

**NATIONAL Assessment Centre Services.** [wef 1 Jan'05] **MMA 11813 7032**

Date In: <b>22/10/18 16:25</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1 INC18019143164</b>	SAS e-filing		
Veh No: <b>SJM 2707 U</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>22/10/18 12:25</b>	i-Motor Claim Form	<b>MT/1016673-001</b>	<b>22/10/18 19:49</b>
OD: <b>(P)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GX 3788G** 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%. P: 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)

Remarks	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 (\$) for Bill	Am't (\$) Add Bill
MA1806262	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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 / Tpl 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		
	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 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. 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	22/10/2018 16:25
Date Of Accident	22/10/2018 12:25
Exact Location Of Accident	BEDOK MALL BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2707U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LECO AUTO PTE. LTD.
Co Reg No	201226853W
Email Address	COBIN@LECO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96710210

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5073953102-03
Cover Note Number	-

### Driver

Name of Driver	LEOW PENG HONG JUSTIN ALEXANDER
NRIC No	S8330884B
Date Of Birth	29/09/1983
Occupation	INDOOR
Date Of Driving Pass	12/07/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96938614
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 63 CHAI CHEE RD #08-810
Postcode	460063
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

WHILE QUEUING INSIDE THE BEDOK MALL BASEMENT 2 CARPARK. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO GX3788G) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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	GX3788G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KEE CHYE ONG
NRIC/Passport Number	S1395874B
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.
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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.

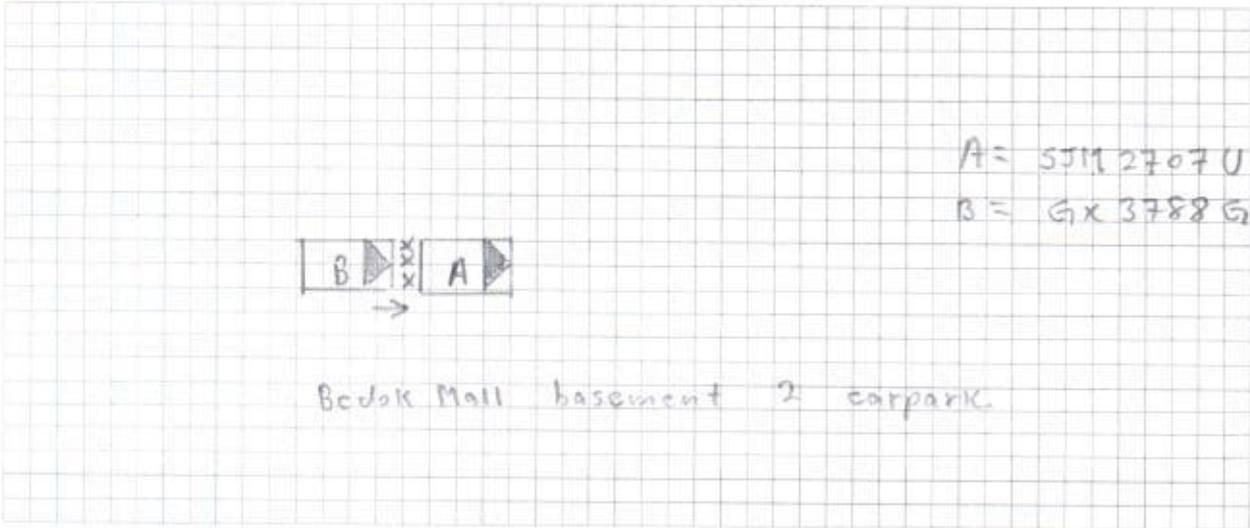


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8330884B**

Name  
**LEOW PENG HONG, JUSTIN ALEXANDER**

Birth Date: **29 Sep 1983**

Issue Date: **15 Dec 2017**

0027545580




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8330884B**

Name  
**LEOW PENG HONG, JUSTIN ALEXANDER**

Race  
**CHINESE**

Date of birth  
**29-09-1983**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**






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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	17 Feb 2005
Class 2A	Motorcycles between 201 cc and 400 cc	30 Oct 2007
Class 2	Motorcycles > 400 cc	15 Dec 2017
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	12 Jul 2016

NP 428A

License No: **S8330884B**



5240238

NRIC No **S8330884B**

Date of issue  
**19-11-2013**

Address  
**APT BLK 63 CHAI CHEE ROAD  
#08-B10  
SINGAPORE 460063**




## 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:** 5073953102-03 **Cover :** Third Party

- |                                                                                                                                                                                                                                                                                                               |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : <b>SJM2707U</b>     |
| Chassis Number                                                                                                                                                                                                                                                                                                | : JN18AAC11Z0020545   |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : LECO AUTO PTE. LTD. |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 10 Sep 2018         |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 09 Sep 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.                                                                                                                                                                                              |                       |

**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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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 : LECO AUTOMOBILE PTE LTD (00000571429)  
 Date of Issue : 10 Sep 2018 18:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

**Claim Handling**

Accident MT/1016673

Policy No.	5073953102-03	Vehicle No.	SJM2707U	GST Registration No.	
Certificate No.					
Policyholder Name	LECO AUTO PTE. LTD.			Policyholder NRIC	201226
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96710210	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ **Accident Details**

Report Date	22/10/2018 19:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	22/10/2018	Time of Accident hh:mm	12:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK MALL BASEMENT 2 CARPARK				

▼ <b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ **Benefits**

▼ <b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

▼ **Policyholder Mailing Address**

Address 1	61 UBI AVENUE 2	Address 2	#01-05 AUTOMOBILE MEGAMAR	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	408891
Unit No.	01-05	Related Policy Number	5073953102-03		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEOW PENG HONG JUSTIN ALEX	Driver NRIC	S83308848	Driver DOB	29/09/
Register Date of Driver License	12/07/2016	Driver Age	35	Driving Experience	2
Contact No.(Mobile)	96938614	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 63 #06-810	Address 2	CHAI CHEE ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	460061
Unit No.	08-810				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

**Claim 001** **New**

Claim Type *	OD-MX ▼	Insured Name	LECO AUTO PTE. LTD.
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJM2707U
Claim Description	SJM2707U / GX3788G ON 22 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault ▼
Bonus No. Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼
Date Registered		GIA report	Received ▼
Report Taken By		Claim Close Date	22/10/2018 19:48
			LIEW SHAN HUI

Print AK letter

Save Submit

▼ **Attachment**

Accident No. MT/1016673 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

22/10/2018 19:49

Path \*

- No file chosen
- 

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:49	SAS	Normal	SAS 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:49	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:48	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:48	Photos	Normal	Photos 2018-10-22
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:48	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:48	Photos	Normal	Photos 2018-10-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	