

# NATIONAL Assessment Centre Services

Page 1 of 2 (05/05)

MMA 118050228

Date In: 16/4/18 14:56	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18006957/164	E-mail (within 5hrs, A/C 2hrs):		
Veh No: SJJ 7759 C	i-Motor Claim Form: MT/0990550-001	16/4/18	
D.O.A: 14/4/18 17:45	i-Motor W/O (within: OD 2hrs, TT 4hrs):		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / GW: (

INC ( ) / Non-INC ( )

TP Particulars: Veh No: 32L 7457 P.

Tel:

Owner / Driver: (

Cover Type: (

Policy No: (

Period: (

Date:

Time:

Confirmed by: (

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	Date & Time Completed	Done by

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
	1st Bill	Add Bill
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: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
Q1:		
*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 (N-in INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA1802371

## 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 16/04/2018 14:56  
 Date Of Accident 14/04/2018 17:45  
 Exact Location Of Accident VANDA RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ7759C  
**Insured/Policyholder**  
 Name Of Registered Owner FORTE AUTO LEASING PTE LTD  
 Co Reg No -  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91449265  
 Alternative Phone No OFFICE-63855262  
**Vehicle Particulars**  
 Manufacturer HONDA  
 Model CIVIC  
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken THIRD PARTY  
 Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number 5094228784  
 Cover Note Number -

### Driver

Name of Driver NG SWEE MENG ADRIAN(WU RUIMING ADRIAN)  
 NRIC No S8004754A  
 Date Of Birth 21/02/1980  
 Occupation OUTDOOR  
 Date Of Driving Pass 14/06/2006  
 Driving Experience 11 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97767487  
 Fax Number  
 Contact Number  
 EMail Address ADRIANNNGSM@GMAIL.COM



Address BLK 505 JELAPANG RD #08-428  
 Postcode 670505  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 Weather Conditions AFTER RAINED  
 Road Surface WET

### 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? YES  
 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 ATTACHED STATEMENT.

### 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 SLL7457P  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LEE MEI YAN  
 NRIC/Passport Number S1669348J  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

### DETAILS OF INJURED PERSON 1

Name NG SWEE MENG ADRIAN(WU RUIMING ADRIAN)  
 Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJJ7759C

YES

NO

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 14 / 4 / 18 ) (DD/MM/YYYY), TIME: ( 17 : 45 ) (HH:MM)

LOCATION: Vanda Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJJ 7759C  
 b) INSURANCE COMPANY: NTVC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: commercial  
 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: Forte Auto Leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 63855262 / 91449265  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Ng Swee Meng Adrian. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 97767487  
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rained)

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL6 7457 P. MODEL:  
 b) DRIVER'S NAME: Lee Mei Yan  
 c) NRIC/FIN/PASSPORT: 516693483 CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Camera : No.

adrianngsm@gmail.com

Email = adrianngsm@gmail.com

fax = blaze-motoring@hotmail.com

blaze-motoring@hotmail.com

Warranty Key In

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 (1)

\* 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 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.

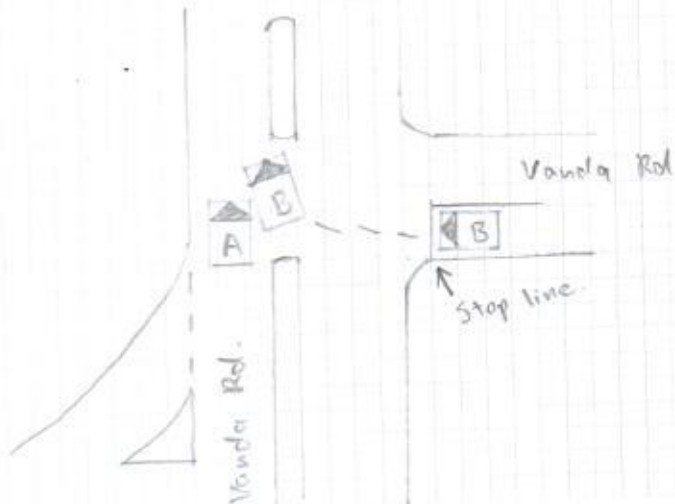


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = SJJ 7759C  
B = SLL 7457P.

## 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.:

I WAS TRAVELLING ALONG VANDA RD (MAJOR RD). WHILE DRIVING STRAIGHT ALONG THE ROAD, SUDDENLY VEH B (BEARING NO SLL7457P) DASHED OUT FROM THE VANDA ROAD (MINOR RD) AND COLLIDED ONTO MY VEH RIGHT FRONT PORTION.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8004754A

Name: NG SWEE MENG ADRIAN (WU RUIMING ADRIAN)

Birth Date: 21 Feb 1980

Issue Date: 14 Jun 2006

001425984J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8004754A




Name: NG SWEE MENG ADRIAN (WU RUIMING ADRIAN)

Race: CHINESE

Date of Birth: 21-02-1980

Sex: M

Country of Birth: SINGAPORE

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

Class 3: Motor Cars <= 3050kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: 14 Jun 2006

Licence No: S8004754A

NP 428A



A0058059

MRC No: S8004754A

Blood Group: A+

Date of issue: 04-09-2001

Address: APT BLK 505 JELAPANG ROAD #08-428 SINGAPORE 670505




## 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:** 5094228784

**Cover :** Third Party, Fire & Theft

- |                                                                                             |                              |
|---------------------------------------------------------------------------------------------|------------------------------|
| 1. Index mark and Registration Number of Vehicle                                            | : <b>SJ7759C</b>             |
| Chassis Number                                                                              | : JHMF16308S219505           |
| 2. Name of Policyholder                                                                     | : FORTE AUTO LEASING PTE LTD |
| 3. Effective Date of Insurance                                                              | : 17 Oct 2017                |
| 4. Expiry Date of Insurance                                                                 | : 16 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.

**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	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING 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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)  
Date of Issue : 12 Sep 2017 18:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

## LKK Paya Ubi

---

**From:** Desmond Foo Guo Hui <desmond.foogh@income.com.sg>  
**Sent:** Monday, 16 April 2018 4:23 PM  
**To:** LKK Paya Ubi  
**Subject:** FW: VEH NUMBER SJJ7759C  
**Attachments:** SJJ7759C\_14042018.PDF; P1560865.JPG; P1560866.JPG; P1560867.JPG; P1560868.JPG; P1560869.JPG; P1560870.JPG; P1560871.JPG; P1560872.JPG; P1560873.JPG; P1560874.JPG; P1560875.JPG; P1560876.JPG; P1560877.JPG; P1560878.JPG; P1560879.JPG; SJJ 7759C\_DRIVING DOC.jpg

Hi

You may quote, MT/0990550-001 when billing us.

**Desmond Foo**  
Assistant Manager, Motor Insurance  
T +65 6430 7976  
[www.income.com.sg](http://www.income.com.sg)



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**From:** LKK Paya Ubi [mailto:[rspu@lkkauto.com](mailto:rspu@lkkauto.com)]  
**Sent:** Monday, 16 April, 2018 3:27 PM  
**To:** Desmond Foo Guo Hui <desmond.foogh@income.com.sg>  
**Subject:** VEH NUMBER SJJ7759C

Hi Desmond,

Above mentioned veh number SJJ7759C, EBAO cannot search. I cannot submitted the ebao. Attached is the GIA REPORT, PHOTO, and DRIVING DOC. Please help me to submit the ebao and forward the claims number for me billing the invoice.

Thanks

Best Regards,

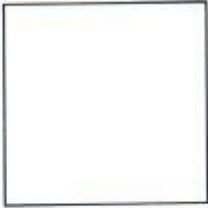
**Shan Hui** | Admin

**National Assessment Centre Services (LKK Group)**

Phone: 6841-0055 | email: [rspu@lkkauto.com](mailto:rspu@lkkauto.com) | fax: 6841-6315

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





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