

NATIONAL Assessment Centre Services		Date & Time Completed		Done by
Date In: 29/06/2018 15:05	Job description: SAS e-filing			
Ref No: NBS/INC/001899/1	E-mail (w/within 8hrs, A/C 2hrs)			
Veh No: 850 6988	i-Motor Claim Form	M/T/000917-001		29/06/2018
D.O.A: 29/06/2018 08:40	i-Motor W/O (Within: O/D 2hrs, TP 4hrs)			16:12
OD: (TP) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand to Owner/Wksp			

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SHB 8846T	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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
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) RT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT:		
	*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'm INC) against INC \$20		
	9) N12: Idau Mobile 30		
	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	29/06/2018 15:05
Date Of Accident	29/06/2018 08:40
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ6198B
Insured/Policyholder	
Name Of Registered Owner	LJH HOLDING
Co Reg No	53316294K
Email Address	LJHHOLDING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96771000
Alternative Phone No	OFFICE-96771000

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096974707
Cover Note Number	

Driver

Name of Driver	LIU JIANHUI
NRIC No	S8328353Z
Date Of Birth	16/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96771000
Fax Number	
Contact Number	OTHERS-96771000
Email Address	LJHHOLDING@GMAIL.COM

Address BLK 1 LORONG 20 GEYLANG
#08-09

Postcode 398721

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1
NAME: : RAIHANAH BINTE MOHAMED
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180629/2151

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB8846T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIU JIANHUI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGQ6198B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RAIHANAH BINTE MOHAMED
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGQ6198B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Veh A - SHG 6198B

Veh B: SHB 8846T

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.

L J H
H O L D I N G

Policyholder's Signature:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29-06-18 10:30am

Reporting Centre Personnel's Signature

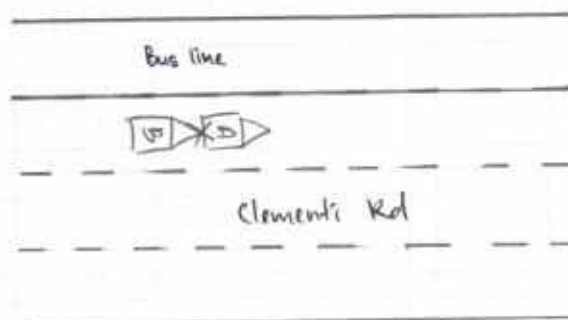
Name:

NRIC/FIN No:

SKETCH PLAN

Veh A: 86B 6198 B

Veh B: SHB 8846T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling along Clementi Road vehicle in front of me make s-brake to complete stop. I followed. However Veh B behind me could not stop in time and hit onto my Rear.

Police Report T/20180629/2151

DECLARATION

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

L J H
H O L D I N G

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 29-06-18 10:30am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/06/2018

Resli Wani



SINGAPORE POLICE FORCE



T/20180629/2151

1 of 3

Report No. T/20180629/2151

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2018 17:47		Vide Report No.:		Station Diary No.: 75	
Informant's Particulars					
Name of Informant: LIU JIANHUI			Address: APT BLK 1 LORONG 20 GEYLANG #08-09 SINGAPORE 398721		
ID Type / ID No.: NRIC NO / S8328353Z			Contact No.: Home/Office: Mobile: 96771000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 16/09/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2018 08:40	Type of Location: Straight Road	
Location: Along Road 1 CLEMENTI ROAD					
Heading towards West Coast Highway.					
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ6198B	Car				Seriously Damaged	1
SHB8846T	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver			
Name	LIU JIANHUI	ID No.	S8328353Z
Related Vehicle	SGQ6198B (Car)	Contact No.	96771000
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAN HWEE CHUAH	ID No.	S7008192Z
Related Vehicle	SHB8846T (Car)	Contact No.	94239926
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/06/2018 at about 0840hrs, I was driving my Grab vehicle, SGQ6198B on the 3rd lane of a 4-lane road along Clementi Rd, heading towards West Coast Highway. I had earlier picked up a female Malay passenger, named 'Raihanah Bte Mohamed, IC: S7508553B, Hp: 97677726' from her place in Woodlands and was on the way to send her to PSA Vista, Harbour Drive. At that moment, it was raining and the road surface was wet. A vehicle, SKM8085B, had then cut into my lane ahead of me from the right after signaling before suddenly jam-braking due to unknown reason. As a result, I had to jam-brake too when before I heard a loud bang coming from behind and there was a sudden impact causing my vehicle to jerk forward. After the incident, I got down to make a check and discovered that a Silver Cab taxi, SHB8846T had knocked head on to my vehicle's rear. While we were at scene, both me and my passenger initially thought that we were fine and uninjured. However, later on while I was on my way to the workshop, I suddenly felt pain on my back, neck and head area. As such, I called up my passenger to check on her and she informed that she was on her way to NUH to seek medical attention as she too complaint of pain after a while. I then proceeded to KTPH to seek medical consultation and was later given a week of medical leave by the doctor there. That is all.



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

SI KHAIRUL ANUAR BIN MOHD HAMIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/06/2018 17:47

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature: _____

Singapore Police Force

Accident MT/1000917

Policy No.	5096874797	Vehicle No.	SGQ61988	GST Registration No.	
Policyholder Name	LJH HOLDING			Policyholder NRIC	9336294K
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Landing	II
Contact No.(Mobile)	16773000	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<div>Re</div>
KFE	<div>No Yes</div>	TCA	<div>No Yes</div>	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	19/06/2018 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/06/2018	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI ROAD				

Benefits

► **Explain**

Own damage Excess	0.00	Additional Excess	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	Outside Singapore TP Excess		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 403 #07-102	Address 2	WOODLANDS STREET #1	Address 3	SINGAPORE 730403
Address 4		Address Type	Singapore address	Post Code	730403
Unit No.	07-102	Related Policy Number	3096974707		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIU JIAHUI	Driver NIC	S832833Z	Driver DOB	16/09/1983
Register Date of Driver License	11/06/2003	Driver Age	34	Driving Experience	13
Contact No.(Mobile)	96771000	Contact No.(Office)		Contact No.(Home)	
Address 1	1 LORONG 20 GEYLANG	Address 2	#05-09 # 1 SUITES	Address 3	SINGAPORE 398721
Address 4		Address Type	Foreign address	Post Code	398721
Unit No.	88-06				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SDQ61988	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes or No
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Modification History

Claim 001 OD-MX [View](#)

Claim Type *	OB-RK	Insured Name	LIN HOLDING	Insured NAIC	83316294X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67487458
Email Address		QC Vehicle Number	SGQ6198B	TP Vehicle Number	SHRB646T
Claim Description	SGQ6198B / SHRB646T ON 29 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA Report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	29/06/2018 00:00
Date Registered	29/06/2018 15:46	Claim Close Date		Total Loss but Repaired	
Report Taken By	WOSIJ WAHAB	Workshop Repairer			

even AK better

Save Submit

Attachment.

Accident No.	MT/1000917	Claim No.	001
Last Out. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Updated Date	29/05/2018 16:12
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Send Message	Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:12	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:11	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:11	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:11	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:11	Photos	Normal	Photos 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-29	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:10	SAS	Normal	SAS 2018-6-29	Edit

[Video List](#)

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

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 29-06-18

*Time of Accident: 8:40am

*Accident Location: * Clementi Rd

Vehicle Details

*Vehicle Number: SGQ6198B

*Make & Model: HONDA AIRWARE

Insured / Policyholder

*Owner Name: LTH HOLDING

*NRIC: 53316294K

*Address: 403 WOODLANDS ST 41 #07-102 S730403

*Email: Lthholding@gmail.com

*HP: 96771000

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: LIU JIAN HUI

*NRIC: S8328353Z

*Address: 1 LORONG 20 GAYLUNG #08-09 S398721

*Date of Birth: 16-09-83 *Driving Pass Date: 11-06-2013 *HP: 96771000

*Email: Lthholding@gmail.com

*Gender: Male / Female

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: Raihanah Binte Mohamed (Male/Female) *P/Name: _____ (Male/Female)

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC INCOME

*Coverage: C / TPFT / TPO *Policy No: 5096974707

Detail of other vehicle / Property 1

Vehicle No.: SHB 8846 T

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____ *Any video cam Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: _____

*Injured party: Yes / No

*No. of passengers (include driver): _____

*I-1/Name: Liu Jian Hui

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

*I-2/Name: Raihanah Binte Mohamed

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

846
6198B

REPUBLIC OF SINGAPORE DRIVING LICENCE

88328353Z

LIU JIANHUI

16 Sep 1983

30 Jun 2017

002598895K




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8328353Z**



Name

LIU JIANHUI

刘建辉

Race
CHINESE

Date of birth
18-09-1983

Country/Place of birth
SINGAPORE

Sex
M

88328353Z

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	03 Apr 2003
Class 2A	Motorcycles between 201 cc and 400 cc	23 Nov 2004
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	11 Jun 2003

NP 426A



Licence No: S8328353Z

5239841



NRIC No: S8328353Z

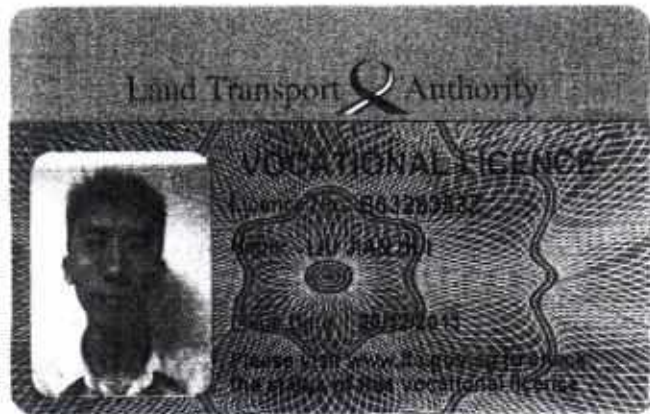


Date of issue
18-11-2013

APT BLK 1 LORONG 20 GEYLANG #08-08
SINGAPORE 398721

NRIC No: S8328353Z

Date: 30/11/2017



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	20/12/2013



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 : 5096974707

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGQ6198B**
Chassis Number : G111107611
2. Name of Policyholder : LHM HOLDING
3. Effective Date of Insurance : 19 Jan 2018
4. Expiry Date of Insurance : 18 Jan 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 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)	: N/A
EXCESS (SECTION 2)	: S\$2,000
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 26 Dec 2017 11:56 hrs
Reprint : 26 Dec 2017 15:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M4R41 2084016 Vehicle Registration No: S4G 6198B
Name (as shown in NRIC) : LJH Holding (S 83083532) NRIC/FIN/Passport No : 53316244K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9639 1000
Email Address : _____
Date of Accident : 29.6.2018 Time of Accident : 0840 HRS
Place of Accident : Clementi Rd
Insurance Company: NWC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Police Report T/20186629/2151

Policyholder / Driver's Signature
Date: 30 JUN 2018

Reporting Centre Personnel's Signature
Name: Peshi wntas
NRIC/FIN No: _____
Date: 02/07/2018