

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA118080891

Date In: 23/6/18 10:21	Job description	Date & Time Completed	Done by
Ref No: MA11808011431164	SAS e-filing		
Veh No: SLF 8419A	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 22/6/18 09:45	i-Motor Claim Form	MT10999772-001	23/6/18 17:24
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SHA 2661 D.	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	Am't (\$) 1st Bill	Am't (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Pat 1:			
Pat 2 / 3:			

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	23/06/2018 10:21
Date Of Accident	22/06/2018 09:45
Exact Location Of Accident	PIE TWDS CHANGI AFTER EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8419A
Insured/Policyholder	
Name Of Registered Owner	APEX LEASING PTE LTD
Co Reg No	201616961Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91236644

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5082827526-01
Cover Note Number	-

Driver

Name of Driver	VINCENT GOH BOON SIONG (VINCENT WU WENXIONG)
NRIC No	S7330847Z
Date Of Birth	18/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1994
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91811099
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 140 BEDOK NORTH ST 2 #08-202
Postcode	460140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2661D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AZMAN BIN MOHAMED
NRIC/Passport Number	S8027227H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:


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

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

SKETCH PLAN

A = SLF 8419 A

B = SHA 2661 D



PIE twds Changi After Eunos Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

I WAS TRAVELLING ALONG PIE TWDS CHANGI AFTER EUNOS EXIT ON THE FIRST LANE, THERE WAS SLOWLY MOVING TRAFFIC DUE TO CONGESTED. SUDDENLY TAXI INFRONT OF ME E-BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH TOUCH ONTO THE TAXI REAR PORTION, SLIGHT DAMAGE ON THE TAXI, PLEASE REFER TO SCENE PHOTO THAT I HAVE ATTACHED.

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 6 / 18) (DD/MM/YYYY), TIME: (09 : 45.) (HH:MM)

LOCATION: PIE twos Changi b4 After Gunes Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 8419A.
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: commercial use
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: Apex Leasing Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 945025445
c) ADDRESS: 91236644

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Vincent Goh Doon Siang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91811099
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiree.

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: SHA 2661D MODEL: _____
b) DRIVER'S NAME: Azman Bin Mohamed
c) NRIC/FIN/PASSPORT: S 8027227H CONTACT: _____

9. THIRD PARTY VEHICLE

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

*. Waiting chop

email = retrovincen.t@yahoo.com.sg.

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7330847Z



VINCENT GOH BOON SIONG
(VINCENT WU WENXIONG)

吴文雄

Race

CHINESE

Date of birth

18-08-1973

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7330847Z

Name

VINCENT GOH BOON SIONG
(VINCENT WU WENXIONG)

Birth Date 18 Aug 1973

Issue Date 26 Aug 2003



5267540



NRIC No. S7330847Z



Date of Issue

23-01-2014

Address

APT BLK 140 BEDOK NORTH STREET 2
#08-202
SINGAPORE 460140

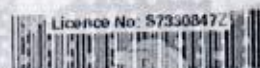
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

Class 3

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

22 Oct 1994



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: 5082827526-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLF8419A

Chassis Number

: RU31211445

2. Name of Policyholder

: APEX LEASING PTE LTD

3. Effective Date of Insurance

: 04 Aug 2017

4. Expiry Date of Insurance

: 03 Aug 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
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 : KCB AGENCY (00000614904)

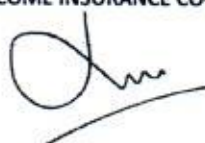
Date of Issue : 02 Aug 2017 12:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0999772

Policy No.	5082827526-01	Vehicle No.	SLF8419A	GST Registration No.	
Policyholder Name	APEX LEASING PTE LTD			Policyholder NRIC	201616961Z
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91236644	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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	23/06/2018 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/06/2018	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI AFTER EUNOS EXIT				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-20	Related Policy Number	5100817708		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VINCENT GOH BOON SIONG (VI	Driver NRIC	S7330847Z	Driver DOB	18/08/1973
Register Date of Driver License	22/10/1994	Driver Age	44	Driving Experience	23
Contact No.(Mobile)	91811099	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 140 #08-202	Address 2	BEDOK NORTH STREET 2	Address 3	SINGAPORE 460140
Address 4		Address Type	Singapore address	Post Code	460140
Unit No.	08-202				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser 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	APEX LEASING PTE LTD	Insured NRIC	201616961Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLF8419A	TP Vehicle Number	SHA2661D
Claim Description	SLF8419A / SHA2661D ON 22 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	23/06/2018 00:00
Date Registered	23/06/2018 17:22	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0999772	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/06/2018 17:24

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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:24	SAS	Normal	SAS 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:24	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:23	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:23	Photos	Normal	Photos 2018-6-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:22	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:22	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:22	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:22	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:22	Photos	Normal	Photos 2018-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 17:22	Photos	Normal	Photos 2018-6-23

Video List

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

Scan and uploading