

NATIONAL Assessment Centre Services. (Unit 1, 2000) **NA148062500**

Date In: 14/05/2018 14:09	Job Description	Date & Time Completed	Done by
Ref No: NA148062500	SAS e-tiling		
Val No: SGM 5603B	E-mail (vehicle info, AIO photo)		
D.O.A: 14/05/2018 12:55	1-Motor Claim Form	14/05/2018	15:08
OD TP (Reporting Only)	1-Motor V/O (preliminary check, V/O check)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OWI	Tell	Fax
TP Particulars	Yell No: SR 1081R	INC () / Non-INC ()
Owner / Driver (Tell	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	% (Note: Bil. Surt (WO): NI 0.20%, PI 21.79%, PI 30.100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-In-Guionair: Customer's information strictly Confidential & strictly NO refer of repairer.

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

Drive-In () / Towed-In () / Invoiced YES () / NO () / Towing Co: ()

Remarks	INC Billing: 5788 (001)	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/Time: ()

Assigned: ()

NA14803034

Submitted By: ()	Invoice Preparation Checklist	Unit	Unit
Driver/Owner:	1) ARI: Accident Reporting (230)		
Unit No:	2) DA: Damage Assessment (3100)	INC (40)	
Assigned Portion:	3) TP: Towing Fee	24/153	
	4) PT: Follow Through Survey	210	
	5) PT: Follow Through Survey (Repairer)	210	
	6) TR: Bill of Lading	210	
	7) NI: 148 DA + SMRT Survey	210	
	8) NTUC Additional Survey	210	
	9) NI: 148 DA + SMRT Survey	210	
	10) NI: 148 DA + SMRT Survey	210	
	11) NI: 148 DA + SMRT Survey	210	
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	100) NI: 148 DA + SMRT Survey	210	

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	14/05/2018 14:49
Date Of Accident	13/05/2018 12:55
Exact Location Of Accident	ALONG FARRER ROAD TOWARDS HOLLAND VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM5603B
Insured/Policyholder	
Name Of Registered Owner	ONDORI SINGAPORE PTE LTD
Co Reg No	201524764E
Email Address	JOSEPH_LHK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81882653
Alternative Phone No	OFFICE-81882653

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA NF-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING PASSANGER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086928935-01
Cover Note Number	

Driver

Name of Driver	LAI HON KUEN
NRIC No	S1801243Z
Date Of Birth	24/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81882653
Fax Number	
Contact Number	OTHERS-81882653
Email Address	JOSEPH_LHK@YAHOO.COM.SG

Address	BLK 3 HOLLAND CLOSE #26-53
Postcode	271003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

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	SBR1081R
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WOO KANG WEI
NRIC/Passport Number	S1821445H
Contact Number	97318913

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

14-05-2018
12:30

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14-05-2018
12:30

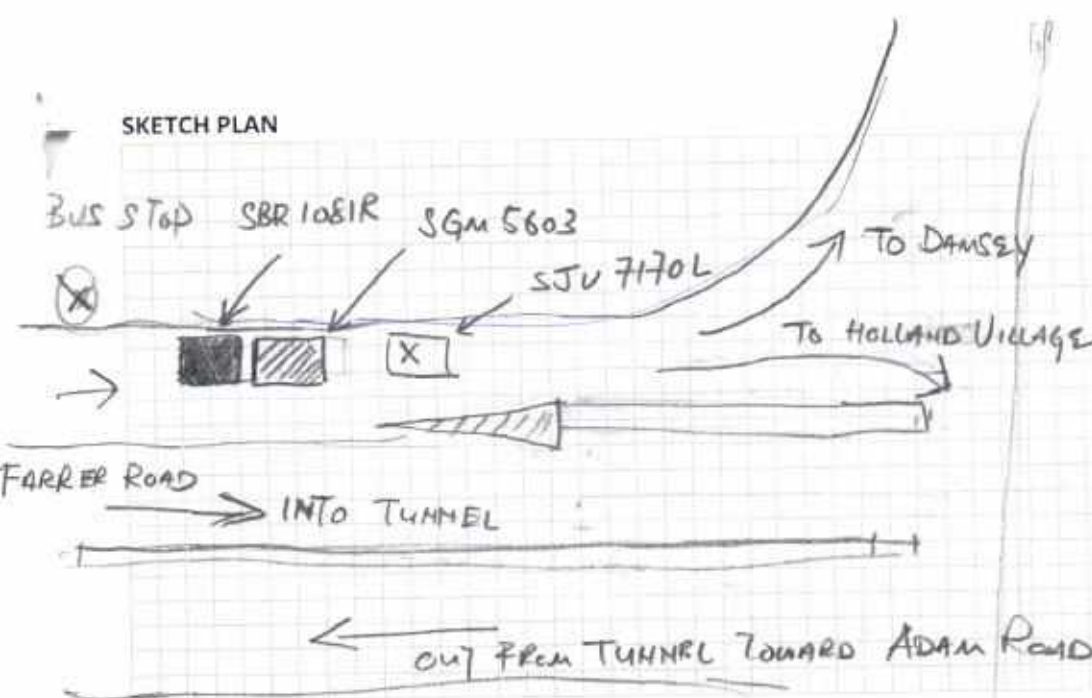
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14/05/2018
Rosl
WATSON

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING AT FARRER ROAD TOWARD HOLLAND VILLAGE DIRECTION, AFTER FILTERING TO THE LEFT LANE, I REALISED THAT THE FRONT FZWS CAR BRAKE LIGHT IS LIGHTED. I STEP ON MY BRAKE TO SLOW DOWN MY CAR, AND SUDDENLY I FEEL A STRONG COLLISION FROM THE BACK, MY CAR DASH FORWARD. THANKFULLY MY CAR DIDNOT HIT THE FRONT CAR.

DECLARATION

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

Policyholder's Signature
Date & Time: 14.05.2018
12.30

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.05.2018
12.30

Reporting Centre Personnel's Signature
Name: 14/05/2018
NRIC/FIN No.: Rosli WAT03

Claim Handling

Accident MT/0994225

Policy No.	S086928935-01	Vehicle No.	S0M5603B	GST Registration No.	201524764E
Policyholder Name	INDORI SINGAPORE PTE LTD			Policyholder NRIC	201524764E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81882653	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	= No Yes	TCA	= No YES	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	14/05/2018 15:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/05/2018	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PARKER ROAD TOWARDS HOLLAND VILLAGE				

Benefits

Excess

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/05/2018
GST Registration No.	201524764E	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	8 SALAK KILANG TIMOR	Address 2	#01-08 KEWAJAH HOUSE	Address 3	SINGAPORE 319105
Address 4		Address Type	Singapore address	Post Code	159305
Unit No.	01-08	Related Policy Number	S086928935-01		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/07/1967
Unnamed driver Name	LAI HON KUN	Driver NRIC	SL8E12432	Driving Experience	32
Register Date of Driver License	25/07/1985	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 271003
Address 1	BLK 3 #26-53	Address 2	HOLLAND CLOSE	Post Code	271003
Address 4		Address Type	Foreign address		
Unit No.	26-53				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	S0M5603B	Driver Insurer Company	WVIC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001

New

Claim Type *	OD-MX *	Insured Name	INDORI SINGAPORE PTE LTD	Insured NRIC	201524764E
Contact No.(Mobile)	81882653	Contact No.(Home)	NO	Contact No.(Office)	82739622
Email Address	sales@indori.com.sg	OT Vehicle Number	S0M5603B	TP Vehicle Number	SBR1081K
Claim Description	S0M5603B / SBR1081K On 13 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault *	Name of Preferred Workshop	
Require Finalisation	Yes *	Preferred Repair Option	Preferred Workshop, Name unknown *	GIA report	Received *
Date Registered	14/05/2018 15:47	Claim Close Date		Date Received	14/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AA letter

Save Submit

Attachment

Accident No.	MT/0994225	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/05/2018 15:48

Path *

Choose File No file chosen

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Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 May 2018 15:48	Photos	Normal	Photos 2018-5-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 May 2018 15:48	Photos	Normal	Photos 2018-5-14		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 May 2018 15:48	Photos	Normal	Photos 2018-5-14		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:48	Photos	Normal	Photos 2018-5-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:48	Photos	Normal	Photos 2018-5-14	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:47	Photos	Normal	Photos 2018-5-14	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:47	Photos	Normal	Photos 2018-5-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:47	Photos	Normal	Photos 2018-5-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:47	Photos	Normal	Photos 2018-5-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:47	SAS	Normal	SAS 2018-5-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 15:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-14	Edit

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 13/05/2018 (DD/MM/YYYY), TIME: 12:52 (HH:MM)

LOCATION: FARRER ROAD, HOLLAND VILLAGE, SINGAPORE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGM 5603-B
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5086928935-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI SONATA 2.4
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TECHNICAL PARKING
 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: CHONG SINGAPOR PRATEE LIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: NO. 8 JALAN KUNING TIMOR #01-06
KEUALRAM HOUSE 2 S (159305)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(4)

DRIVER

- a) NAME: LAI HOON KUN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1801243/2 CONTACT: 8188-2653
 c) ADDRESS: 81K3 HOLLAND CLOSE #26-53 S (271003)

* d) DATE OF BIRTH: 24/07/1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 25-07-85

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS WE7

- b) ROAD SURFACE: DRY / WET / OTHERS WE7

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passengers
(including driver)

- a) VEHICLE NUMBER: SGR 1081R MODEL: BMW

- b) DRIVER'S NAME: WOO KANG WEI

- c) NRIC/FIN/PASSPORT: S1821445 CONTACT: 9721 8913

9. THIRD PARTY VEHICLE

No of passengers
(including driver)

- d) VEHICLE NUMBER: _____ MODEL: _____

- e) DRIVER'S NAME: _____

- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = JOSEPH_LHK@yahoo.com.sg

Phone = 6273-3828

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1801243Z



Name

LAI HON KUEN

黎漢權

Race

CHINESE

Date of birth

24-07-1967

Country of birth

SINGAPORE

Sex

M



4818985
S1801243Z



Date of issue

26-01-2012

Address

APT BLK 3 HOLLAND CLOSE
#26-53
SINGAPORE 271003

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1801243Z

Name

LAI HON KUEN

Birth Date 24 Jul 1967

Issue Date 26 Sep 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

25 Jul 1985

and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



HP 422A

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 : 5086928935-01

Cover : Comprehensive

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGM5603B |
| Chassis Number | : KMHEU41CR6A239690 |
| 2. Name of Policyholder | : ONDORI SINGAPORE PTE LTD |
| 3. Effective Date of Insurance | : 14 Dec 2017 |
| 4. Expiry Date of Insurance | : 22 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 20 Oct 2017 18:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive