

NATIONAL Assessment Centre Services.

MAA 20066541

Date In: <u>17/8/2020</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/TUC 2000816814</u>	SAS e-illing		
Veh No: <u>YK 84064</u>	E-mail (by date time, A/C time)		
DOA: <u>05/08/2020 10:30</u>	I-Motor Claims Form	<u>17/08/2020</u>	<u>06/08/2020</u> <u>17:49</u>
OD: TP / Repairing Only	I-Motor W/O (with or OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Agent		

Performed Wreck/INC Assign Wreck/QW: ( )  
 TP Particulars: Vch No: GBB 6500A 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 Refor 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: \_\_\_\_\_

MA 200480

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$42/43	
IC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Insurers Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Notes:	6) TLR: Re-inspection \$25	
	7) NI: Idea DA + SMRT Survey \$180	
	8) NIUC Additional Services	
	9) NI: Idea Mobile	
	10) NI: Idea Mobile	

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_  
 Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

MAA 20066541

## 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	06/08/2020 17:18
Date Of Accident	05/08/2020 10:30
Exact Location Of Accident	991D ALEXANDRA ROAD (LG ELECTRONIC STORE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK8406G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM HUI KIM
NRIC No	SXXXX588E
Email Address	NUSHEN.LOGISTICS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96410168
Alternative Phone No	OTHERS-86146386
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FUSO FM658M-8.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116315402
Cover Note Number	
<b>Driver</b>	
Name of Driver	PEREIRA DENIS KENNETH
NRIC No	SXXXX948B
Date Of Birth	04/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96410168
Fax Number	
Contact Number	OTHERS-86146386
Email Address	NUSHEN.LOGISTICS@GMAIL.COM

Address	BLK 3 TELOK BLANGAH CRESCENT #12-504
Postcode	090003
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	NO COLLISION
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	GBB6500A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	84378783
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

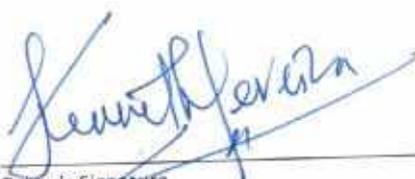
### IMPORTANT NOTICE

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

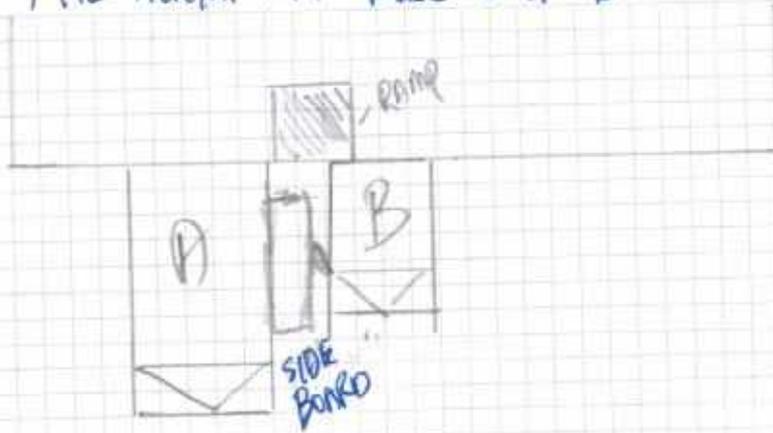
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 6/8/20 -

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

SKETCH PLAN

991D ALEXANDRA ROAD (LG ELECTRONIC STORE)



A) YK8406G  
B) GBB6500A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5th of August, 2020, I Pereira Denis Kenneth went to BIK 991D, Alexandra Road, #01-02 (LG store) to do a collection of SCNs.

As there were no vehicles there at the point of arrival, I was instructed by an LG staff to ~~stop~~ reverse and park my truck YK8406G near the ramp leading to the building. This was to facilitate my loading easily.

So I did so and subsequently lowered half my tailgate and opened my side board.

After collecting the SCNs from inside the store I came out with the goods on a trolley followed by the earlier mentioned LG staff. But to my shock vehicle GBB6500A (Silver Toyota Van) had blocked my whole pathway and was parked so close to my truck. The driver of this vehicle had opened his rear door and was up to the end of the curb, blocking the whole pathway from the ramp down.

I searched for the driver but to no avail. So I decided to squeeze through and load my cargo. One of the cartons was long and wide and it was difficult to load, but I manage eventually. On loading my last ctn into the truck my side board suddenly opened forward and smashed to the van's side mirror and

DECLARATION

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

brake it totally. I really don't understand how this could happen.

Policyholder's Signature  
Date & Time:

*Denis Pereira*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/8/20

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

*6668/2000*

# ACCIDENT STATEMENT

ACCIDENT DATE: (05/05/2020) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: 9910 ALAKANDA ROAD (LG ELECTRIC STAKE)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YK 8406G
- b) INSURANCE COMPANY: RMC
- c) POLICY NUMBER: 5116315402
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MITSUBISHI
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORK
- 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: SIM HUI KIM (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 5770486 CONTACT: 96410168 (KELLY)
- c) ADDRESS:

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

## DRIVER

- a) NAME: PARKIRA DEANUS KHAZMIN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT: 86146386
- c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

- 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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB6500A MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT: 84378783

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
- e) DRIVER'S NAME:
- f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email =

VIDEO

rsbm

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**From:** Kelly - <kelly0602@ymail.com>  
**Sent:** Friday, 7 August, 2020 10:25 AM  
**To:** rsbm@lkkauto.com  
**Cc:** Kenneth Pereira  
**Subject:** LETTER OF AUTHORIZATION FOR PEREIRA DENIS KENNETH

7th August, 2020

To whom it may concern

Dear Sir,

Please be informed that PEREIRA DENIS KENNETH NRIC NO: S 6918948-B is fully authorise to drive vehicle no. YK 8406G.

I, Sim Hui Kim is the owner of the above mentioned vehicle.

Best Regards

Sim Hui Kim

**Claim Handling**

Accident NT/1099142

Policy No.	SI 16115403	Vehicle No.	YCB406G	GST Registration No.	
Certificate No.					
Policyholder Name	SIM HUI KIM			Policyholder NRIC	S772566E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	96430188	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	5, 6, 7
MPK	No Yes	TCA	No Yes	eClaim Review	
NCD Protection	No	NCD Entitlement(%)	25	Prorate Rate	No

**Accident Details**

Report Date	06/06/2020 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	05/06/2020	Time of Accident (h:mm)	10:30	Country of Accident	Singapore
Reporting Centre		Change Point		ICM No.	
Accident Location	961D ALEXANDRA ROAD (LG ELECTRONIC STORE)				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Customer?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 546 #10-22	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 08044
Address 4		Address Type	Singapore address	Post Code	980040
Unit No.	10-22	Related Policy Number	SI16115403		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/06/1968
Unnamed driver Name	PEREIRA DRINE KENNETH	Driver NRIC	S631894B	Driving Experience	6
Register Date of Driver License	29/08/2011	Driver Age	52	Contact No. (Home)	
Contact No. (Mobile)	96446386	Contact No. (Office)		Address 1	BLK J #12-004
Address 1	BLK J #12-004	Address 2	TELOK BLAYOH CRESTENT	Address 3	MOUNT FABER GREEN
Address 4	SINGAPORE 090003	Address Type	Foreign address	Post Code	090001
Unit No.	12-004	Driver Vehicle No.	YCB406G	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

Declaration					
Smear/eyes or Blood Test Reading?	0 mg	Any injury?	Yes No		

**Modification History**

Claim 001 [View](#)

Claim Type *	DD-REX	Injured Name	SIM HUI KIM	Injured NRIC	S772566E
Contact No. (Mobile)	96430188	Contact No. (Home)		Contact No. (Office)	
Email Address	simhui0802@gmail.com	DI Vehicle Number	YCB406G	Vehicle Number	09861008
Claim Description	YCB406G / 09861008 ON 5 Aug 2020				
Preferred Workshop	Preferred	Injured Liability	Not at Fault	Preferred workshop, name unknown	GIA report
Benefit No. / Duration	Person	Open	Received		
Date Registered	06/06/2020 17:48	Claim Close Date		Date Received	06/06/2020 00
Report Taken By	ROSLI WAHAB				

[Print All Letter](#)

[Save](#) [Submit](#)

**Attachment**

Accident No.	NT/1099142	Claim No.	001
Last Date Received	Yes No	Upload Date	06/06/2020 17:48

Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
MAC_BUKIT PERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT PERAH) on 06 Aug 2020 17:48		Photo	Normal	Mains 2020-8-6	



## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**YK8406G**

Make / Model  
**MITSUBISHI / FUSO FM658M**

Vehicle Type:  
**B30 - Goods (Open) Lorry (Wooden Body)**

Vehicle Attachment 1:  
**With Hood**

Vehicle Scheme:  
**Normal**

Chassis No. :  
**FM658MB00239**

Propellant:  
**Diesel**

Engine No. :  
**6D17941294**

Motor No. :  
-

Engine Capacity :  
**8201 cc**

Power Rating :  
-

Maximum Power Output :  
-

Maximum Laden Weight :  
**16000 kg**

Unladen Weight :  
**6680 kg**

Year Of Manufacture:  
**2000**

Original Registration Date :  
**30 Dec 2000**

Lifespan Expiry Date :  
**29 Dec 2020**

COE Category :

**C - Goods Vehicle & Bus**

PQP Paid :

**\$31,269.00**

COE Expiry Date :

**29 Dec 2020**

Road Tax Expiry Date :

**20 Aug 2020**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**20 Feb 2021**

Intended Transfer Date :

**06 Aug 2020**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

-

## Fees To Be Paid For Transfer

Transfer Fees	\$25.00
Road Tax Renewal - 12 months (21 Aug 2020 to 29 Dec 2020)	\$93.00

## Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees.  
Any road tax that has been paid for the vehicle will be transferred to the next owner.

This vehicle has a road tax Over Payment of \$39.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

The road tax schedules for petrol-electric cars and electric vehicles (EV) will be revised from 1 January 2021. The current enquiry result does not include the revised road tax schedules commencing 1 January 2021. Please refer to the [Press Release](#) for more information.

Save as PDF

Copy as Text

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116315402		SIM HUI KIM	57772586E	GCV	Third Party	YK8406G	YK8406G	26/07/2020	29/12/2020

Continue