

{wv} 1 Jan'68.

SN082/32000

QID : TP : Reporting Only

TP Insurer:

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 ( )

( ) '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 :*

NA2101520

Driver/Owner:

Certificate No:

Damage Portion:

QC Checked by (Engr-In-Charge):

Anchor's Comments:

2111:

1) All Accident Reporting (530)

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5) TV, Towing Fee

4) PT: Follow-Through Survey

5) Full-Through Survey (Survey)

3) PTI Follow up UNO Only, (w/ 10 Jun 200)

Vorname Nachname  
Artikulation

5) The 1st step is to conduct a survey

7) NI: 1000 DA + 6 MLD 891V

1) NTU

ON

INS; Courtois Cor / Tpl A

\* N6: Deputy Coordination

✓ No Post Repair Inspection

IND: DV / Collect Users: Coordination

TP (NII) TP (Kau INC) • J. Last INC

25 N 131 Idas Moblle

10/10/10

Invoice dated  
Invoice dated

Free Charge

Free Charge



# 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	02/03/2021 16:44 (SGT)
Date of Accident	26/02/2021 17:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8769E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG SAN HONG WEI PTE LTD
Company Reg No	1XXXXX987Z
Email Address	hshw85@yahoo.com
Mobile Phone No	(Phone) +65-91091660
Alternative Phone No	+65-84846080

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5108547847-01
Cover Note Number	-

### DRIVER

Name of Driver	KWOK KAM PHUI
NRIC No	SXXXX667Z

Date Of Driving Pass	29/04/1987
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84846080
Alt. Phone Number	-
Email Address	alankwok6667@gmail.com
Address	BLK 262D COMPASSVALE STREET #05-153
Address complement	-
Postcode	544262
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	STUDENT
Gender	Male

#### 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

#### 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	SMG2081L
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-

-

-

-

-

-

-



## IMPORTANT NOTICE

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

2/3/21

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

C1K Lowers City

A) STQ 8769 €

B1SMG 2081L

B
A

**Describe Circumstances of the Accident**


ON 26/02/2021 AT ABOUT 17:00HRS I WAS TRAVELLING  
ALONG CTR TOWARDS CITY. TRAFFIC WAS MODERATE THE CAR  
IN FRONT OF ME JAM BRAKE, I ALSO BRAKE BUT  
COULD NOT STOP ON TIME REAR TOUCHED THE CAR BUT  
NOT VERY HARD JUST DENTED THE BUMPER.

**Declaration**

We declare the foregoing particulars are true in every respect.

紅山鴻偉法律有限公司  
HONG SAN HONG WEI PTE LTD  
1002 BUKIT MERAH LANE 3 #01-05  
SINGAPORE 159719  
U.P. 01001600 U.P. 003161

Policyholder's Signature / Date &  
Time

 2/3/21  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 02/03/2021  
Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (26/02/2021) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: CTE Tawano CITY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ8769E  
 b) INSURANCE COMPANY: NMC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: HONG SANG HONG WAI PL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 91091660  
 c) ADDRESS:

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

### DRIVER

- d) NAME: KWOK WAM PHU (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1806667-2 CONTACT: 84846080  
 c) ADDRESS: BLK 2620 COMPTON ST #05-153 S(544262)

\*d) DATE OF BIRTH: (27/02/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/04/1987

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FIRM

## 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: SMG 2081L MODEL: MIT  
 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:

email: alan.kwok6667@gmail.com

VIDEO

## Claim Handling

Accident MT/1122666

Policy No.	5108547847-01	Vehicle No.	SJQ8769E	GST Registration No.	
Certificate No.	5108547847-01-000013				
Policyholder Name	HONG SAN HONG WEI PTE LTD			Policyholder NRIC	199
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not

## ▼ Accident Details

Report Date	01/03/2021 11:21	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	26/02/2021	Time of Accident hh:mm	17:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TWDS CITY BEFORE BRADDELL ROAD EXIT 10				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 1002 #01-85	Address 2	BUKIT MERAH LANE 3	Address 3	ALE
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159
Unit No.	01-85	Related Policy Number	5121180135		

## ▼ OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	HONG SAN HONG WEI PTE LTD	Insured NRIC	199
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJQ8769E	TP Vehicle Number	SMC
Claim Description	SJQ8769E / SMG2081L ON 26 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	02/03/2021 16:42	Claim Close Date		Date Received	02/03
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

















Accident No.	MT/1122666	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2021 16:46

Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:46	SAS		Normal	SAS 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 16:42	Photos		Normal	Photos 2021-3-2

## Video List

Uploaded By/Date	Folder Date	File Name		Source
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## 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:** 5108547847-01-000013

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJQ8769E**  
Chassis Number : KMHDU41BR9U761422
2. Name of Policyholder : HONG SAN HONG WEI PTE LTD
3. Effective Date of Insurance : 10 Apr 2020
4. Expiry Date of Insurance : 09 Apr 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.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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 : 01 Apr 2020 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive