

NATIONAL Assessment Centre Services.

[Part 1 Jan 05]

SN 0920C70003

Date In: 7/12/20 09:56	Job description	Date & Time Completed	Done by
Ref No: MA/INC20013425/44	SAS e-filing		
Veh No: GBA 111 J	E-mail (within 3hrs, AIC 2hrs)		
TPA: 4/12/20 10:05	1-Motor Claim Form	MT/1112562 ⁰⁰¹	7/12/20 10:06
(1) - (1P) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel: / Fax: (
TP Particulars:	Veh No: SKV 3058T. 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 ()
<input type="checkbox"/> Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rep/aler. <input type="checkbox"/> Total Loss Case: to e-mail Insurer URGENTLY. Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: (INC 20013425/44)	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

NA 2100230	Invoice/Repairation Checklist	Amount (S)	Added Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)	6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160	8) NTUC Additional Services:		
8) NTUC Additional Services:	• NS: Courtesy Car / Tpt Allowance \$5		
	• NG: Repair Co-ordination \$10		
	• NT: Post Repair Inspection \$25		
	• NV: DV / Collect Excess Coordination \$5		
	• TE (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 Submission	07/12/2020 09:56 (SGT)
Date of Accident	04/12/2020 10:05 (SGT)
Exact Location of Accident	5 Kaki Bukit Rd 2, Singapore 417839
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA111J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Company Reg No	2XXXXX503C
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-64789386
Alternative Phone No	(Office) +65-64789386

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5106500435-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD HAFIDZ BIN MOHAMAD ISMAIL
NRIC No	SXXXX578E
Date Of Birth	10/11/1984
Occupation	Outdoor

Date Of Driving Pass	26/12/2003
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-94518007
Alt. Phone Number	-
Email Address	PHBMS@YAHOO.COM
Address	BLK 463B SEMBAWANG DR #20-383
Address complement	-
Postcode	752463
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV3058T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
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.

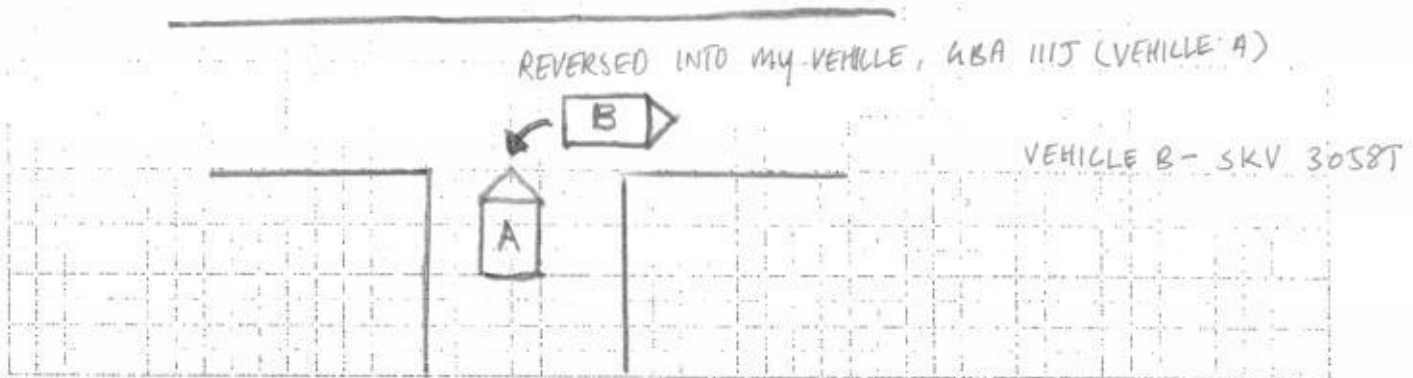


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/12/2020, AT 10^{4M}07 HRS, I WAS DRIVING IN 'S, KAKI BUKIT RD 2', I WAS GOING TO TURN RIGHT, BEHIND VEHICLE 'SKV 3058T' WHEN HE STOPPED AT THE JUNCTION. I STOPPED MY VEHICLE BEHIND HIM. HE THEN SUDDENLY REVERSED HIS VEHICLE WITHOUT WARNING. I PRESSED MY HORN TO ALERT HIM BUT HE DIDN'T STOP AND REVERSED TO MY 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.:

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 : 5106500435-01

Cover : Third Party

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBA111J |
| Chassis Number | : JTFHT02P200001758 |
| 2. Name of Policyholder | : PAUL HOE ENTERPRISE PTE LTD |
| 3. Effective Date of Insurance | : 03 Jan 2020 |
| 4. Expiry Date of Insurance | : 02 Jan 2021 |
| 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 13 Dec 2019 14:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



PAUL HOE ENTERPRISE PTE. LTD.

1 Kaki Bukit Ave 6 #01-107/ 109

AutoBay@Kaki Bukit, Singapore 417883

Tel: 6741 9686, 6748 9386 Tel/Fax: 6747 6918

Email: phbms@yahoo.com

Co. Reg. 201713503C

No. 1238

RENTAL AGREEMENT

Date 26-5-20

HIRER'S PARTICULARS

Name Mohamad Hafidz Bin Mohamad Ismail

Address APT BUS 463B Sembawang
drive # 20-383 spore 252463

I/C or Passport No. 58436578E Country _____

Occupation _____

Date of Birth 10-11-1984 Age _____

Driving Licence No. 58436578E Date Passed 26-12-2003

Tel: (HP) 94518007 (Residence) _____

DRIVER'S PARTICULARS

Name _____

Address _____

I/C or Passport No. _____ Country _____

Occupation _____

Date of Birth _____ Age _____

Driving Licence No. _____ Date Passed _____

Tel: (HP) _____ (Residence) _____

IMPORTANT NOTES:

1. No Insurance Coverage if the driver is below 21 yrs old or less than 2 yrs driving licence.
2. This vehicle is licenced to carry passengers only.
3. Hirer is liable to pay first \$ _____ as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
4. For usage to Malaysia subject to higher excess all claims of S\$5,000 and different rental rate.
5. Please notify our office should there be any accident involving this hired vehicle within 24 hrs
6. No refund will be given for vehicle returns early.
7. No refund will be given for petrol left in vehicle.
8. Hirer is liable to pay all parking fee and traffic summonses.
9. Vehicle to be return during office hour only.
10. No service on Public Holiday and Sunday.

Contract 6 month

SCHEDULE Toyota Hiace MODEL _____

GBA111J

Date	Time	Mileage

CHARGES

Day at \$	per days
Day at \$	per week
Day at \$	per month

TOTAL AMOUNT

AMOUNT PAID

BALANCE DUE

Days Extension From To

Amount Deposit (refundable) \$

FROM

26-5-20

TO

26-5-2021

I/We have read and understood the terms and conditions above and hereby agreed to abide.

Hirer's Signature

Driver/Gurantor's Signature

PAUL HOE ENTERPRISE PTE. LTD.



VEHICLE NO: GBA 111 J

MAKE & MODEL: TOYOTA HILUX

AUTO / MANUAL

DATE OF ACCIDENT

04 / 12 / 2020

*C.C. 2982

TIME OF ACCIDENT

10.07

(AM) / PM

LOCATION OF ACCIDENT

5 KAKI BUKIT ROAD 2

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

PAUL HOE ENTERPRISE
PTE. LTD.

Email: phbms@yahoo.com

TELP NO

Mobile:

Office: 64789386 Home: /

NRIC

REG. NO. 201713503L

CLAIM TYPE

OD / (THIRD PARTY) / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

NTUC INCOME

TYPE OF COVERAGE

Comprehensive / (Third Party) / Third Party Fire & Theft

POLICY NO.

5166 5004 35-01

NAME OF DRIVER

AS ABOVE / IF NO, MOHAMAD HAFIZ BIN MOHAMAD ISMAIL

NRIC

58436578E

DATE OF BIRTH

10 / 11 / 1984

ANY PASSENGER

YES / NO:

NAME OF PASSENGER

N.A.

GENDER OF PASSENGER

MALE / FEMALE N.A.

OCCUPATION

(Outdoor) / Indoor

DATE OF DRIVING PASS

26 / 12 / 2003

GENDER

(Male) / Female

CONTACT NO.

Mobile: 94518007

Office: /

Home: /

EMAIL

ice.358@gmail.com

ADDRESS

463B SEMBAWANG DR. S'752463 #20-383

DOES DRIVER OWN OTHER VEHICLES?

(NO) / If yes, Reg No.

INSURER.

RELATIONSHIP

Employee / If No, HIRER

WEATHER CONDITION

(Clear) / Raining / Other,

ROAD SURFACE

(Dry) / Wet / Other,

ANY INJURIES

(No) / If yes, Who?

CONTACT NO.

N.A.

POLICE REPORT

(No) / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

(NO) / IF YES, WHO?

VEHICLE B NO.

SKV 3058 T

Any Passenger, NO

NAME

LI JIANSHENG

CONTACT NO.

VEHICLE C NO.

N.A.

Any Passenger,

N.A.

VEHICLE D NO.

N.A.

Any Passenger,

N.A.

VEHICLE E NO.

N.A.

Any Passenger,

N.A.

VEHICLE F NO.

N.A.

Any Passenger,

N.A.

ANY WITNESS

N.A.

WITNESS CONTACT NO.

N.A.

WAS THERE ANY VIDEO CAPTURE?

(YES) / NO

WAS THERE ANY AUDIO RECORDED?

(YES) / NO

SCENE ACCIDENT PHOTOS TAKEN?

(YES) / NO

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

(YES) / NO

Fax: 67476918

email: phbms@yahoo.com