

NATIONAL Assessment Centre Services. [part 1 Job#] SM 092139000J

Date In: 9/13/21 15:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21093111/64	SAS e-Ming		
Veh No: GBE 869K	E-mail (within 2hrs, AIG 2hrs)		
DDA: 713/21 17:45	I-Motor Claim Form	MT/1123837 ⁰⁰¹	10/13/21 12:07
(IP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / CW: () Tel: () Fax: ()

TP Particulars: Vch No: SKQ 6585U 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 refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC 21093111/64) ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

NA 210 2046	Invoice Itemization	Amount	Added/Billed
1) AR: Accident Reporting (\$30);		\$0	
2) DA: Damage Assessment (\$100); INC (\$40)			
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (w/c 10 Jan 2022)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$3		
*NG: Repair Co-ordination	\$10		
*NT: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$3		
TP (NI1): TP (Inc INC) against INC	\$20		
9) NI2: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Additional Comments: _____

at: _____

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 09/03/2021 15:24 (SGT)
Date of Accident 07/03/2021 17:45 (SGT)
Exact Location of Accident Jurong Town Hall, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE869K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ABEST ELECTRICAL & SERVICES
Company Reg No 5XXXX841D
Email Address ABEST@SINGNET.COM.SG
Mobile Phone No (Phone) +65-92292119
Alternative Phone No +65-92292119

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 Comprehensive
Fleet Policy No
Policy Number 5082658567-04
Cover Note Number -

DRIVER

Name of Driver LIM FANG MUEN
NRIC No SXXXX259C
Date Of Birth 14/01/1961
Occupation Outdoor

Date Of Driving Pass	18/09/1982
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92292119
Alt. Phone Number	-
Email Address	ABEST@SINGNET.COM.SG
Address	BLK 160 YUNG PING RD #07-37
Address complement	-
Postcode	610160
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	CHAN KOK HUAT ALEXANDER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT D/20210307/7024

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	SKQ6585U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM FANG MUEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBE869K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHAN KOK HUAT ALEXANDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBE869K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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 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.
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.

Abest Electrical & Services

CRN 53029841D
Block 160 #07-37 Yung Ping Road
Singapore 610160
Lim Fang Muen
HP: 92292119

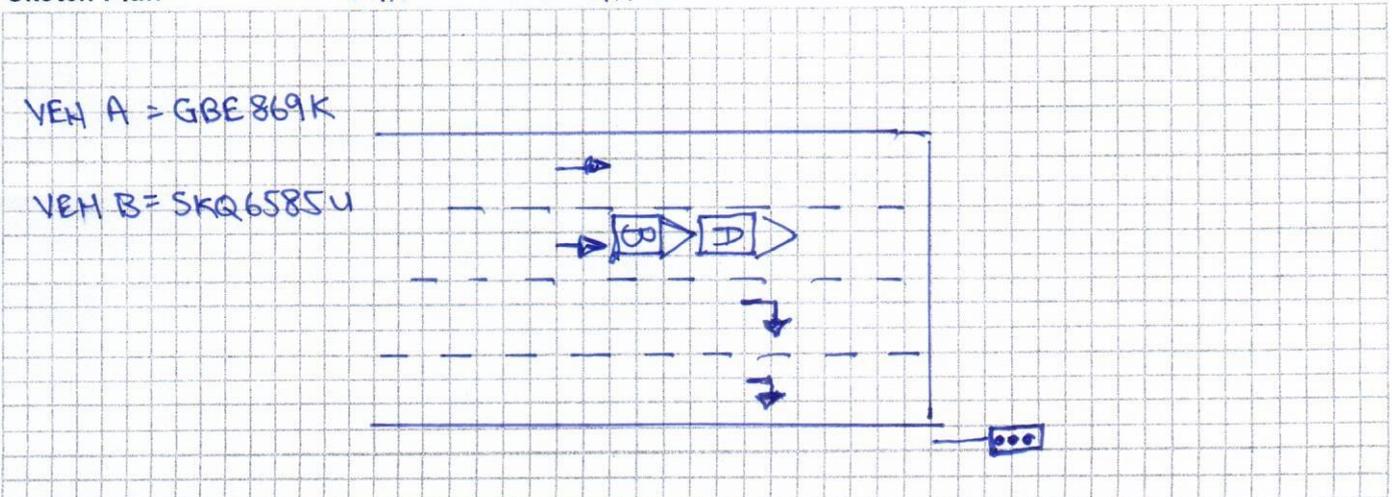
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JURONG TOWNHALL BEFORE AVE EXIT.



Describe Circumstances of the Accident

Refer To Police Report No: 6/20210307/7024

Declaration

We declare the foregoing particulars are true in every respect.

Abest Electrical & Services

CRN 53029841D

Block 160 #07-37 Yung Ping Road

Singapore 610160

Lim Fang Muen

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



D/20210307/7024

1 of 1

POLICE REPORT (NP299)

Report No. D/20210307/7024

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 07/03/2021 22:05	Vide Report No.	Station Diary No.		
Name Of Informant LIM FANG MUEN	Address 160 YUNG PING ROAD #07-37 SINGAPORE 610160			
ID Type / ID No. NRIC NO / S1508259C	Contact No. Home/Office:		Mobile: 92292119	
Nationality SINGAPORE CITIZEN	Email Address ABEST@SINGNET.COM.SG			
Occupation Electrician	Sex Male	Age 60	Date of Birth 14/01/1961	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 07/03/2021 17:45	Location Of Incident JURONG TOWN HALL ROAD			

Brief details.

On the stated date and time I GBE869K was travelling together with Chan Kok Huat Alexander (S6928552Z) on the stated venue. We were stationary when suddenly vehicle SKQ6585U came from behind and hit onto my vehicle's rear portion. The impact was great and we both suffered pain on our body. We then proceeded to Unihealth 24hr Clinic (Jurong East) to seek treatment and we were given 3 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2021 22:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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 : 5082658567-04

1. Index mark and Registration Number of Vehicle	: GBE869K
Chassis Number	: JN1MC2E26Z0004390
2. Name of Policyholder	: ABEST ELECTRICAL & SERVICES
3. Effective Date of Insurance	: 31 Aug 2020
4. Expiry Date of Insurance	: 30 Aug 2021
5. Persons or Classes of Persons entitled to drive#	

Cover : Comprehensive

- (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.

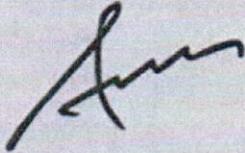
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : RICKY HO ENG KHOON (00000584395)

Date of Issue : 17 Aug 2020 12:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	841D
Vehicle Details	
Vehicle No.:	GBE869K
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	YD25366050A
Chassis No.:	JN1MC2E26Z0004390
Maximum Power Output:	-
Open Market Value:	\$23,153.00
Original Registration Date:	31 Aug 2015
First Registration Date:	31 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$1,158.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$38,507.00
COE Rebate Amount:	\$16,996.00
Total Rebate Amount:	\$16,996.00

The information contained herein is correct as at 08 Mar 2021

OK

Date of Accident : 7/3/2021 Accident Time: 1745 (24-HR-Format)

Accident Place : JURONG TOWNHALL BEFORE AYE EXIT.

Vehicle. No. (Car Plate No.) : GBE869K Make/Model: NISSAN NV350 Patel Van
2.55m³

Insurance Company : NTUC Policy No: _____

Owner or Company Name /IC No. : ABEST ELECTRICAL & SERVICES (53029941D)

Owner or Company Contact No. : _____ Owner's Hp 9229 2119 Company Tel _____

DRIVER'S Name / IC No. : LIM FANG MUEN S1508259C

DRIVER'S Date Of Birth : 14.01.1961 DRIVER'S License Pass Date 18.09.1982

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : 160 YUNG PING ROAD #07-37 S610160

DRIVER'S Contact No./ Alt No. : 1) 9229 2119 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : abest@singnet.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): both injured

Other Party Driver's Particular (if any)

Vehicle. No: <u>SKQ 6585U (HLA)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

① CHAN KOK HUAT ALEXANDER MALE