

# NATIONAL Assessment Centre Services

(Ref: 12/000)

180026823

Date In: 26/02/2018 09:38	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/180035564	SAS e-Milling		
Veh No: 2V 6520J	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 23/02/2018 08:55	Motor Claim Form	mt10983566	26/02/2018 10:14
OD / TP Reporting Only	Motor W/O (within 24 hrs, TP 2hrs)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SKH 9995Y	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: B/L 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: Customers 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 Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury:
Date Done:
Actions:

Customer's Signature	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$300)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$42
	4) PT: Follow-Through Survey \$120
	5) XT: Follow-Through Survey (Resurvey) \$30
	Excluding against INC Only (w/ 10 Jan 2018)
	6) TR: Re-inspection \$12
	7) RI: RIVA + SMRT Survey \$160
	8) NTUC Additional Services
	9) Other
C. Checked by (Bug-In-Charge):	*N: Courtesy Car / Tpl Allowance \$3
	*M: Repair Coordination \$10
	*N: Post Repair Inspection \$25
	*N: DY / Collage / Unass Coordination \$3
	TP (NII) / TP (NIN) against INC \$30
	*N: Mileage Allowance \$0
	Invoice dated
	Not Charged
	Not 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 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	26/02/2018 09:38
Date Of Accident	23/02/2018 08:55
Exact Location Of Accident	ALONG CLUNY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6520T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VANESSA LEE YIN WOAN
NRIC No	S8859442H
Email Address	SLKNG87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96497756
Alternative Phone No	OTHERS-92372314

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5098019816
Cover Note Number	

### Driver

Name of Driver	KNG SHUO LUN
NRIC No	S8720383B
Date Of Birth	09/07/1987
Occupation	INDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92372314
Fax Number	
Contact Number	OTHERS-96497756
Email Address	SLKNG87@GMAIL.COM

Address	13 MARIAM CLOSE
Postcode	508661
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : VASESSA LEE YIN WOAN
	GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SKH9995Y
Vehicle Make/Model/Colour	MERCEDES C200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CONNIE CHONG
NRIC/Passport Number	S7320402Z
Contact Number	97595221
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.:



A) SLV 6520 T  
B) SKH 9995 Y

CLUNY ROAD  
TOWARD OLCHAFD

Front car stopped and I could not stop in time.  
Hit back of front car.

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

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

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

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0983566

Policy No.	5098019816	Vehicle No.	SLV6520T	GST Registration No.	
Policyholder Name	VANESSA LEE YIN WOAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	96497756	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	26/02/2018 10:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/02/2018	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ELLINY ROAD				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	8 MARYMOUNT TERRACE	Address 2	#07-08 TRESALVED	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5098019816		

## OI Driver Info

Driver Name	KNG SHUO LUN	Driver Type	Named Driver	Driver DOB	
Unnamed Driver Name		Driver NRIC	S67203838	Driving Experience	
Register Date of Driver License	03/11/2006	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 2	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLV6520T	Driver Insurer Company	

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	VANESSA LEE YIN WOAN	Insured NRIC	
Contact No.(Mobile)	96497756	Contact No.(Home)		Contact No.(Office)	
Email Address	vleeyinw@gmail.com	Q1 Vehicle Number	SLV6520T	TP Vehicle Number	
Claim Description	SLV6520T / SKH899SY ON 23 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/02/2018 10:04	Claim Close Date		Date Received	
Report Taken By	ROSLE WAHAB				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

## Attachment

Accident No.	MT/0983566	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2018 10:14
Path *		Category *	Confidential Urgency

 Attachment List

 [Video List](#)

Display in New Window



WAIT FOR CUSTOMER

# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 02 / 2018) (DD/MM/YYYY), TIME: (08 : 55) (HH:MM)

LOCATION: CLUNY ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 6520 T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5098019816  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: ELENTRA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) -

## 2. INSURED / POLICY HOLDER

- A) NAME: VANESSA LEE YEN WOAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8859442 H CONTACT: 96497756  
c) ADDRESS: 9 MARYMOUNT TERRACE  
#07-09 TRESALVO SINGAPORE 573964

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(Including driver)  
(2)

- DRIVER  
d) NAME: KNG SHOO LYN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S87203838 CONTACT: 92372314  
c) ADDRESS: 17 MARIAM CLOSE

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO  
7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE  
a) VEHICLE NUMBER: SKH 9995X MODEL: MERCEDES C200

No of passenger  
(Including driver)  
(1)

b) DRIVER'S NAME: CONNIE CHONG  
c) NRIC/FIN/PASSPORT: S73204022 CONTACT: 97595821

9. THIRD PARTY VEHICLE  
d) VEHICLE NUMBER: MODEL:

No of passenger  
(Including driver)  
( )

e) DRIVER'S NAME: CONTACT:  
f) NRIC/FIN/PASSPORT:

email = SLKNE87@GMAIL.COM

fax =

VIDEO



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8720383B



Name

KNG SHUO LUN



康 朔 倫

Race

CHINESE

Date of Birth

Sex

09-07-1987

M

Country of Birth

SINGAPORE



A0170548



NRIC No. S8720383B



Blood Group

Date of issue

B+

17-07-2002

Address

13 MARIAM CLOSE  
SINGAPORE 508661

REPUBLIC OF SINGAPORE DRIVING LICENCE

002681272B

002681272B

KNG SHUO LUN

Birth Date: 09 Jul 1987

Valid Date: 06 May 2017

002681272B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  03 Nov 2006

NP 428A





## 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:** 5098019816

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLV6520T**  
Chassis Number : KMHD841CMJU610846
2. Name of Policyholder : VANESSA LEE YIN WOAN
3. Effective Date of Insurance : 09 Jan 2018
4. Expiry Date of Insurance : 08 Jan 2019
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.

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VANESSA LEE YIN WOAN
NAMED DRIVER (1)	: KNG SHUO LUN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : KOMOCO TRADING PTE LTD (00000614810)  
Date of Issue : 08 Feb 2018 16:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive