

NATIONAL Assessment Centre Services [ver 1 Jan 09] **MMAY18076350**

Date In: 12/06/2008 16:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18076350	E-mail (within 4hrs, AIC 2hrs):		
Veh No: S045991A	i-Motor Claim Form: NA/18076350/1		
D.O.A: 12/06/2008 10:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		12/06/2008 18:18
TP Insurer:	i-Photo Uploaded:		
	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

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

TP Particulars: Veh No: () 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

NA1803739	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
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) \$10			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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-on 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	12/06/2018 16:47
Date Of Accident	12/06/2018 10:00
Exact Location Of Accident	(NSRCC) CARPARK A ,10 CHANGI COAST WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5991A
Insured/Policyholder	
Name Of Registered Owner	WEE CHIN TIAN
NRIC No	S00163751
Email Address	CTWEE933@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96275818
Alternative Phone No	OTHERS-96275818

Vehicle Particulars

Manufacturer	HONDA
Model	CRV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095502752
Cover Note Number	

Driver

Name of Driver	WEE CHIN TIAN
NRIC No	S00163751
Date Of Birth	31/07/1953
Occupation	INDOOR
Date Of Driving Pass	19/05/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96275818
Fax Number	
Contact Number	OTHERS-96275818
EEmail Address	CTWEE933@YAHOO.COM.SG

Address	93 HOLLAND ROAD #02-01
Postcode	278537
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180612/2059 (PREFERRED WORKSHOP MOVA AUTOMOTIVE PTE LTD)

Attachment(s)

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

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:

1645

Driver's Signature

(If driver is not the policyholder)

Date & Time:

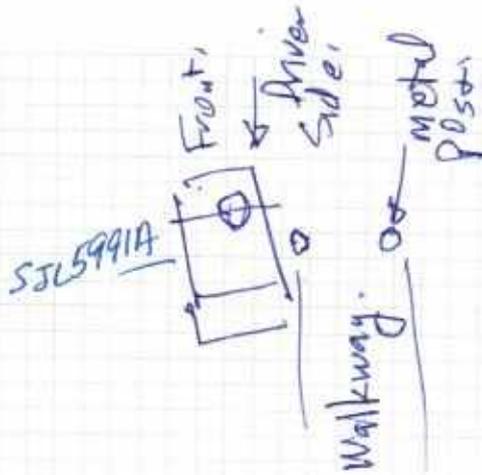
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

12/06/2018
ROHINI WATJAS

SKETCH PLAN



NBRCC AT 10 CHANGE ADPT WALK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While leaving the car park lot, I did not notice the post on the driver side. As I moved forward, I knocked on it.

POLICE REPORT D/20180612/2059

DECLARATION

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

[Signature] 12/6/18

Policyholder's Signature
Date & Time:

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

[Signature] 12/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *[Signature]*



**SINGAPORE
POLICE FORCE**



D/20180612/2059

1 of 1

POLICE REPORT (NP299)

Report No. D/20180612/2059

Police Station Of Origin
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Date/Time Report Made 12/06/2018 16:19		Vide Report No.		Station Diary No. 35	
Name Of Informant WEE CHIN TIAN		Address 93 HOLLAND ROAD #02-01 SINGAPORE 278537			
ID Type / ID No. NRIC NO / S00163751		Contact No. Home/Office		Mobile 96275818	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 64	Date of Birth 31/07/1953	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 12/06/2018 10:00		Location Of Incident 10 CHANGI COAST WALK NATL SERV RESORT & COUNTRY CLUB* SINGAPORE 499739			

Brief details.

On the 12/06/2018 at about 1000hrs, I was driving out to leave the carpark premises at National Service Resort and Country Club and I had forgotten there was a pole in black and yellow colour on my right hand side. I then drove into the pole and knocked onto it. I have spoken to the staff in NSRCC namely Mohammad Safiee, S6926252Z and reported about this matter. My driver's door suffered scratches and dents. I am lodging this report for my insurance claims purpose.

Signature Of Officer Recording The Report D / Sgt 2 DAMIEN LEONG JUN SIAN		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 12/06/2018 16:19	
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt MARLINA BINTE AHMAT Contact No.: 67740000		Classification Of Case:	
Authentication Stamp 			

Claim Handling

Accident MT/0998434

Policy No.	5095502752	Vehicle No.	5L5991A	GST Registration No.	
Policyholder Name	WEE CHIN TIAN	Cover Type	drvo CLASSIC	Policyholder NRIC	S00163751
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	96275818	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	12/06/2018 18:12	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/06/2018	Time of Accident (h:mm)	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	(NSRCC) CARPARK A ,10 CHANGI COAST WALK				

Benefits

Coverage	Sum Insured				
Excess Waiver	99999999.99				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 53 HOLLAND ROAD	Address 2	#02-01 HOLLANDIA	Address 3	SINGAPORE 278537
Address 4		Address Type	Singapore address	Post Code	278537
Unit No.		Related Policy Number	5095502752		

OS Driver Info

Driver Name	WEE CHIN TIAN	Driver Type	Main Driver	Driver DOB	31/07/1953
Unnamed driver Name		Driver NRIC	S00163751	Driving Experience	21
Register Date of Driver License	01/01/1997	Driver Age	64	Contact No. (Home)	
Contact No. (Mobile)	96275818	Contact No. (Office)		Address 3	SINGAPORE 278537
Address 1	BLK 53 HOLLAND ROAD	Address 2	#02-01 HOLLANDIA	Post Code	278537
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	5L5991A		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	WEE CHIN TIAN	Insured NRIC	S00163751
Contact No. (Mobile)		Contact No. (Home)	64728840	Contact No. (Office)	
Email Address		OT Vehicle Number	5L5991A	TP Vehicle Number	
Claim Description	5L5991A / - ON 12 Jun 2018			Name of Preferred Workshop	NOVA AUTOMOTIVE PTE LTD
Preferred Workshop Contact No.	62722892	Insured Liability *	Fully at Fault	GIA report	Pending
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	12/06/2018 18:18
Date Registered	12/06/2018 18:17	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLE WAHAB	Workshop Repairer		OD Excess Collected by Workshop	

Attachment

Accident No.	MT/0998434	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/06/2018 18:18
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>		Urgency *	Normal
		Description *	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="NO"/> <input type="button" value="Normal"/> <input type="button" value="Normal"/>	
		<input type="button" value="Send Message"/> <input type="button" value="Upload"/>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Jun 2018 18:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-12	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Jun 2018 18:17	SAS	Normal	SAS 2018-6-12	Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:16	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:16	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:16	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:16	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:19	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:16	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:15	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:15	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:15	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:15	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:15	Photos	Normal	Photos 2018-6-12	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jun 2018 18:15	Photos	Normal	Photos 2018-6-12	Edit

[Video List](#)

uploaded By/Date	Folder Data	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)

ASSIGNMENT 100000

By 100000 - 100000 of 100000

- 1) Vehicle hit Vehicle?
 - a) Motorist ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govn. Property () (E.g. signposts, barriers, trees etc)
 - b) Road Work Object ()
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object ()
 - b) Flood ()
 - c) Other ()
- 6) Parked & Found Damaged:
 - a) Vandalism ()
 - b) Hit by Moving Object ()
- 7) Theft Case
 - a) Stolen ()
 - b) Damage found when recovered ()
- 8) Fire
 - a) Whilst driving ()
 - b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for Internal Information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor - 1) Vehicle Information

Web No: SJL59A1B Cr. Reg. No. _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make & Model: Honda CRV 2.0i.e 1997
 Colour: SWAR Transmission Type: Auto / Manual
 Eng/No: R20A12702221 Sp. Reading: 68946
 C/Nr: JHLEK28308C02345
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: N / S/Rim / STD A/Rim or
 Tyre Size: F: 225/65 R17
 R: 225/65 R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm

Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: _____ Vehicle in Use: Yes / No
 D.O.I. 13/06/2012 Time: 11 Am

By Assessor - 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
 - e. Animal () f. Govn Object () g. Road Work Object ()
 - h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
 - e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started	Time Completed
1) CSO	
2) ABS	
3) Entire Operation Completed Time:	

Claim Handling

▼ Accident MT/0998434

Policy No.	5095502752	Vehicle No.	SJL5991A	GST Registration No.	
Policyholder Name	WEE CHIN TIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S0016375I
Product Code	PRIVATE CAR INSURANCE	Special Remark		Loading	0
Contact No.(Mobile)	96275818	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Contact No.(Home)	
Email Address		NCD Entitlement(%)	50	eCode	No ▼
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	12/06/2018 18:12	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/06/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	(NSRCC) CARPARK A ,10 CHANGI COAST WALK				

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 93 HOLLAND ROAD	Address 2	#02-01 HOLLANDIA	Address 3	SINGAPORE 278537
Address 4		Address Type	Singapore address	Post Code	278537
Unit No.		Related Policy Number	5095502752		

▼ OI Driver Info

Driver Name	WEE CHIN TIAN	Driver Type	Main Driver	Driver DOB	31/07/1953
Unnamed driver Name		Driver NRIC	S0016375I	Driving Experience	21
Register Date of Driver License	01/01/1997	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	96275818	Contact No.(Office)		Address 3	SINGAPORE 278537
Address 1	BLK 93 HOLLAND ROAD	Address 2	#02-01 HOLLANDIA	Address 4	
Address 4		Address Type	Singapore address	Post Code	278537
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJL5991A	Driver Insurer Company	NTUC

▼ Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

▼ Investigation

Claim 001 OD-MD					
▼ Claim Case Officer Yap Chee Ling					

Claim Type	OD-MD	Insured Name	WEE CHIN TIAN	Insured NRIC	S0016375I
Contact No.(Mobile)		Contact No.(Home)	64728840	Contact No.(Office)	
Email Address		OI Vehicle Number	SJL5991A	TP Vehicle Number	
Claim Description	SJL5991A / - ON 12 Jun 2018			Name of Preferred Workshop	MOVA AUTOMOTIVE PTE LTD
Preferred Workshop Contact No.	62723892	Insured Liability	Fully at Fault	GIA report	Pending
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	12/06/2018 18:18
Date Registered	12/06/2018 18:22	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer		OD Excess Collected by Workshop	
<input type="checkbox"/> Print AK letter					

Modification History

▼ Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment Attachment

▼ Vehicle Info

Vehicle Make	HONDA	Vehicle Model	CRV	Engine Capacity	
Date of Registration	03/12/2008	Classis No.	JHLRE28308C202345	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Survey Current Status	
Type of Tender	Own Damage ▼	Assessor Name *	ROSLI WAHAB		

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR

IDAC/Workshop Location 51 UBI AVENUE 1 #01-25 FAYA

Windscreen Parts & Labour Cost

Total Loss * Yes No

Market Value(\$)

Scrap Value(\$)

Economical Repair Value(\$)

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root	1	23300202	DOOR (FRONT RIGHT)	<input type="text" value="1"/>	Replace	<input type="checkbox"/>
Not Applicable	2	23300204	DOOR (REAR RIGHT)	<input type="text" value="1"/>	Replace	<input type="checkbox"/>
ABS	3	23302402	DOOR GLASS REGULATOR (FRONT RIGHT)	<input type="text" value="1"/>	Unconfirm	<input type="checkbox"/>
ABSORBER	4	23302404	DOOR GLASS REGULATOR (REAR RIGHT)	<input type="text" value="1"/>	Unconfirm	<input type="checkbox"/>
ACCELERATOR	5	23306102	DOOR RUBBER (FRONT RIGHT)	<input type="text" value="1"/>	Replace	<input type="checkbox"/>
ACTUATOR	6	23306104	DOOR RUBBER (REAR RIGHT)	<input type="text" value="1"/>	Replace	<input type="checkbox"/>
ADVERTISEMENT STICKER	7	23303202	DOOR INNER LOCK (FRONT RIGHT)	<input type="text" value="1"/>	Unconfirm	<input type="checkbox"/>
	8	23303204	DOOR INNER LOCK (REAR RIGHT)	<input type="text" value="1"/>	Unconfirm	<input type="checkbox"/>
	9	35500702	ROCKER PANEL (RIGHT)	<input type="text" value="1"/>	Repair	<input type="checkbox"/>
	10	35500902	ROCKER PANEL GARNISH (RIGHT)	<input type="text" value="1"/>	Replace	<input type="checkbox"/>
	11	233018	DOOR FRAME GARNISH	<input type="text" value="2"/>	Replace	<input type="checkbox"/>

rsbm

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Thursday, 14 June, 2018 2:30 PM
To: 'rsbm@lkkauto.com'; AMKAUTOPOINT
Subject: SJL5991A | MT/0998434 (Awarding Letter to AMK Autopoint)

Importance: High

Hi IDAC and AMK Autopoint,

Excess waiver is applicable.

Please liaise with the owner – Mr Wee Chin Tian at tel: 9627 5818 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Claims Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg



Our Ref: MT/CA/OD/051/0998434-001/YCL

14 Jun 2018

AMK AUTOPOINT PTE LTD
BLK 10 ANG MO KIO INDUSTRIAL PARK 2A
#01-22 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/0998434-001
REPAIR OF VEHICLE NUMBER: SJL5991A

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 14 Jun 2018
Make: HONDA
Model: CRV
Estimated Repair Days: 3
Location: Vehicle is currently with the owner
Address: BLK 1007 #01-11 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE INDUSTRIAL ESTATE SINGAPORE 159721
Benefits Applicable: Excess Waiver

Excess Applicable: 0

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee
Senior Manager
Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: (12/06/18) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: NSRCC Air Park A, 10 Changi, West Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL 5991 A
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5095502752
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Honda CRV
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Personal Commuting
- 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: Wee Chin Tng (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 50016373 F CONTACT: 96275818
- c) ADDRESS: 93 Holland Road

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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 / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: NA MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(0)

No of passengers
(including driver)
(0)

email = ctwee933@yahoo.com.sg

fax =

NTUA & ANVA - com SG

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S00163751



Name
WEE CHIN TIAN
黄 进 展

Race
CHINESE

Date of Birth
31-07-1953

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S00163751**

Name
WEE CHIN TIAN

Birth Date: **31 Jul 1953**

Issue Date: **11 Mar 2004**




0871328



NRIC No: **S00163751**



Blood Group: **A+** Date of Issue: **04-04-1993**

Address
**82 HOLLAND ROAD #02-01
SINGAPORE 1027**

NRIC No: **S00163751** Date: **18-02-1994** No: **1499263**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 May 1977

NP 428A



License No: **S00163751**

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: 5095502752

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJL5991A |
| Chassis Number | : JHLRE28308C202345 |
| 2. Name of Policyholder | : WEE CHIN TIAN |
| 3. Effective Date of Insurance | : 03 Dec 2017 |
| 4. Expiry Date of Insurance | : 02 Dec 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)	: N/A
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: WEE CHIN TIAN
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 : WINNER INSURANCE AGENCIES PTE LTD (00000572570)
Date of Issue : 13 Nov 2017 12:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive