

NATIONAL Assessment Centre Services			
Date In: 17/07/2018 17:00	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8012494/1	SAS e-filing		
Veh No: PC 4493D	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/06/2018 00:00	i-Motor Claim Form	MT/1003434-001	17/07/2018
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:30
	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: —	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: —
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Date/Time	Actions

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: 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:-			
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-in INC) against INC \$20				
9) N12: Idac Mobile \$10				
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	17/07/2018 17:00
Date Of Accident	20/06/2018 00:00
Exact Location Of Accident	SUNTEC CITY ROUND ABOUT (NEAR TO TOWER 4)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4493D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEL TRANSPORT SERVICES LP
Co Reg No	T17LP0023G
Email Address	EDDIEWEE@WELTRANSPORT.COM
Mobile Phone No	(LOCAL) +65-83837799
Alternative Phone No	OFFICE-83837799

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098097534
Cover Note Number	

### Driver

Name of Driver	WEE LOO YOU LEONARD
NRIC No	S9217835H
Date Of Birth	21/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83837799
Fax Number	
Contact Number	OTHERS-83837799
EEmail Address	EDDIEWEE@WELTRANSPORT.COM



Address	BLK 60 STRATHMORE AVENUE #21-75
Postcode	141060
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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)	3
Passenger 1	NAME: : FRIEND GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (VEHICLE ALREADY REPAIRED)

#### 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17.07.2018

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CN 20.06.2018 I WAS DRIVING PC4493D AFTER DROPPING A SEAFARER TO THE AIRPORT, I PROCEED TO BUGIS + TO PICK 02 OF MY FRIEND, AFTER PICKING THEM UP I TOOK THE ROUTE FROM BUGIS TO SUNTEC CITY.

WHEN REACHING THE ROUND ABOUT I DOZE OFF AND HIT SOMETHING NEAR TOWER 4 UNINTENTIONALLY 3 OF US IN THE CAR GOT PANIC, 2 OF MY FRIEND REQUEST TO TAKE TAXI HOME, I DROVE TO OPPOSITE MARIOTT HOTEL AND CHECK THE CONDITION OF THE VEHICLE AS IT IS TOO DARK I COULDN'T ACCESS TO THE VEHICLE CONDITION, I WAS NOT IN THE CONDITION TO DRIVE, I PROCEED TO CALL FOR A TOW TRUCK, AND I PROCEED TO TAKE A CAB HOME.

## 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: 17.07.2018

Reporting Centre Personnel's Signature  
Name: *Reza Widiyana*  
NRIC/FIN No. *17107/2018*

## Claim Handling

Accident MT/1003434

Policy No.	5098097534	Vehicle No.	PC4493D	GST Registration No.	
Policyholder Name	WEL TRANSPORT SERVICES LP			Policyholder NRIC	T17LP0023G
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83837799	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	Yes - No	TCA	Yes - No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	17/07/2018 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	20/06/2018	Time of Accident (hh:mm)	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNTEC CITY AROUND ABOUT (NEAR TO TOWER 4)				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	25 BUKIT BATOK CRESCENT	Address 2	#02-06 THE BLITZ	Address 3	SINGAPORE 658066
Address 4		Address Type	Singapore address	Post Code	658066
Unit No.	02-06	Related Policy Number	5098097534		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/05/1992
Unnamed driver Name	WEE LOO YU LEONARD	Driver NSIC	S9217035H	Driving Experience	5
Register Date of Driver License	04/06/2013	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	83837799	Contact No.(Office)		Address 3	SINGAPORE 141060
Address 1	BLK 50 #21-73	Address 2	STATIONMORE AVENUE	Post Code	141060
Address 4		Address Type	Foreign address		
Unit No.	21-73				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PC4493D	Driver Insurer Company	NTUC

Declaration

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

Claim 001

New

Claim Type *	OD-HX	Insured Name	WEL TRANSPORT SERVICES LP	Insured NRIC	T17LP0023G
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	PC4493D	TP Vehicle Number	
Claim Description	PC4493D / - ON 20 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/07/2018 17:29	Claim Close Date		Date Received	17/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1003434	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	17/07/2018 17:30

Path \*

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Send Message Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:29	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:29	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:29	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:29	Photos	Normal	Photos 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:29	SAS	Normal	SAS 2018-7-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-17	<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



## ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2018 (DD/MM/YYYY), TIME: 00:00 (HH:MM)

LOCATION: SINTEC TOWER 4

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC4493D  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5098097534  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA HILUX  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY HOME  
 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: WHL TRANSPORT SERVICES LP (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: WEE LOO YON LEONARD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59217835H CONTACT: 83837499  
 c) ADDRESS: BLK 60, STRATHMORE AVE, #21-75  
S(141060)

\*d) DATE OF BIRTH: 21/05/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04.06.2013

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: \_\_\_\_\_ 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: \_\_\_\_\_

Email = EDDIEWEE@WELTRANSPORT.COM

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9217835H



Name

WEE LOO YOU LEONARD

黄 儒 友

Race

CHINESE

Date of birth

21-05-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9217835H

Name

WEE LOO YOU LEONARD

Birth Date 21 May 1992

Issue Date 04 Jun 2013



4047658



NRIC No. S9217835H

Date of issue

24-05-2007

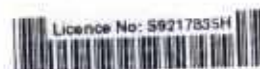
Address

APT BLK 60 STRATHMORE AVENUE  
#21-75  
SINGAPORE 141060

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 04 Jun 2013



NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/06/2018 16:43"/>						
Vehicle No. (For Motor)	<input type="text" value="PC4493D"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098097534	WEL TRANSPORT SERVICES LP	T17LP0023G	GBS	Comprehensive	PC4493D	PC4493D	13/02/2018	12/02/2019
<input type="button" value="Continue"/>									