

NATIONAL Assessment Centre Services

(Call 1 800 925 2000)

NA2301248

Date In: 02/05/2023 13:33	Job description	Date & Time Completed	Done by
Ref No: NA2301248	SAS e-illing		
Veh No: PZ-1871M	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 29/04/2023 13:45	1-Motor Claim Form		
QC: 79: Reporting Only	1-Motor W/O (Within: 24 hrs, 72 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SMK 911KT	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (WO): N: 0-30%, F: 21-70%, 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: ()	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: ()

Int. Trans. Action: ()

NA2301248	Invoice Preparation Checklist
Insurance Particulars:	1) A/R: Accident Passbook (\$300)
Owner/Owner:	2) DA: Damage Assessment (\$1000) INC (\$50)
Contact No:	3) TP: Towing Fee \$100/\$50
Assessed Portion: \$1000	4) PE: Follow-through Survey \$150
	5) PE: Follow-through Survey (Emergency) \$30
	6) TR: Re-insurance 375
	7) NI: Hst DA + SURV Survey \$145
	8) NTUC Additional Services
	QW:
	*NI: Courtesy Car / Tel Allowance \$5
	*NI: Repair Coordination \$15
	*NI: Post Repair Inspection \$10
	*NI: DV / Collect Excess Coordination \$1
	*TP (H) / TP (Non-INC) Vehicle INC \$20
	*TP (H) / TP (Non-INC) Vehicle INC \$10
	Invoice dated
	File Charges

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 Actual 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	02/05/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 13:45 (SGT)
Exact Location of Accident	8 Sentosa Gateway, Singapore 098269
Additional Location Information	BASEMENT DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1391M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GIOK HUYI TRANSPORT SERVICE
Company Reg No	3XXXX800A
Email Address	kwlee1984@live.com
Mobile Phone No	(Phone) +65-85110930
Alternative Phone No	-

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
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007629

DRIVER

Name of Driver	LEE KANG WEI
NRIC No	SXXXX563H
Date Of Birth	27/07/1984
Occupation	Outdoor

Date Of Driving Pass	02/12/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85110930
Alt. Phone Number	-
Email Address	kwlee1984@live.com
Address	BLK 226 ANG MO KIO AVENUE 1 #03-607
Address complement	-
Postcode	560226
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK9114J
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	LEE KANG WEI
Gender	Male
Phone No	(Phone) +65-85110930
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PZ1391M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

6. 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.

GLOK HUYI TRANSPORT SERVICE

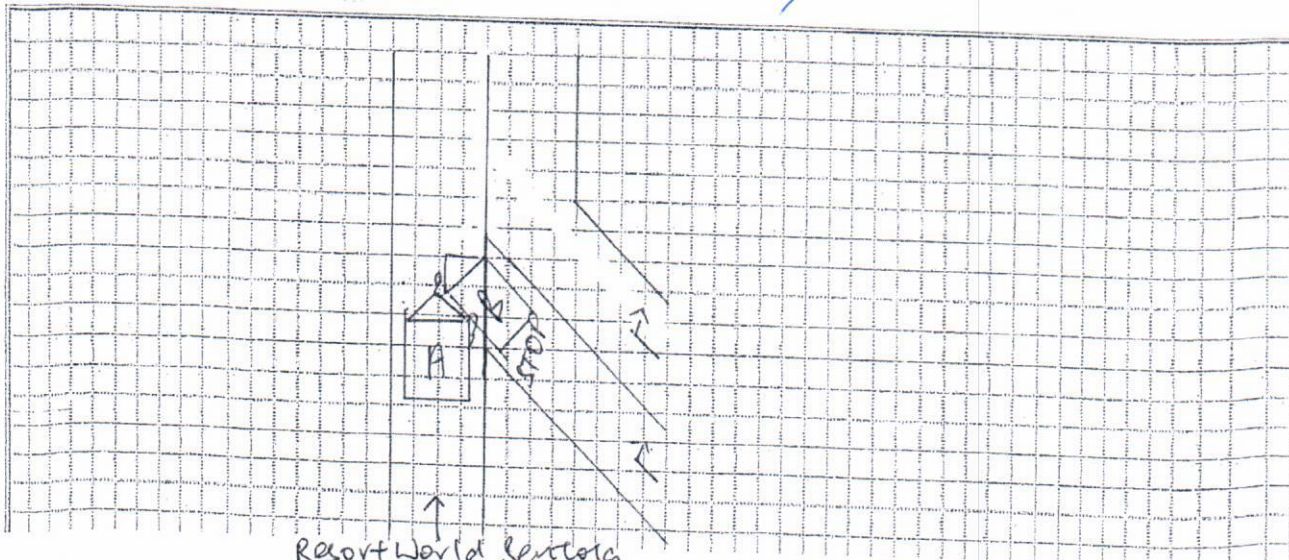
GLOK HUYI TRANSPORT SERVICE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Resort World Sentosa
B1 Drop off

A: PZ1391M

B: SMK9114J

Describe Circumstance of the Accident

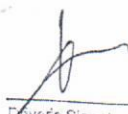
On the stated date and time, I was travelling straight along Resort World Sentosa B1 Propoff. Suddenly, I felt a huge impact from the front right of my vehicle. I align my vehicle and got off and realised vehicle B had collided onto my vehicle. Vehicle B did not stop to look out for traffic before turning out hence colliding onto my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

GIOR HUYI TRANSPORT SERVICE

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

02/05/2023

(3)

Date of Accident : 29/04/2023 . Accident Time: 1345 . (24-HR-FORMAT)
Accident Place : Resort World (Sentosa) Basement Dropoff .
Vehicle Reg. No (Car plate No.) : PZ1391M . CC : 3000 . Vehicle Make/Model: Toyota Hiace .
Insurance Company : India Insurance . Policy No. D22MCV0007629 .
Name of Registered Owner : Company / Individual Gok Hui Transport Service .
ID of Registered Owner : Co Reg No: 33404800A . Owner's NRIC No: _____
OWNER EMAIL ADDRESS: kwlee1984@live.com . Co Contact No: 85110930 . Owner's Contact No: _____
DRIVER'S Name : Lee Kang Wei . DRIVER'S NRIC No: S8471563H
DRIVER'S Date of Birth : 21/07/1984 . DRIVER'S License Pass Date: 02/12/2010 .
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Director .
DRIVER'S Address : 226, Ang Mo Kio Ave 1, #03-607, S(560226) .
DRIVER'S Contact No./ Alt No. : 1) 85110930 . 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office) .
Email Address : kwlee1984@live.com .
Weather & Road Surface : CLEAR & DRY / RAINING & WET (AFTER RAIN & WET)
Reporting Type : Reporting Only / Claim Officer Party / Claim Own Insurance
Number of Passengers (including Driver): 1 . Name & Gender: _____
Was the accident reported to the police? YES / NO
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 injuries, if yes (name of the injured person) : _____

Other Party Driver's Particulars (if any)

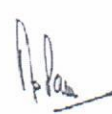
Vehicle Reg No: SMK 9114J .	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0007629	COVER: Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : PZ1391M</p> <p>Chassis No : KDH2230023904</p> <p>2. Name of Policyholder : GIOK HUYI TRANSPORT SERVICE</p> <p>3. Effective date of Insurance : 05 Oct 2022</p> <p>4. Expiry date of Insurance : 04 Oct 2023</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder'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.</p> <p>6. Limitations as to use*</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>The Policy does not cover</p> <p>a) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
<p>Excess Section I & II Separately (Within Singapore) : SGD1,500.00</p> <p>Excess Section I & II Separately (Within West Malaysia): SGD3,000.00</p> <p>Windscreen Excess: SGD100.00</p> <p>TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY</p> <p>Hire Purchase Company: N.A</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.</p>	
<p>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).</p> <p>Agent/Broker : A000041/P & C INSURANCE AGENCY</p> <p>Date of Issue : 19/08/2022 14:30:36</p> <p>M.Z. 600C - OMNIBUS (ORGANIZATION)</p>	<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>