

NATIONAL Assessment Centre Services (incl. 1 Jan 2005) **MA418037804**

Date In: 20/03/2018 13:40	Job description	Date & Time Completed	Done by
Ref No: NEA 1111800516414	SAS e-illing		
Veh No: SGB 891 B	E-mail (while this, AIO3 this)		
D.O.A: 17/03/2018 10:30	1-Motor Claim Form	mtc586826	20/03/2018 16:15
OO / TP / Reporting Unit	1-Motor W/O (while this, AIO3 this)		
TP Insureh	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'n Report by FAX/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SJ2 9563C** INC () / Non-INC ()

Owner / Drivers () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BIL Status (WO): NI: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-in progress | Customer's information strictly Confidential & strictly NO later of reporter.

() Total Loss Case | to e-mail Insurer URGENTLY.

Drive-in () / Towed-in () | Invoice: YES () / NO () | Towing Co: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

NA1801794	Invoice Preparation Charge	
Driver/Owner:	1) AR: Accident Report Fee (\$20)	
Policy No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Assigned Portion:	3) TP: Towing Fee	\$50/10
C. Checked by (Degr-In-Charge):	4) PT: Follow Through Survey	\$10
	5) PT: Follow Through Survey (Basic Survey)	\$10
	6) TR: Re-implosion	\$15
	7) NI: 1 Day DA + SMRT Survey	\$140
	8) NTUC Additional Expense	
	9) NI: Courtesy Car / Tol Allowance	\$5
	10) NI: Repair Coordination	\$10
	11) NI: Post Repair Inspection	\$10
	12) NI: DY / Collar / Glass / Coordination	\$5
	13) TP (NI) / TP (INC) / Repair INC	\$10
	14) NI: 1 Day DA	\$10
	15) NI: 1 Day DA	\$10

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 willful 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	20/03/2018 13:40
Date Of Accident	17/03/2018 10:30
Exact Location Of Accident	301 JALAN BUKIT HO SWEE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB891B
Insured/Policyholder	
Name Of Registered Owner	VISION AUTO
Co Reg No	53333324E
Email Address	CHOOILINFOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87814811
Alternative Phone No	OFFICE-93219463

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082202225-01
Cover Note Number	

Driver

Name of Driver	THIRU LEWIES S/O PADRASAN
NRIC No	S8141214F
Date Of Birth	04/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83219463
Fax Number	
Contact Number	OTHERS-87814811
EMail Address	CHOOILINFOO@GMAIL.COM

Address	BLK 308C PUNGGOL WALK #04-348
Postcode	823308
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJZ9563C
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG KUM HOE
NRIC/Passport Number	
Contact Number	97316554
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

[Handwritten Signature]


Policyholder's Signature
Date & Time:

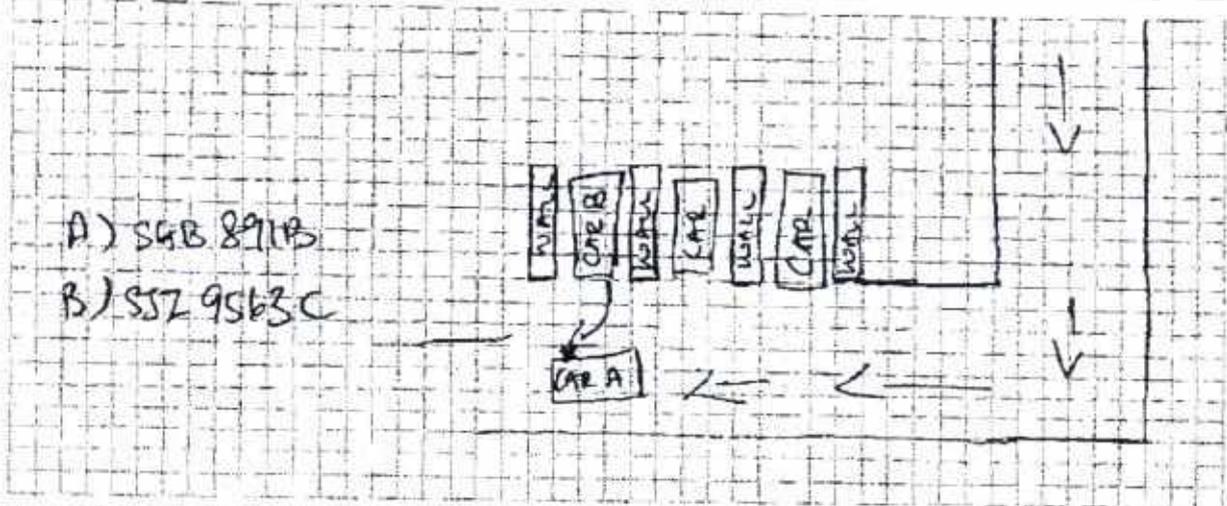
[Handwritten Signature] 19.3/2018

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

[Handwritten Signature] 20/03/2018
 Reporting Centre Personnel's Signature
 Name: *[Handwritten Name]*
 NRIC/FIN No.:

SKETCH PLAN

301 Jalan Bukit HO GOLL MERA PRIME CONDO CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A (MINE) NISSAN SUNNY SUB 8911B, DRIVING TOWARDS EXIT WHEN CAR B (MUDI) CAME OUT WITHOUT CHECKING BLINDSPOT & HIT MY FRONT RIGHT WHEEL.

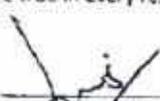
CARB OWNER CLAIMS SHE NEVER SEE CAR A COMING. THE WALL WAS BLOCKING CARPARK WAS DARK. I UNDERSTAND SHE WAS WEARING A SUN GLASSES TOO.

DECLARATION

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

X  

Policyholder's Signature
Date & Time:

 19.3.2018

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

 20/03/2018

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

Claim Handling

Accident MT/0986826

Policy No.	508202225-01	Vehicle No.	SGB891B	GST Registration No.	
Policyholder Name	VISION AUTO			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	87814811	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(%)	0	Private Hire	Yes

Accident Details

Report Date	20/03/2018 14:10	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/03/2018	Time of Accident (hh:mm)	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	301 JALAN BURIT HO SWEE CARPARK				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	9 YIO CHU KANG ROAD	Address 2	#01-42 SPACE @ KOVAN	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-24	Related Policy Number	5098486719		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	THIRU LEWIES S/O PADIRASAN	Driver NRIC	58141214F	Driving Experience	
Register Date of Driver License	02/06/2006	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 308C #04-348	Address 2	PUNGGOL WALK	Post Code	
Address 4	SINGAPORE 823308	Address Type	Foreign address		
Unit No.	04-348	Driver Vehicle No.	SGB891B	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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	VISION AUTO	Insured NRIC	
Contact No.(Mobile)	87814811	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGB891B	TP Vehicle Number	
Claim Description	SGB891B / S1Z9563C ON 17 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/03/2018 14:15	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

Print AX letter

Save **Submit**

Attachment

Accident No.	MT/0986826	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 14:15
Path *		Category *	Confidential <input type="checkbox"/> Urgent <input type="checkbox"/>
			Normal <input type="checkbox"/>

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:15	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:13	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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SKRIP. PIAN cols. stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 17/03/2018 (DD/MM/YYYY), TIME: 10.30 AM (HH:MM)
LOCATION: 301 JALAN BUKIT TO SUEE CARPARK

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SUB 891B
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 508220225-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN Sunny
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
a) NAME: Vision Auto (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 87814811
c) ADDRESS:

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

DRIVER
a) NAME: Thim Lewis (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S941214F CONTACT: 93219463
c) ADDRESS: 302C Punggol walk #04-348
3023308

d) DATE OF BIRTH: 04/12/1981 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 02/06/2006
g) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

4. IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
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:

No of passengers
(including driver)
()

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SJZ 9563C MODEL: Audi
b) DRIVER'S NAME: Wong Kum Hie CONTACT: 97316554
c) NRIC/FIN/PASSPORT:

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

email = chooilinbo@gmail.com
fax = 68469475
video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8141214F



Name
THIRU LEWIES S/O
PADRASAN

Race
INDIAN
Date of birth
04-12-1981
Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8141214F

Name

THIRU LEWIES S/O
PADRASAN

Birth Date: 04 Dec 1981

Issue Date: 21 Feb 2006



001401038D

4853658



NRIC No: S8141214F



Date of issue
08-11-2010

APT BLK 308C PUNGGOL WALK #04-348
SINGAPORE 823308
NRIC No: S8141214F

Date: 03/07/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class J Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/motocycles <= 2000 kg

Issue Date:
21 Feb 2006
16 Oct 2007
15 Sep 2009
02 Mar 2010

S / No. 9000114632

S8141214F



Licence No: S8141214F

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: 5082202225-01

Cover : Third Party

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGB891B |
| Chassis Number | : JN1CFAN16Z0094056 |
| 2. Name of Policyholder | : VISION AUTO |
| 3. Effective Date of Insurance | : 05 Jul 2017 |
| 4. Expiry Date of Insurance | : 04 Jul 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.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
 Date of Issue : 27 Jun 2017 10:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorized Officer



 Chief Executive