NATIONAL Assessment Centre Services (NAC Ref No) MNA1A8051022

Date In: 17/04/2018 16:10	Job description	Date & Time Completed	Done by
Ref No: NB01/1MC18007112/V	SAS e-filing		
Veh No: SLA 2274 R	E-mail (within 2hrs, AIC 3hrs)		
D.O.A: 16/04/2018 15:55	I-Motor Claim Form	MT10990790-001	17/04/2018 16:39
OD / TP / Reporting Only	I-Motor W/O (within 30 2hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBA 5628C , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: Bal. Share (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 : 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 (NTUC line: 6788 6016)	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

NA1802443

Injured Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Insurer's Comment:

Invoice Preparation (Charges)		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($40)		
3) TP : Towing Fee		
4) FT : Follow-Through Survey		
5) FT : Follow-Through Survey (Re-survey)		
Re-inspection (NTUC Only)		
6) TR : Rattle review		
7) NI : (Ov DA + SMART Survey		
8) NTUC Additional Services:		
OR		
NI : Courtesy Car / Tpt Allowance		
NI : Repair Co-ordination		
NI : Post Repair Inspection		
NI : DY / Collect Unused Coordination		
TP (NI) : TP (Non INC) repair INC		
9) NI : Tele Mobile		
Invoice Paid	Net Charges	
Invoice Date	Net Charges	

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 witholding 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	17/04/2018 16:10
Date Of Accident	16/04/2018 15:55
Exact Location Of Accident	CTE TOWARDS CITY BEFORE SLIP ROAD TO PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2274R
Insured/Policyholder	
Name Of Registered Owner	SING & SAN CONSTRUCTION PTE LTD
Co Reg No	198401867W
Email Address	LINGFENG@SINGNSAN.COM.SG
Mobile Phone No	(LOCAL) +65-81806213
Alternative Phone No	OFFICE-62571275
Vehicle Particulars	
Manufacturer	BMW
Model	216D GRAN TOURER LED NAV 7 SEATER
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO PROJECT SITE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089778197
Cover Note Number	
Driver	
Name of Driver	TOH LINGFENG @ ZHUO LING FENG
NRIC No	S8814710C
Date Of Birth	01/05/1988
Occupation	INDOOR
Date Of Driving Pass	14/04/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806213
Fax Number	
Contact Number	OFFICE-62571275
EMail Address	LINGFENG@SINGNSAN.COM.SG

Address	BLK 536 ANG MO KIO AVENUE 10 #11-2567
Postcode	560536
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA5628C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD FAEZ BIN LATIFF
NRIC/Passport Number	S9238879D
Contact Number	98589636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS1182H

Vehicle Make/Model/Colour	PROTON EXORA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96626911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TOH LINGFENG @ ZHUO LING FENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLA2274R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

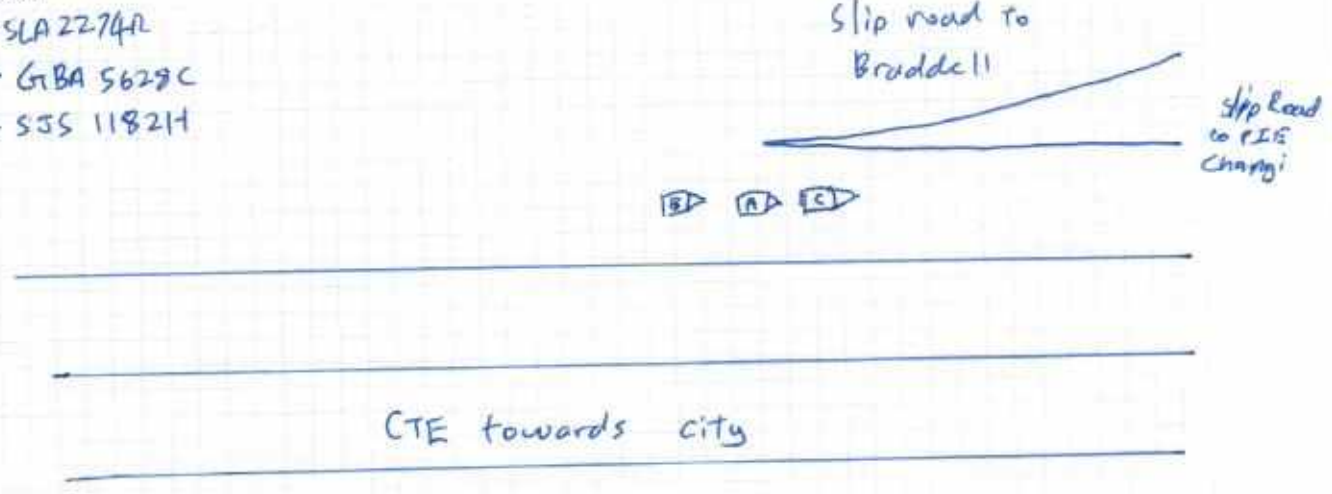
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 17 April 2018 3:25pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

Car A – SLA 2274R
Car B – GBA 5629C
Car C – SJS 1182H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on CTE towards city near to slip road to PIE (Changi). ~~The car~~ Car C stopped his car and I had also come to a complete stop. Car B suddenly knock onto the back of my car (car A) and cause my car to knock onto ~~the~~ Car C.

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: 17 April 2018 3:25pm

Reporting Centre Personnel's Signature 17/04/2018
Name:
NRIC/FIN No.:

Claim Handling

Exit

Accident MT/0000790

Policy No.	5099778197	Vehicle No.	SLA2274R	GST Registration No.	M2000648994
Policyholder Name	SING & SAN CONSTRUCTION PTE LTD			Policyholder NRIC	198401867W
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drivo PREMIUM	Loading	0
Contact No.(Mobile)	81806213	Contact No.(Office)	62571275	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	17/04/2018 16:31	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/04/2018	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS CITY BEFORE SLIP ROAD TO PIE (CHANGI)				

Benefits

Coverage	Sum Insured
Transport Allowance	9999999999.99

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M2000648994	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	24A SENOKO LOOP	Address 2	SINGAPORE 758157	Address 3	
Address 4		Address Type	Singapore address	Post Code	758157
Unit No.		Related Policy Number	5099779651		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TOH LINGFENG @ ZHUO LING F	Driver NRIC	S8814710C	Driver DOB	01/05/1988
Regular Date of Driver License	14/04/2008	Driver Age	29	Driving Experience	10
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 336 #11-2567	Address 2	ANG MO KIO AVENUE 10	Address 3	CHENG SAN VIEW
Address 4	SINGAPORE 560336	Address Type	Foreign address	Post Code	560336
Unit No.	11-2567				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLA2274R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SING & SAN CONSTRUCTION PT	Insured NRIC	198401867W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64813737
Email Address	singnsan@starhub.net	OI Vehicle Number	SLA2274R	TP Vehicle Number	GBA5628C
Claim Description	SLA2274R / GBA5628C ON 16 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/04/2018 16:39	Claim Close Date		Date Received	17/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AE letter

Save Submit

Attachment

Accident No.	MT/0000790	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/04/2018 16:39

Path *	Category *	Confidential	Urgency *	Description *
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

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Apr 2018 16:39	Photos	Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Apr 2018 16:39	Photos	Normal	Photos 2018-4-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 16:39	Photos	Normal	Photos 2018-4-17	Edit
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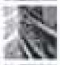	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 16:38	Photos	Normal	Photos 2018-4-17	Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 04 / 2018) (DD/MM/YYYY), TIME: (15 : 57) (HH:MM)

LOCATION: CTE towards City before sliproad to PIE (Chang.)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLA2274R
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5089778197
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: BMW 216D Gran Tourer
   f) TYPE: (~~SALOON / COUPE~~ / MPV / ~~VAN / LORRY / MOTORCYCLE~~ / OTHERS)
   g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / ~~MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: On the way to project site
   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: Toh Lingfeng (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S8814710C CONTACT: 81806213
   c) ADDRESS: BLK 536 Ang Mo Kio Ave 10 #11-2567
      Singapore 560536
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

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

3. DRIVER
   a) NAME: Sing & San Construction Pte Ltd (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: 198401867W CONTACT: 6257 1275
   c) ADDRESS: 24A Senoko Loop Singapore 758157
   *d) DATE OF BIRTH: (01 / 05 / 1988) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 14 April 2008
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ~~NO~~)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (~~CLEAR~~ / RAINING / ~~OTHERS~~)
   b) ROAD SURFACE: (~~DRY~~ / WET / ~~OTHERS~~)
6. WAS ANYBODY INJURED (YES / ~~NOT~~)
7. a) REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

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

   a) VEHICLE NUMBER: GBA5628C MODEL:
   b) DRIVER'S NAME: Mohammad Faez Bin Latiff
   c) NRIC/FIN/PASSPORT: S9238879D CONTACT: 98589636
9. THIRD PARTY VEHICLE

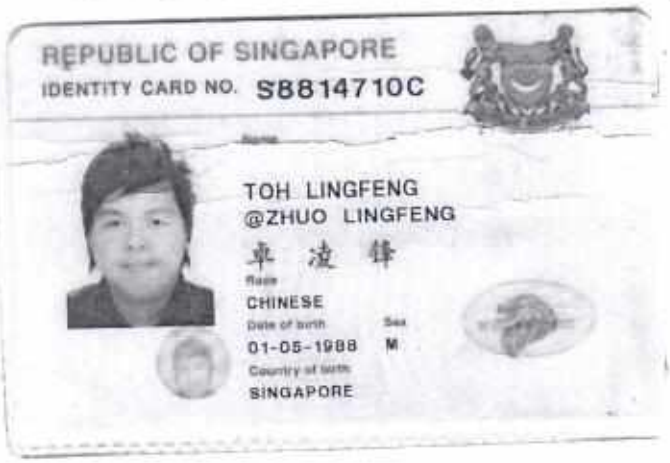
\# No of passenger (including driver) (1)

   d) VEHICLE NUMBER: SJS1182H MODEL: Proton Exora
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT: 96626911

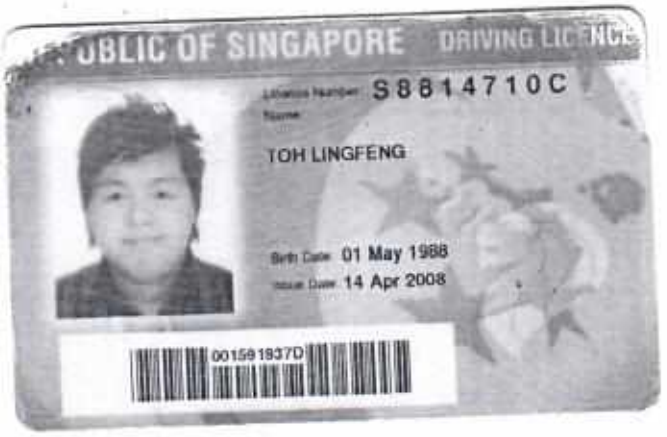
email = lingfeng@singnsan.com.sg / singnsan@singnsancon

fax = 64816292

VIDEO =


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8814710C

TOH LINGFENG
@ZHUO LINGFENG
卓 凌 锋
Race
CHINESE
Date of birth
01-05-1988
Sex
M
Country of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S8814710C

TOH LINGFENG

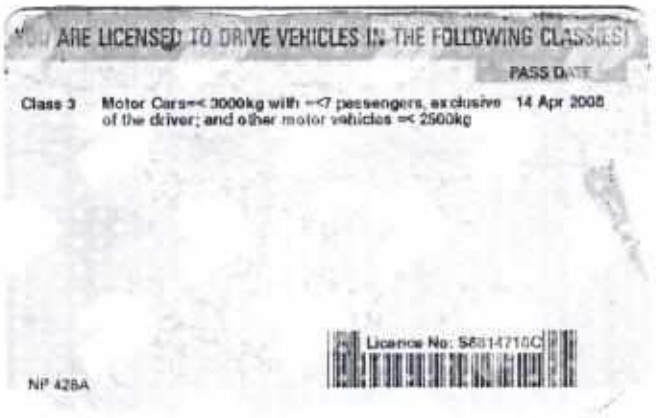
Birth Date 01 May 1988
Issue Date 14 Apr 2008

0015919370


S8814710C

Date of issue
12-03-2008

Address
APT BLK 536 ANG MO KIO AVENUE 10
#11-2587
SINGAPORE 560536


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

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	14 Apr 2008

Licence No: S8814710C

NP 428A

RECEIVED
24 APR 2017
BY:.....

income
made different

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: 5089778197 **Cover** : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SLA2274R
   Chassis Number : WBA2E32090P836631
2. Name of Policyholder : SING & SAN CONSTRUCTION PTE LTD
3. Effective Date of Insurance : 12 May 2017
4. Expiry Date of Insurance : 11 May 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 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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
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 : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)
Date of Issue : 18 Apr 2017 12:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive