

NATIONAL Assessment Centre Services [APR 2005] **MAN/4/8/103060**

Date In: 10/08/2008 11:32	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/20/449014	SAS e-filing		
Veh No: SGR 154L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/08/2008 10:48	i-Motor Claim Form	MT/006590-001	10/08/2008
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		11.54
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: SBS 3433 R 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

NA/804983

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$150		
	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		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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 willful 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	10/08/2018 11:32
Date Of Accident	08/08/2018 10:45
Exact Location Of Accident	ALONG VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR154L
Insured/Policyholder	
Name Of Registered Owner	WEE PANG HUI
NRIC No	S0009694F
Email Address	KINGCRIM@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96737428
Alternative Phone No	HOME-96737428

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5060368779-04
Cover Note Number	

Driver

Name of Driver	WEE PANG HUI
NRIC No	S0009694F
Date Of Birth	29/05/1948
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1970
Driving Experience	48 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96737428
Fax Number	
Contact Number	HOME-96737428
EMail Address	KINGCRIM@SINGNET.COM.SG

Address	35 GREENRIDGE CRESCENT
Postcode	598923
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

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

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	SBS3433R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LOW KHEE HENG
NRIC/Passport Number	
Contact Number	93691717
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.**
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: 10/8/18

10.45a.m.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Lavender St.

Date:

Sun. Mon. Tue. Wed. Thu. Fri. Sat.

Traffic Lights

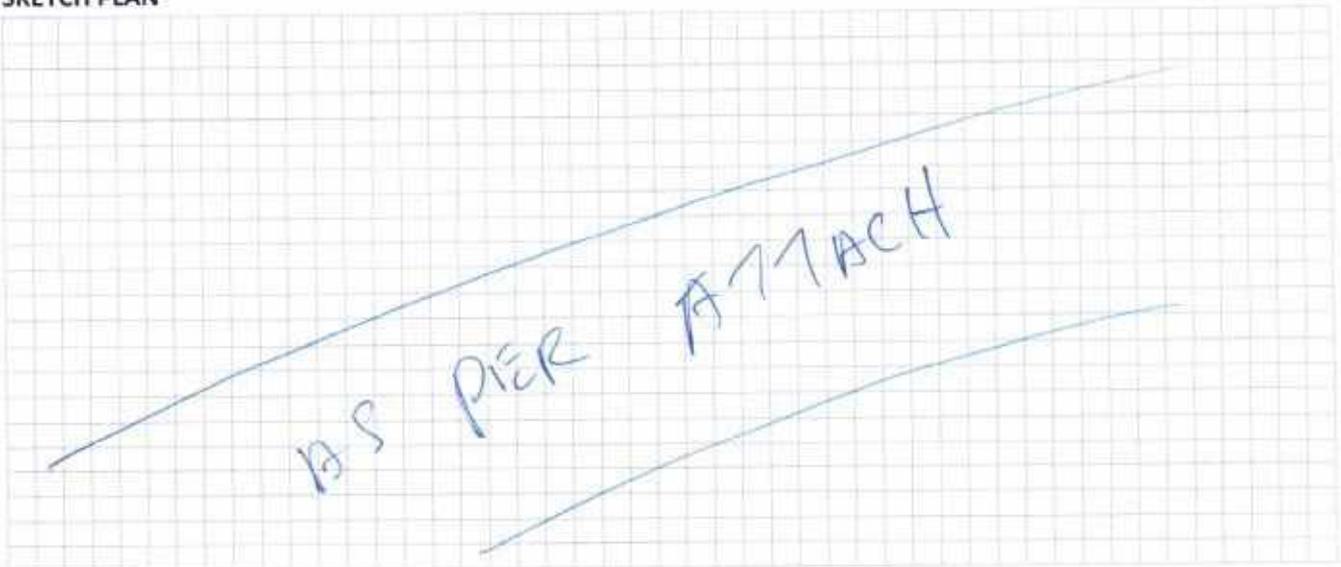
Notes



Bus Driver : Mr Low Khee Heng
Car Driver : Wee Pang Hui

10/08/2018
Resd / WATONB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8th August '18, around 10.45 a.m.

On a bright Wednesday morning, as I was driving my car SGR154 L, as usual, to work at Kallang Ave. (office) via the main road Victoria Street. Traffic at that time was moderate, suddenly a huge vehicle came up from my left, and side swiped my vehicle front left-hand side.

I ~~then~~ realised it was a bus. A Green SBS Bus. I was blamed for not noticing him, and to me where did he appear from?

I do not agree might is right!

Anyway we both exchanged particulars & photos, before driving off before 11.00 a.m.

Both vehicles sustained light scratches.

The "Green" SBS Bus No: 3433R was driven by Mr. Low Khee Hong

DECLARATION

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

Policyholder's Signature

Date & Time: 10/8/18
10.45 a.m.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Ross WATSON
NRIC/FIN No.:

Claim Handling

Accident MT/1006590

Policy No.	5862368779-04	Vehicle No.	SGR134L	GST Registration No.	
Certificate No.					
Policyholder Name	WEE PANG HUI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S0009694F
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	96737428	Contact No. (Home)		Contact No. (Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KFV	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	90	Private Hire	No

Accident Details

Report Date	10/08/2018 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/08/2018	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre		Drainage Force		ICM No.	
Accident Location	ALONG VICTORIA STREET				

Benefits

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	35 GREENRIDGE CRESCENT	Address 2	SINGAPORE 598923	Address 3	
Address 4		Address Type	Singapore address	Post Code	598923
Unit No.		Related Policy Number	9060353799-05		

DI Driver Info

Driver Name	WEE PANG HUI	Driver Type	Main Driver	Driver DOB	29/05/1948
Unnamed Driver Name		Driver NRIC	S0009694F	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	70	Contact No. (Home)	
Contact No. (Mobile)	96737428	Contact No. (Office)		Address 1	
Address 1	35 GREENRIDGE CRESCENT	Address 2	SINGAPORE 598923	Address 3	
Address 4		Address Type	Singapore address	Post Code	598923
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SGR134L	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **New**

Claim Type *	OD-MS	Insured Name	WEE PANG HUI	Insured NRIC	S00096
Contact No. (Mobile)	96737428	Contact No. (Home)	N/A	Contact No. (Office)	
Email Address	kingpin@svignier.com.sg	DI	SGR134L	TP	586236
Claim Description	SGR134L / 586236 ON 8 Aug 2018			Vehicle Number	586236
Names of Preferred Workshop					
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Working Contact No. Finalisation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Declared Repair Option	Preferred Workshop, Name unknown		
Date Registered	10/08/2018 11:53	Claim Open Date		Date Received	10/08/
Report Taken By	ROSLI WAHAB				

[Print AK letter](#)

Attachment

Accident No.	Claim No.	Upload Date	Category *	Confidential	Urgency *	Desc
MT/1006590	001	10/08/2018 11:54				
Last Dtd. Received	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Path *						
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Message Read"/>						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Aug 2018 11:54		Photos	Normal	Photos 2018-8-10

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0009694F



Name
WEE PANG HUI



Race
CHINESE

Date of Birth
29-05-1948

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0009694F

Name
WEE PANG HUI

Birth Date: 29 May 1948

Issue Date: 02 May 2003




1868002



SING No. S0009694F



Blood Group: O+

Date of Issue: 08-04-1994

Address
35 GREENRIDGE CRESCENT
SINGAPORE 2159

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

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

PASS DATE: 25 May 1970

License No: S0009694F



NP 428A

fill Jan. 2019.

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: 5060368779-04

Cover : Third Party, Fire & Theft

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SGR154L |
| Chassis Number | : RN61013823 |
| 2. Name of Policyholder | : WEE PANG HUI |
| 3. Effective Date of Insurance | : 29 Jan 2018 |
| 4. Expiry Date of Insurance | : 28 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 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: WEE PANG HUI
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 : TELESALLES-DIRECT MARKETING (00000601661)
Date of Issue : 29 Dec 2017 00:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive