

NATIONAL Assessment Centre Services

Date In: 11/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 22000351/m4	SAS e-filing		
Veh No: GV 6746T	E-mail (within 8hrs. AP 2hrs)		
D.O.A: 10/01/2022 14:00	i-Motor Claim Form		
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:	Veh No: Smw 7274E	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 ()	

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

NA 2200095		Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Claimant's Particulars :-				1st Bill	Add Bill
Driver/Owner:		1) AR : Accident Reporting (\$30);			
Contact No:		2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT : Follow-Through Survey \$120			
Auditors' Comments :-		5) FT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:		6) TR : Re-inspection \$75			
		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	11/01/2022 14:10 (SGT)
Date of Accident	10/01/2022 14:00 (SGT)
Exact Location of Accident	Hougang Ave 1, Singapore
Additional Location Information	MARKET CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV6746T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG KIAT ALUMINIUM & METAL WORKS
Company Reg No	3XXXX600K
Email Address	hk.97590766@gmail.com
Mobile Phone No	(Phone) +65-67843556
Alternative Phone No	(Office) +65-67843556

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2986

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D-21098166MCVP
Cover Note Number	-

DRIVER

Name of Driver	CHUA KIAN THIAM
NRIC No	SXXXX568G

Date Of Birth	23/11/1958
Occupation	Outdoor
Date Of Driving Pass	06/05/2003
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91029730
Alt. Phone Number	-
Email Address	hk.97590766@gmail.com
Address	BLK 628 BEDOK RESERVOIR ROAD
Address complement	#04-1678
Postcode	470628
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	EMPLOYEE'S BROTHER
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 vehicle 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	BROTHER
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

PLS REFER TO THE ATTACHED STATMENT

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	SMW7274E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHAN LIN GING @ CHAN LIN JING JANE
NRIC No	SXXXX815C
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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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.

HONG KIAT ALUMINIUM & METAL WORKS
Blk 9002, Tampines St. 93, #01-20, Singapore 528836
Tel: 6784 3558, 6785 4919, 6735 8453 Fax: 6786 3061

H. D. B. Licence No: HB-02-2437C
Registration No: 37512600K

[Signature]

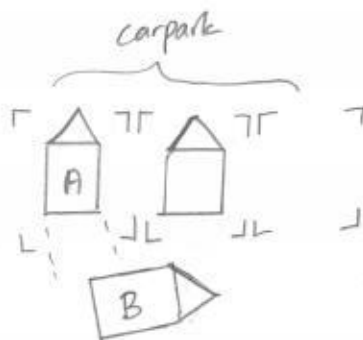
[Signature] 11/8/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = GV6746T

B = SMW 7274E

Hougang Ave 1 Market Carpark.

Describe Circumstances of the Accident

My car was stationary inside of the carpark at the stated venue. Before i start reversing, i checked to make sure there is no vehicle behind so i can proceed. During reversing, suddenly i felt an impact from behind and realise that my vehicle had ~~collided~~ knock onto the left side rear portion of vehicle B. I wish to state that i am not an employee of the insured company & i was just helping my brother to drive the vehicle. My brother is the employee of the insured company.

Declaration

We declare the foregoing particulars are true in every respect.

HONG KONG METAL WORKS
Bik 9002, Tel: 6784 3590, Fax: 6786 3081
H. D. B. / L. B. 204370
Registered No. 312630K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Ru 11/01/2022

ACCIDENT STATEMENT (2pm)

ACCIDENT DATE: 10 / 01 / 2022 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: Hougang Ave 1 Market Carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GVC6746T
 b) INSURANCE COMPANY: MS First Capital
 c) POLICY NUMBER: D-21098166MCVP
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota (Ayra 150D) ~~470~~ / MANUAL (2986cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / CORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: employment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- A) NAME: Hong Kiat Aluminium & Metal Works (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 37512600K CONTACT: 6784 3556 (0)
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Kian Thiam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1840568G CONTACT: 9102 9730
 c) ADDRESS: Blk 628 Bedok Reservoir Road #04-1678 (3) 470628.

*d) DATE OF BIRTH: 23 / 11 / 1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06/5/2003

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: helping brother to drive the vehicle.
 (employee's brother)
 (brother is employee of the company)

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: Smw 7274E MODEL: Mercedes
 b) DRIVER'S NAME: Chan Lin Ging @ Chan Lin Jing Jane
 c) NRIC/FIN/PASSPORT: S0041815C CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = hk.97590766@gmail.com

fax = _____

VIDEO = NO

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : COMMERCIAL VEHICLE - PRIVATE INSURANCE
Type of Cover. : Third Party
Certificate No. : D-21098166MCVP
Vehicle No / Chassis No : GV6746T / JTFUF34Y903000411
Name of Insured : HONG KIAT ALUMINIUM & METAL WORKS
Period Of Insurance : 17.09.2021 To 16.09.2022
Insured Estimated Value : 0.00

Excess :

SGD3,500.00 ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW
23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's order or with their 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.

Limitations as to use*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

KARENS/B0036/MZ300C

Issued at Singapore on 27.08.2021



Authorised Signature