

NATIONAL Assessment Centre Services. [ver 1 Jan'03] **MMA 118141846.**

Date In: 11/11/18 15:25	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 18019884164	SAS e-filing		
Veh No: PC 7138 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/10/18 15:55	I-Motor Claim Form	MT/10/18089 ⁰⁰¹	01/11/18 16:23
OD: <u>TP</u> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SJZ 8223 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% 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) 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:

MA1807086

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1:

Ref: 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 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	01/11/2018 15:25
Date Of Accident	31/10/2018 15:55
Exact Location Of Accident	JUNC OF TUAS SOUTH AVE 5 & TUAS SOUTH ST 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7138K
Insured/Policyholder	
Name Of Registered Owner	WEL TRANSPORT SERVICES LP
Co Reg No	T17LP0023G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83837799

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO115E EU4
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	THIRD PARTY
Vehicle Category	BUS

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	5103699855
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	29/05/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83837799
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 60 STRATHMORE AVE #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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJZ8223R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	WEE LOO YOU LEONARD
Approximate Age	
Injuries Sustain	NECK & MIDDLE BACK
Injured person in which vehicle?	PC7138K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



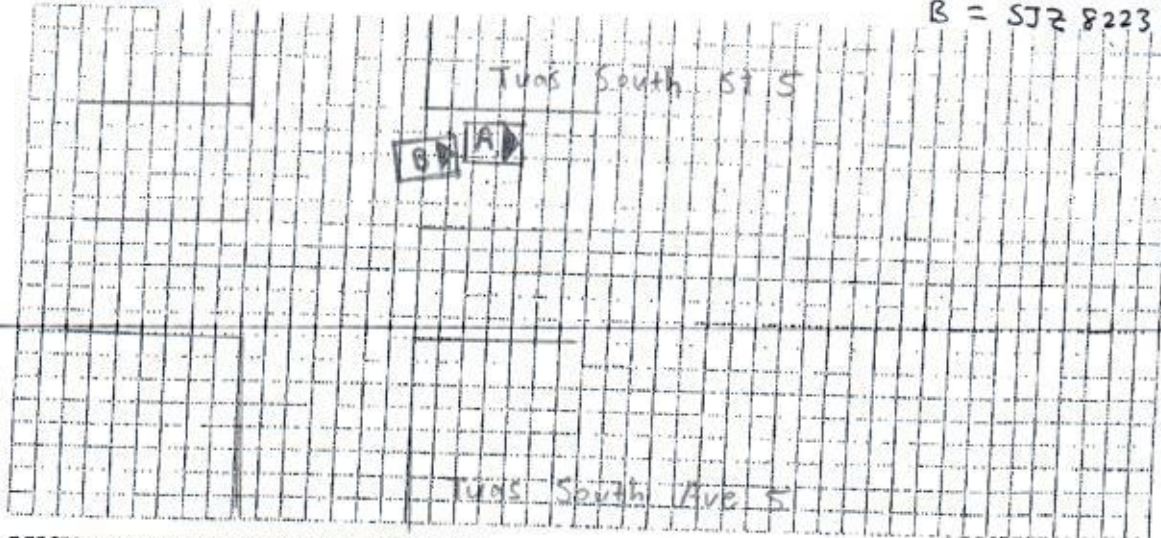
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = PC 7138 K.
B = SJZ 8223 R.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:





SINGAPORE POLICE FORCE



T/20181101/2045

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20181101/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2018 11:36	Vide Report No.:	Station Diary No.: 47
Informant's Particulars		
Name of Informant: WEE LOO YOU LEONARD	Address: APT BLK 60 STRATHMORE AVENUE #21-75 SINGAPORE 141060	
ID Type / ID No.: NRIC NO / S9217835H	Contact No.: Home/Office:	Mobile: 83837799
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 26	Date of Birth: 21/05/1992
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: OPERATION MANAGER	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/10/2018 15:55	Type of Location: X-Junction
Location: Along Road 1 TUAS SOUTH STREET 5 Junction of Tuas South Ave 5				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control:		Traffic Volume: Light	
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
PC7138K	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181101/2045

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20181101/2045

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:

JT
Insp TAN YU TING
SC Syabri

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Signature Of Informant:

Date/Time:
01/11/2018 11:36

Classification Of Case:

Authentication Stamp

NP168



SN 127

Signature: *E*

Singapore Police Force

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

S9217835H

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9217835H

Name

WEE LOO YOU LEONARD

Birth Date: 21 May 1992

Issue Date: 04 Jun 2013



002187961C

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S9217835H

Name: WEE LOO YOU LEONARD

Issue Date: 29/5/2017

Please visit www.lta.gov.sg to check the status of this vocational licence

4047655



NRIC No. **S9217835H**

Date of issue
24-05-2007

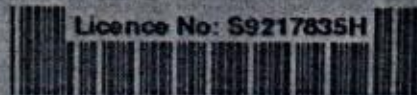
Address

**APT BLK 60 STRATHMORE AVENUE
#21-75
SINGAPORE 141060**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Class 3 Motor Cars=< 3000kg with =<7 passengers, excluding the driver; and other motor vehicles =< 2500kg

NP 428A



Licence No: **S9217835H**

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
03	BUS VL	29/05/2017
04	BUS ATTENDANT	29/05/2017



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103699855		WEL TRANSPORT SERVICES LP	T17LP0023G	GBS	Third Party, Fire & Theft	PC7138K	PC7138K	14/09/2018	13/09/2019

Claim Handling

Accident MT/1018089

Policy No.	5103699855	Vehicle No.	PC7138K	GST Registration No.	
Certificate No.					
Policyholder Name	WEL TRANSPORT SERVICES LP			Policyholder NRIC	T17LPI
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	83837799	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	No

Accident Details

Report Date	01/11/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	31/10/2018	Time of Accident hh:mm	15:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TUAS SOUTH AVE 5 & TUAS SOUTH ST 5				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

Benefits

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 ELITIST	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.	02-06	Related Policy Number	5103699855		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WEE LOO YOU LEONARD	Driver NRIC	S9217835H	Driver DOB	21/05/1981
Register Date of Driver License	29/05/2017	Driver Age	26	Driving Experience	1
Contact No.(Mobile)	83837799	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 60 #21-75	Address 2	STRATHMORE AVENUE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	141061
Unit No.	21-75				
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	WEL TRANSPORT SERVICES LP
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		O1 Vehicle Number	PC7138K
Claim Description	PC7138K / S128223R ON 31 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Return No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/11/2018 16:21
			LIEW SHAN HUT
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1018089	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

01/11/2018 16:23

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

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NO

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NO

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Please Select

NO

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Clear

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NO

Normal

Clear

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NO

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Clear

Please Select

NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:22	SAS	Normal	SAS 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:22	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:22	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:22	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:22	Photos	Normal	Photos 2018-11-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:21	Photos	Normal	Photos 2018-11-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:21	Photos	Normal	Photos 2018-11-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Nov 2018 16:21	Photos	Normal	Photos 2018-11-1

Video List

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

Scan and uploading