

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: <b>17/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/GA/23007376/64</b>	SAS e-filing		
Yeh No: <b>GBF 2705G</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>14/07/2023 13:30</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SMF 6920U**

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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)

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

2) QC Check / Post Repair Inspection ( )

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

## Injury :

Date/Time Actions

**NA2302176**

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill		Ad.
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) FT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idao 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: Idao 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 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	17/07/2023 18:15 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 624 YEW TEE BASEMENT CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2705G
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EBENEZER COFFEE MANUFACTURER PTE LTD
Company Reg No	2XXXXX300W
Email Address	weiriang.teow@fulco.com.sg
Mobile Phone No	(Phone) +65-62439797
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6M/T
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	2497

#### INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000009033-01-000

#### DRIVER

Name of Driver	NG CHENG CHUAN
NRIC No	SXXXX068J
Date Of Birth	10/03/1955
Occupation	Outdoor

Date Of Driving Pass .....	04/11/1976
Driving experience .....	46 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81832668
Alt. Phone Number .....	-
Email Address .....	weiriang.teow@fulco.com.sg
Address .....	APT BLK 875 TAMPINES STREET 84
Address complement .....	# 04-02
Postcode .....	520875 Most popular places at this address
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 .....	Collided into Parked Vehicle
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMF6920U
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) .....	-



## 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 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.

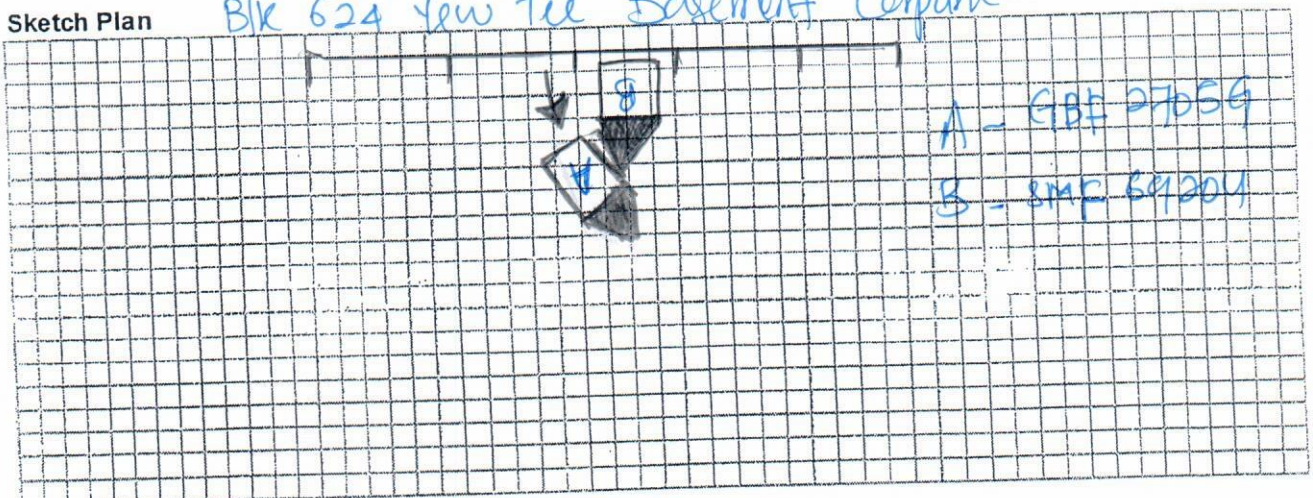
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 624 Yew Tee Basement Carpark





**Describe Circumstance of the Accident**

on the above stated date and time, I was at  
BK 624 Yew Teow Basement Carpark. vehicle B was  
parked beside my vehicle on the parking lot. there  
was no one in vehicle B's vehicle. As I was about  
to exit my parking lot, I hit the front right side of  
vehicle B.

**Declaration**

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



Policyholder's Signature / Date & Time

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

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

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 14/07/2023	TIME OF ACCIDENT : 13:30
VEHICLE NO : GBE 2705 G	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : Bldg 624 Yew Tee Basement Compass
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : GAI	POLICY NO : MOMVC 000009033-01-000
TYPE OF COVERAGE :	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC :
NAME OF OWNER : Ebenezer Coffee Manufacturer Pte. Ltd	CONTACT NO : 6243 9797
ADDRESS :	VIDEO RECORDING : YES / NO
EMAIL ADDRESS : weinang-teow@fulco.com.sg	NRIC : 800680685 CONTACT NO : 81832668
NAME OF DRIVER : AS ABOVE / IF NO : NG Cheng Chuan	PASSENGER : 2(1) MALE ( 1 ) FEMALE ( )
DRIVER OWNER RELATIONSHIP : employee	DRIVING PASSING DATE : 4 / 11 / 1976
DATE OF BIRTH : 10 / 03 / 1958	ADDRESS : Apt Bldg 875 Tampines Street 84 #04-02,
OCCUPATION: INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ?
ANY INJURIES: NO, IF YES :	ROAD SURFACE: DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	VEHICLE C REG NO : _____
VEHICLE B REG NO : SMF 69204	DRIVER NAME : _____
DRIVER NAME : _____	NRIC : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	ANY WITNESS? NO, IF YES :
VEHICLE D REG NO : _____	NAME : _____
DRIVER NAME : _____	CONTACT : _____
NRIC : _____	WERE SEAT BELTS WORN ? : YES / NO
CONTACT : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO
VEHICLE NUMBER:	HANDLING INSURER:



## 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) Road Transport (Amendment) Act, 2019 (Malaysia)

### Policy Details

Certificate Number	: MOMVC000009033-01-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Ebenezer Coffee Manufacturer Pte Ltd	Chassis Number	: KNCSJX76LG7073252
NCD Entitlement	: 20% No Claim Discount	Engine Number	: D4CBG981018
Hire Purchase	: N/A	Registration Number	: GBF2705G
Period of Insurance	: From 30/08/2022 (00:00) To 29/08/2023 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

- a) Use in connection with Policyholder's business  
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business  
This Policy does not cover:  
a) Use for Hire and Reward  
b) Use for racing, pace making, reliability trial or speed testing

\* 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

Excess (Section 1)	: SGD 700.00
Excess (Section 2)	: N/A
Windscreen Excess	: SGD 100.00
Additional Excess	: Please refer overleaf

### Driver Details

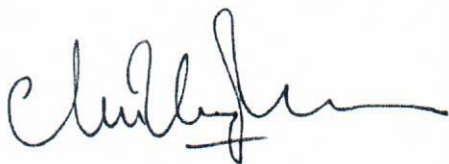
Named Driver 01 : Any person who is driving on the policyholder's order or with their permission

Name of Intermediary : Mark Advisory Pte Ltd

Date of Issue : 21/07/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of  
**Great American Insurance Company**



Authorised Signatory

jchen