

NATIONAL Assessment Centre Services. (wef 1 Jan'05) SM 092130000E

Date In: 30/3/21 14:32	Job description	Date & Time Completed	Done by
Ref No: MA/INC 21004094/h4	SAS e-filing		
Veh No: GBK S210X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/3/21 11:30	i-Motor Claim Form	MT/1126375	31/3/21 09:05
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: FBM S014K. 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 ()		

General 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: ()

Remarks: (INC hotline: 6788 6616)	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

NA2102320	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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 30/03/2021 14:32 (SGT)
 Date of Accident 29/03/2021 11:30 (SGT)
 Exact Location of Accident Sengkang E Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5210X

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner CASTOR & WHEEL (SINGAPORE) PTE LTD
 Company Reg No 1XXXXX787H
 Email Address WONG@CASTORWHEEL.COM
 Mobile Phone No (Phone) +65-96746668
 Alternative Phone No +65-96746668

VEHICLE PARTICULARS

Manufacturer Nissan
 Model Nv200
 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 - Reporting only
 Vehicle Category Commercial vehicle
 Transmission Auto
 CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number 5118722192
 Cover Note Number -

DRIVER

Name of Driver HLA TUN THEIN @HENRY HO
 NRIC No SXXXX673B

Date Of Birth	10/08/1983
Occupation	Outdoor
Date Of Driving Pass	09/06/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98328783
Alt. Phone Number	-
Email Address	WONG@CASTORWHEEL.COM
Address	249 COMPASSVALE RD #08-604
Address complement	-
Postcode	540249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210329/7017

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	FBM5014K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

IMPORTANT NOTICE

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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**.
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.

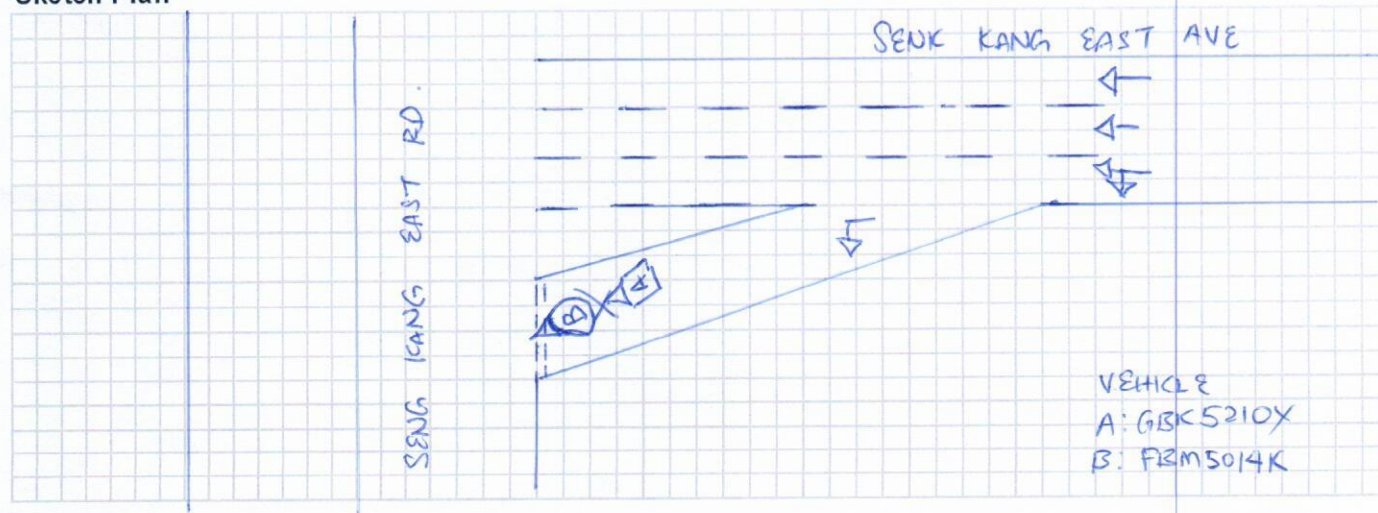


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELING AT THIS LOCATION AROUND 1130HRS
29/03/2021. I AM AT SENG KANG EAST AVE TURNING LEFT TO
SENG KANG EAST RD (SLIP ROAD). I WAS CHECKING ON MY RIGHT FOR ON
COMING VEHICLE AND DID NOT REALISE MY FRONT THERE WAS
A MOTORBIKE STATIONARY AND COLLIDED ONTO VEHICLE 'B'. AMBULANCE
AND TRAFFIC POLICE CAME.

Declaration

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210329/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210329/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2021 13:31		Vide Report No.: F/20210329/0076		Station Diary No.:	
Informant's Particulars					
Name of Informant: HLA TUN THEIN		Address: 249 COMPASSVALE ROAD #08-604 SINGAPORE 540249			
ID Type / ID No.: NRIC NO / S8381673B		Contact No.: Home/Office:		Mobile: 98328783	
Nationality: MYANMAR		Email: hlatun80@yahoo.com.sg			
Sex: Male	Age: 37	Date of Birth: 10/08/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: BRANCH MANAGER		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2021 11:30	Type of Location: Bend
Location: SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM5014K	Motorcycle					0
GBK5210X	Van	NISSAN	NV200		Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210329/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210329/7017

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MRS		ID No.	NIL
Related Vehicle	FBM5014K (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	HLA TUN THEIN		ID No.	S8381673B
Related Vehicle	GBK5210X (Van)		Contact No.	98328783
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

ON THE MENTION DATE: 29.03.2021 TIME: 1130HRS LOCATION: SENG KANG EAST AVENUE SLIP ROAD TO SENG KANG EAST ROAD, I WAS THE DRIVER OF GBK5210X. I WAS MAKING A LEFT TURN ON THE SLIP ROAD TOWARDS SENG KANG EAST ROAD FROM SENG KANG EAST AVENUE. I WAS CHECKING THE MAIN ROAD FROM MY RIGHT AND DID NOT NOTICE THERE WAS A MOTORBIKE FBM5014K STOPPED IN FRONT OF MY VEHICLE AND I COLLIDED ONTO HER REAR. AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE.



**SINGAPORE
POLICE FORCE**



T/20210329/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210329/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/03/2021 13:31

Classification Of Case:

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 : 5118722192

Cover : Comprehensive

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : JN1YAAM20Z0001122 |
| 2. Name of Policyholder | : CASTOR & WHEEL (SINGAPORE) PTE LTD |
| 3. Effective Date of Insurance | : 26 Aug 2020 |
| 4. Expiry Date of Insurance | : 25 Aug 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 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.

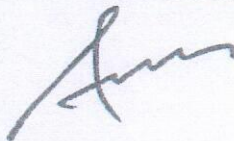
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 24 Aug 2020 10:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 59/03/2021 Accident Time: 1130AM (24-HR-Format)
Accident Place : SENG KANG EAST RD
Vehicle No. (Car Plate No.) : G8K5210X Make/Model: NISSAN NV200
Insurance Company : NTUC Policy No: _____
Owner or Company Name / IC No. : CASTOR & WHEEL (SINGAPORE) PTE LTD
Owner or Company Contact No. : 9674 6668 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : HLA YUN THEIN S8381673E
DRIVER'S Date Of Birth : 10/08/1983 DRIVER'S License Pass Date 09/06/2007
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 249 COMPASSVALE ROAD #08-604 S540249
DRIVER'S Contact No./ Alt No. : 1) 9852 8783 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : wong@castorwheel.com WONG@CASTORWHEEL.COM
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): 01

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): NO NIL

Other Party Driver's Particular (if any)

Vehicle. No: <u>F8M5014K</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:**