

NATIONAL Assessment Centre Services

Form 1 (Jan 2005)

MMA 118040959

Date In: 26/3/18 17:31	Job description	Date & Time Completed	Done by
Ref No: MA/INC1800562464	SAS e-filing		
Veh No: 53D 6650 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/2/18 14:00	i-Motor Claim Form	MT/0985020	26/3/18 18:01
OD / TP / 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: (Tel: (Fax: (
TP Particulars:	Veh No: GBG 844X.	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

MA1801923	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpl 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 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	26/03/2018 17:31
Date Of Accident	06/02/2018 14:00
Exact Location Of Accident	25 KAKI BUKIT RD 4 SYNERGY @KB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6650U
Insured/Policyholder	
Name Of Registered Owner	GODSPEED AUTOMOBILE
Co Reg No	53207510B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83383363

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	TEST CAR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5087977861
Cover Note Number	-

Driver

Name of Driver	LEONG MUN WAH ANTHONY(LIANG WENHUA ANTHONY)
NRIC No	S7937594B
Date Of Birth	23/11/1979
Occupation	INDOOR
Date Of Driving Pass	29/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83830606
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 121 RIVERVALE DR #17-412
Postcode	540121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - WORKSHOP MECHANIC
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBG844X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 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.



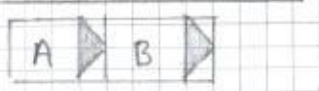
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = SJD6650U
B = GGG844X



25 Kaki Bukit Rd 4 Synergy ③ KB

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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.:



SINGAPORE POLICE FORCE



T/20180319/2111

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20180319/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 16:04	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: LEONG MUN WAH ANTHONY			Address: APT BLK 121 RIVERVALE DRIVE #17-412 SINGAPORE 540121		
ID Type / ID No.: NRIC NO / S7937594B			Contact No.: Home/Office: Mobile: 83830606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 23/11/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/02/2018 14:00	Type of Location: Car Park
Location: KAKI BUKIT ROAD 4 AT 25 KAKI BUKIT ROAD 4 SYNERGY @ KB				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD6650U	Car	HONDA	STREAM 1.8L A	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20180319/2111

2 of 3

Report No. T/20180319/2111

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Driver	LEONG MUN WAH ANTHONY		ID No.	S7937594B
Related Vehicle	SJD6650U (Car)		Contact No.	83830606
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 06/02/2018 at about 1400hrs, I was turning up the slope of Synergy @ KB around level 5 when a van in front of me suddenly jammed his brake and I collided onto his rear. We both then got out of our vehicles and I told him that as it was only a slight damage, I am able to do the repairs for him and it will only take a day. He then informed me that he is quite busy and that he will contact me when he is free for me to repair his van. I then gave him my name card and told him to contact me whenever he is free. However, I waited for a period and he did not contact me.

On 19/03/2018 at about 1440hrs, I then receive a phone call from the traffic police and told me that the other party has lodged a report against me and I was advised to proceed to the nearest police station to lodge a police report. I wish to inform that I am unable to remember the exact date in which the accident happened and I do not have any details of the other driver nor did I take any photos of the accident. I am lodging this report as instructed by the traffic police investigation officer.



**SINGAPORE
POLICE FORCE**



T/20180319/2111

3 of 3

Report No. T/20180319/2111

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 CHOO YOU CHENG, EUGENE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
19/03/2018 16:04

Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7937594B**

Name **LEONG MUN WAH ANTHONY
(LIANG WENHUA ANTHONY)**

Birth Date **23 Nov 1979**
Issue Date **08 Dec 2009**

001810430F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7937594B

Name **LEONG MUN WAH ANTHONY
(LIANG WENHUA ANTHONY)**

梁文华

Race **CHINESE**

Date of birth **23-11-1979**

Sex **M**

Country of birth **SINGAPORE**



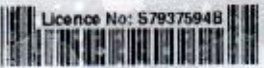



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles ≤ 200 cc	15 Aug 1996
Class 2A	Motorcycles between 201 cc and 400 cc	31 Aug 1999
Class 2	Motorcycles > 400 cc	21 Jan 2003
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	29 Mar 2000
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	23 Oct 2002
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	25 Nov 2002

Licence No: S7937594B

NP 423A



4490890

NRIC No. **S7937594B**

Date of issue **23-11-2009**

Address **APT BLK 121 RIVERVALE DRIVE
#17-412
SINGAPORE 540121**




Hello, NAC_PAVA_UBI_800601

» Change Language

» Change Password

» Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

06/02/2018 17:33

Vehicle No.(For Motor)

SJD6650U

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087977861	GODSPEED AUTOMOBILE	53207510B	GFT	Third Party	SJD6650U	SJD6650U	13/02/2017	12/02/2018

Claim Handling

Accident MT/0985020

Policy No.	5087977861	Vehicle No.	SJD6650U	GST Registration No.	
Policyholder Name	GODSPEED AUTOMOBILE			Policyholder NRIC	532075108
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	07/03/2018 09:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/02/2018	Time of Accident hh:mm	13:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SYNERGY @ KB KAKI BUKIT RD 4				

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	10 KAKI BUKIT ROAD 2	Address 2	#01-13 FIRST EAST CENTRE	Address 3	SINGAPORE 417868
Address 4		Address Type	Singapore address	Post Code	417868
Unit No.	01-66	Related Policy Number	5087977861-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX ▼	Insured Name	GODSPEED AUTOMOBILE	Insured NRIC	532075108
Contact No.(Mobile)	82286656	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	godspedchris@gmail.com	OI Vehicle Number	SJD6650U	TP Vehicle Number	GBG844X
Claim Description	SJD6650U / GBG844X ON 6 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	26/03/2018 00:00
Date Registered	26/03/2018 17:59	Claim Close Date			
Report Taken By	LEW SHAN HUI				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0985020	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 18:01		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 18:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 18:01	SAS	Normal	SAS 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 18:01	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 18:01	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 18:01	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:59	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:59	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:59	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:59	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:59	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:59	Photos	Normal	Photos 2018-3-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading