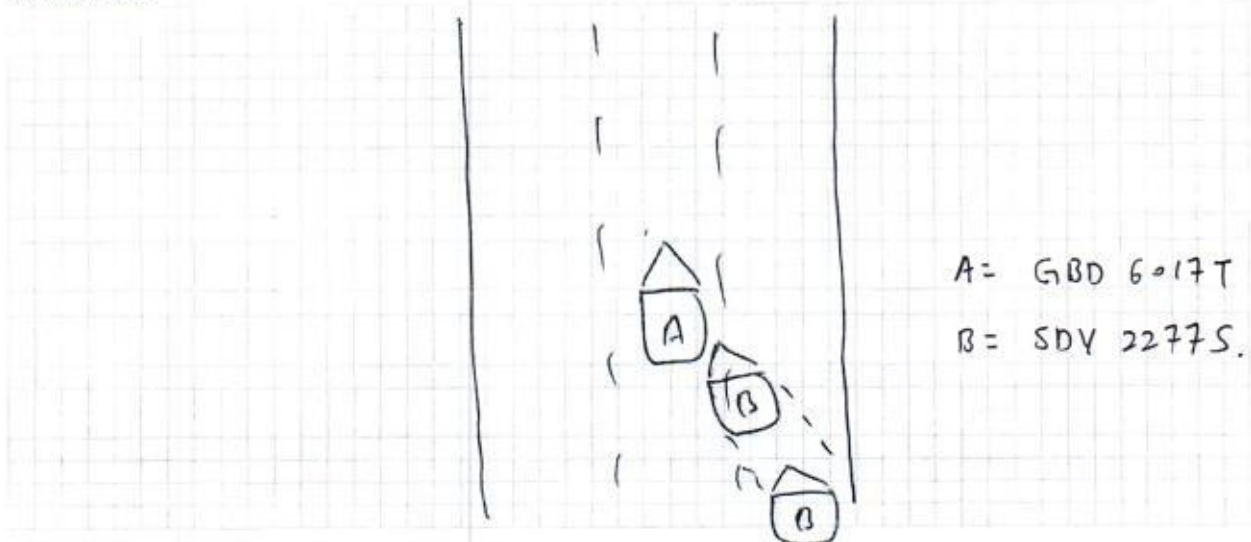



Policyholder's Signature
Date & Time:

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

I was travelling straight on my lane, suddenly vehicle B on my right cut into my lane and hit onto my vehicle rear right portion.

HOCK CHUAN ANN
KWAY TEOW & NOODLES MANUFACTURER
 DECLARATION
 BLK 3017 BEDOK NORTH ST. 5 #04-27
 SINGAPORE 489123
 TEL: 6745 9437, 5746 4100

(Handwritten signature of Hock Chuan Ann)

(Handwritten signature of Reporting Centre Personnel)

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.:

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 : MMA120065020 Vehicle Registration No: GBD 6017T
Name (as shown in NRIC) : PAM HOAN FENG NRIC/FIN/Passport No : G8586321K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 3017 BEDOK NORTH ST 5 #04-27 Singapore (486120)
Contact (Tel) : 67459437 Mobile No.: 98340408
Email Address : schinetee@gmail.com
Date of Accident : 1/8/20 Time of Accident : 1015 hrs
Place of Accident : KIDDA ROAD
Insurance Company: MTUC INCOME

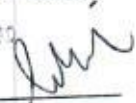
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

INSURANCE COMPANY SHOULD BE MTUC INCOME.
ATTACH INSURANCE CI.

HOCK CHUAN ANN
WAY TEOW & NOODLES MANUFACTURER
BLK 3017 BEDOK NORTH ST 5 #04-27
SINGAPORE 486121
TEL: 6745 9437, 6745 4100

Policyholder / Driver's Signature
Date:



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



VEHICLE NO: * GBD 60177

MAKE & MODEL: * TOYOTA HIACE

DATE OF ACCIDENT	*	1 / 8 / 20
TIME OF ACCIDENT	*	1015 AM PM
LOCATION OF ACCIDENT	*	MIDDLE ROAD
Exact Purpose use during accident		
NAME OF OWNER	*	
TELP NO	*	67459437
NRJC	*	34925800K
CLAIM TYPE	*A	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE		YES / NO ?
INSURANCE CO.		MSIC
TYPE OF COVERAGE	*	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO	*	
EMAIL	*	schinette@gmail.com
NAME OF DRIVER	*	As above / If No.
NRIC		*Any passengers: -
DATE OF BIRTH		/ /
OCCUPATION		<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS		/ /
GENDER	*	<u>Male</u> / Female
CONTAC NO.		93912471 Office: Home:
EMAIL		
ADDRESS		
DRIVER HAVE ANY OWN Vehicle		NO / If yes: Reg No.
RELATIONSHIP		<u>Employee</u> / If No.
WEATHER CONDITION	*	<u>Clear</u> / Raining / Other,
ROAD SURFACE	*	<u>Dry</u> / Wet / Other,
ANY INJURIES	*	<u>No</u> / If yes, Who?
CONTAC NO.		
POLICE REPORT	*A	No / If yes, Where?
VEHICLE B NO. TP VEH. NO		SDV22775 *Any Passenger: 1 (FEMALE)
NAME		
CONTAC NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO CAPTURE?		YES / NO
WAS THERE ANY PHOTO CAPTURE?		YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO

WORK PERMIT

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

Employer
HOCK CHUAN ANN KWAY TEOW & NOODLES MANUFACTURER



Name
PAN HONGFENG

Work Permit No
0 77724877

Sector
MANUFACTURING



K1937253

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **G 8 5 8 6 3 2 1 K**

Name

PAN HONGFENG

Birth Date **16 Oct 1990**

Issue Date **18 May 2018**

Valid Till **17/05/2023**



(DRIVER)

VISIT PASS

Immigration Regulations

22.11.2019

Name
PAN HONGFENG

FIN
G8586321K

Date of Birth
16-10-1990 Sex
M

Nationality
CHINESE

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.

Download SGWorkPass App to check status



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

EFFECTIVE DATE

C Class 3 Motor cars ≤ 3500 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 1500 kg

19 Jun 2018

G8586321K

S / No. 9000307687

NP 428A



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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5115179779	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: GBD5017T
Chassis Number	: JTFHT02P500150990
2. Name of Policyholder	: HOCK CHUAN ANN KWAY TEOW & NOODLES MANUFACTURER
3. Effective Date of Insurance	: 30 Dec 2019
4. Expiry Date of Insurance	: 29 Dec 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\$500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : RAY ALLIANCE FINANCIAL ADVISERS PTE LTD (00000581200)
Date of Issue : 27 Dec 2019 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1099103

Policy No.	5115179779	Vehicle No.	GBD6017T	GST Registrati
Certificate No.				
Policyholder Name	HOCK CHUAN ANN KWAY TEOW & NOODLES MANUFACTURER			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	67459437	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	06/08/2020 14:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/08/2020	Time of Accident hh:mm	10:15	Country of Acc
Reporting Centre		Grange Force		ICM No,
Accident Location	middle rd			

▼ 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	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	06/08/2020 14:59:18 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK3017 BEDOK NORTH STREE	Address 2	#04-27	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115179779	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PAN HONGFENG	Driver NRIC	G8586321K	Driver DOB
Register Date of Driver License	19/06/2018	Driver Age	29	Driving Experi
Contact No.(Mobile)	93918471	Contact No.(Office)		Contact No.(Ho
Address 1	3017 BEDOK NORTH STREET 5	Address 2	#04-27 GOURMET EAST KITCH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-27			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HC
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	GB
Claim Description	GBD6017T / SDV2277S ON 1 Aug 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	06/08/2020 15:00	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1099103 Claim No. 001
 Last Doc. Received Yes No Upload Date 06/08/2020 15:02

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:02	SAS	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:02	NRIC/ Driving License	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:02	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:02	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:02	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:00	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:00	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:00	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:00	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:00	Photos	Normal
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Aug 2020 15:00	Photos	Normal

Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>