

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118077948

Date In	18/16/18 11:02	Job description	Date & Time Completed	Done by
Ref No	MA/INC18010934/h4	SAS e-filing		
Veh No	SLQ 49015	E-mail (within 3hrs, AIC 2hrs)		
D.O.A	16/16/18 20:30	i-Motor Claim Form	MT10999076-001	19/16/18 09:22
OD: (TP) Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: GBD 6031B.	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*IP (N11): TP (Non-INC) against INC \$20		
	*NTUC: Idno Mobile \$0		
	*NTUC: Idno Mobile \$0		

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	18/06/2018 11:02
Date Of Accident	16/06/2018 20:30
Exact Location Of Accident	CTE TWDS CITY BEFORE EXIT 8B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4901S
Insured/Policyholder	
Name Of Registered Owner	TOH LEE HEOK
NRIC No	S7301588Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81268890
Alternative Phone No	OFFICE-81268890

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	5101026050
Cover Note Number	-

Driver

Name of Driver	AU YONG SENG HONG
NRIC No	S9923344C
Date Of Birth	28/07/1999
Occupation	INDOOR
Date Of Driving Pass	30/04/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81939998
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	9 SENGKANG SQUARE #05-12
Postcode	545075
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN
	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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD6031B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

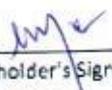
SKETCH PLAN

IMPORTANT NOTICE

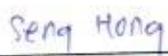
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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:

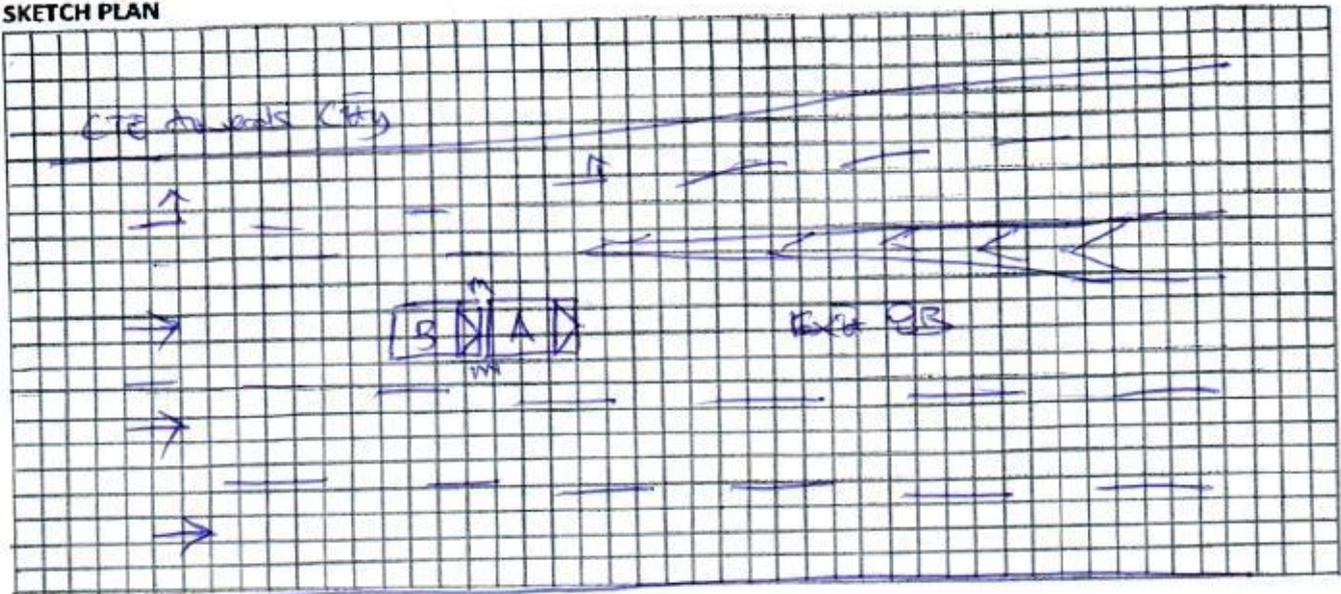


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE towards City on the 3rd lane of a 5 lanes, expressway. Somewhere before Exit 8B, I slowed down and stopped due to vehicle ahead of me stopped. After I stopped there for SPTA second, veh (B) came from the rear and contacted directly with the rear portion of my vehicle.

A - SIG 49018
 B - ASD 6031 B

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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

Vehicle No.	S12 4901 S	Model / Make	mazda 3
Date of Accident	16/11/18		
Time of Accident	8:30 pm	HRS	
Location of Accident	CTE Canada City Square B2 B3		
Exact purpose use during accident	Pax use		
Name of Owner	Teh Lee Heek		
Telephone No.	H/P: 81268890	Home:	Office: 98779377 (husband)
NRIC	S7301588 Z		
Address	9, Gangkong Square #05-12, S0545075		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTL		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5101026050		
Name of Driver	As Above If No, Au Yong Seng Hang		
NRIC	S1923344C	Any Passengers:	01 (Male)
Date of birth	28/7/1999		
Occupation	Outdoor / (Indoor) Student		
Driving License Pass Date	30/4/2018		
Gender	(Male) / Female		
Contact No.	H/P: 91939998	Home:	Office:
Address	As owner		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Mother & Son	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GSD 6031 B	Any Passengers:	Nil
Name of Driver	Amirul Ashraf Lohman	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear Portion		
Camera Recorder	(Yes) / No		
Email Address	tehleeheek@gmail.com		
PARTICULAR WORKSHOP	Juscar Automotive P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	HEXG		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7301588Z

Name:

TOH LEE HEOK
(ZHUO LIYE)

Birth Date: 12 Jan 1973

Issue Date: 26 Apr 2003



000423718K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7301588Z



Name



TOH LEE HEOK
(ZHUO LIYE)

卓 丽 叶

Race

CHINESE

Date of Birth

12-01-1973

Country of Birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9923344C



Name

AU YONG SENG HONG

欧 阳 陞 祿

Race

CHINESE

Date of birth

28-07-1999

Country/Place of birth

SINGAPORE

Sex

M

S9923344C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9923344C

Name

AU YONG SENG HONG

Birth Date: 28 Jul 1999

Issue Date: 30 Apr 2018



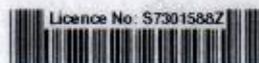
002798303F

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

26 Jun 1996



Licence No: S7301588Z

NP 428A



NRIC No: S7301588Z



Blood Group

Date of issue

27-01-2003

9 SENGKANG SQUARE #05-12
SINGAPORE 545075

Date: 28/10/2008

No: 6053823

3297989



NRIC No: S9923344C



Date of issue
08-06-2014

Address

9 SENGKANG SQUARE
#05-12
SINGAPORE 545075

5317495

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg

30 Apr 2018



Licence No: S9923344C

NP 428A



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: 5101026050 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLQ4901S
 Chassis Number : JM6BN22A8H0160546
2. Name of Policyholder : TOH LEE HEOK
3. Effective Date of Insurance : 31 May 2018
4. Expiry Date of Insurance : 30 May 2019
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TOH LEE HEOK (ZHUOLYE)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
 Date of Issue : 31 May 2018 13:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0999076

Policy No.	5101026050	Vehicle No.	SLQ4901S	GST Registration No.	
Policyholder Name	TOH LEE HEOK	Cover Type	drive CLASSIC	Policyholder NRIC	57301588Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81268890	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	19/06/2018 09:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/06/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWOS CITY BEFORE EXIT 88				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
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	9 SENGKANG SQUARE	Address 2	#05-12 COMPASS HEIGHTS	Address 3	SINGAPORE 545075
Address 4		Address Type	Singapore address	Post Code	545075
Unit No.		Related Policy Number	5101026050		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/07/1999
Unnamed driver Name	AU YONG SENG HONG	Driver NRIC	S9923344C	Driving Experience	0
Register Date of Driver License	30/04/2018	Driver Age	18	Contact No.(Home)	
Contact No.(Mobile)	81939998	Contact No.(Office)		Address 3	SINGAPORE 545075
Address 1	9 SENGKANG SQUARE	Address 2	#05-12 COMPASS HEIGHTS	Post Code	545075
Address 4		Address Type	Singapore address		
Unit No.	05-12	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TOH LEE HEOK	Insured NRIC	57301588Z
Contact No.(Mobile)	81268890	Contact No.(Home)	88755332	Contact No.(Office)	
Email Address	lee_heok_toh@bd.com	O1 Vehicle Number	SLQ4901S	TP Vehicle Number	GBD6031B
Claim Description	SLQ4901S / GBD6031B ON 16 Jun 2018			Name of Preferred Workshop	D
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/06/2018 00:00
Date Registered	19/06/2018 09:21	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0999076	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/06/2018 09:22

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:22	SAS	Normal	SAS 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:22	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:22	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:22	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:22	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:21	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:21	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:21	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:21	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:21	Photos	Normal	Photos 2018-6-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 09:21	Photos	Normal	Photos 2018-6-19

Video List

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