

NATIONAL Assessment Centre Services

(Ref: JAN05)

MMA 11716 S010 - 01

Date In: 15/12/17 13:33	Job description	Date & Time Completed	Done by
Ref No: NA/INC 17023831/44	SAS e-filing		
Veh No: SLH 920K	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 15/12/17 11:30	i-Motor Claim Form	MT10973878	15/12/17 15:59.
OD <input checked="" type="checkbox"/> 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: (Trans EuroKars Pte Ltd Tel: 6395 7877 Fax:)

TP Particulars:	Veh No: XD 7273C	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

MA 1707768

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2 / 3:

1) AR: Accident Reporting (\$30)	30.00	
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: Idac DA + SMRI Survey \$160		
8) NTUC Additional Services:-		
OT:		
*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 ability.
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 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 Report	15/12/2017 13:33
Date Of Accident	15/12/2017 11:30
Exact Location Of Accident	MAXWELL ROAD AFTER TURNING FROM ANSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH920K
Insured/Policyholder	
Name Of Registered Owner	HOW KAM MING
NRIC No	S1770009Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94502868
Alternative Phone No	OFFICE-94502868

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095497523
Cover Note Number	-

Driver

Name of Driver	HOW KAM MING
NRIC No	S1770009Z
Date Of Birth	11/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94502868
Fax Number	
Contact Number	OFFICE-94502868
EMail Address	NOEMAIL

Address	BLK 403B FERNVALE LANE #12-171
Postcode	792403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG ANSON ROAD WITH ONE PASSENGER ON BOARD. AFTER TURNING INTO MAXWELL ROAD TO THE EXTREME LEFT LANE. I NOTICED A STATIONARY LORRY STOP AT THE EXTREME LEFT LANE. I SOUNDER MY HORN BUT THE LORRY NEVER MOVE ON. SO I HAVE TO FILTER INTO SECOND LANE TO OVERTAKE THE LORRY. AT THAT TIME ALL VEH WAS STATIONARY DUE TO THE TRAFFIC LIGHT INFRONT. IT WAS A SPACE FOR ME TO FILTER INTO SECOND LANE AND WAITING FOR OTHER VEH TO MOVE ON. WHEN MY VEH STILL IN A STATIONARY POSITION. SUDDENLY A LORRY (BEARING NO XD7273C) WITHOUT NOTICED MY VEH WAS ALREADY HALF BODY INSIDE THE LANE, THE LORRY MOVING FORWARD HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7273C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN CHEE WEE
NRIC/Passport Number	S7802597B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number
Email Address

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 lodgment 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:

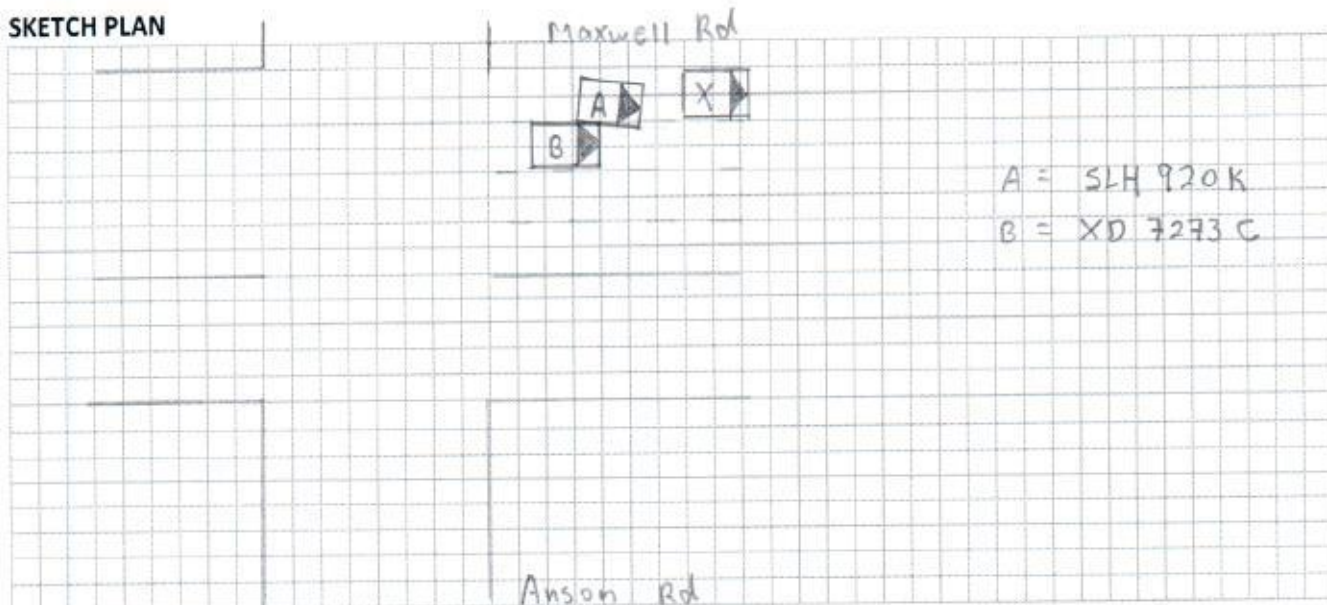
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA117165010 Vehicle Registration No: SLH9201C

Name (as shown in NRIC) : How Kam Ming NRIC/FIN/Passport No : S17700092

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 94502868

Email Address : _____

Date of Accident : 15/12/17 Time of Accident : 11.30 AM

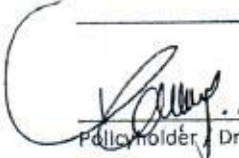
Place of Accident : MAXWELL ROAD AFTER TURNING FROM ANSON

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- REVERT TO OWN DAMAGE.


Policyholder / Driver's Signature
Date: _____


Trans Eurokars Pte Ltd
5 Ubi Close
Singapore 408605
Tel: 6746 9003 / 6749 4333
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1770009Z



Name
HOW KAM MING

侯 錦 明

Race
CHINESE

Date of birth
11-04-1966

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1770009Z

Name
HOW KAM MING

Birth Date: 11 Apr 1966

Issue Date: 21 Jan 2004



001089146K

4508106



NRIC No S1770009Z




Date of issue
12-01-2010

Address
APT BLK 403B FERNVALE LANE
#12-171
SINGAPORE 792403

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Valid Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Aug 1997

NP 428A



Licence No: S1770009Z

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)

Certificate Number : 5095497523

Cover : Preferred Workshop Plan

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLH920K |
| Chassis Number | : JM68M42A8G0342102 |
| 2. Name of Policyholder | : HOW KAM MING |
| 3. Effective Date of Insurance | : 31 Oct 2017 |
| 4. Expiry Date of Insurance | : 30 Oct 2018 |
| 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
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 : GRABCAR PTE. LTD. (00000601726)
Date of Issue : 31 Oct 2017 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/0973878

Policy No.	5095497523	Vehicle No.	SLH920K	GST Registration No.	
Policyholder Name	HOW KAM MING			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	
Contact No.(Mobile)	94502868	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	Yes

Accident Details

Report Date	15/12/2017 15:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chan
Date of Accident	15/12/2017	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MAXWELL ROAD AFTER TURNING FROM ANSON RD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 403B #12-171	Address 2	FERNVALE LANE	Address 3	
Address 4	SINGAPORE 792403	Address Type	Singapore address	Post Code	
Unit No.	12-171	Related Policy Number	5095497523		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	HOW KAM MING	Driver NRIC	S1770009Z	Driving Experience	
Register Date of Driver License	25/08/1997	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	94502868	Contact No.(Office)		Address 3	
Address 1	BLK 403B #12-171	Address 2	FERNVALE LANE	Post Code	
Address 4	SINGAPORE 792403	Address Type	Singapore address		
Unit No.	12-171	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HOW KAM MING	Insured NRIC	
Contact No.(Mobile)	94502868	Contact No.(Home)		Contact No.(Office)	
Email Address	howalex911@gmail.com	OI Vehicle Number	SLH920K	TP Vehicle Number	
Claim Description	SLH920K / XD7273C ON 15 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	15/12/2017 15:58	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0973878	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/12/2017 15:59
Path *		Category *	Confidential Urgency
		Please Select	NO Normal

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

[Message Board](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:59	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:59	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:59	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 15:58	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
		Display in New Window	Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi [rspu@lkkauto.com]
Sent: Friday, 15 December, 2017 4:33 PM
To: 'Theresa Vimala'
Subject: claim number:MT/0973878, VEH NUMBER: SLH920K
Attachments: SLH920K_15122017(NEW).PDF

Hi

Dear All,

Owner amend revert from reporting to own damage claim, cover type is under preferred workshop plan. Below is the detail that he send the vehicle to do DA.

Name of Registered	:	HOW KAM MING
NRIC No	:	S1770009Z
Name of Driver	:	HOW KAM MING
NRIC Mobile No	:	S1770009Z
Own Damage Excess	:	\$2000
Unnamed Driver Excess	:	N/A
Third Party Excess	:	\$2000
Name of Workshop	:	TRANS EUROKARS PTE LTD
Contact No	:	63957877
Remarks	:	N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)