

NATIONAL Assessment Centre Services

(wef 1 Jan 00)

MAY 18/14/2282

Date In: 02/11/2018 15:13	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/RO/99504	SAS e-filing		
Veh No: YN 9573J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/10/2018 14:05	I-Motor Claim Form	MT/10/8102-002	02/11/2018
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:30
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GRH 212	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:	Date:	Time:	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

<p>NA1807123</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>2 / 3:</p>	<p>Invoice Preparation Charge:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Ideal DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Ideal Mobile \$0</p>	<p>Fee Charged</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Invoice dated</p>
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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	02/11/2018 15:13
Date Of Accident	31/10/2018 14:05
Exact Location Of Accident	BLK 305 HOUGANG AVENUE 5 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9573J
Insured/Policyholder	
Name Of Registered Owner	LEA HIN COMPANY (PRIVATE) LTD
Co Reg No	196000161H
Email Address	FARFALLA@LEAHIN.COM.SG
Mobile Phone No	(LOCAL) +65-86554078
Alternative Phone No	OFFICE-64764979

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	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	5083787807-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AFIZ BIN KAMAL
NRIC No	S9127380B
Date Of Birth	05/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86554078
Fax Number	
Contact Number	OFFICE-64764979
Email Address	FARFALLA@LEAHIN.COM.SG

Address	BLK 92 HENDERSON ROAD #03-196
Postcode	150092
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	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)	2
Passenger 1	NAME: : COLLEAGUE (AHMAD) 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

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	GBH21Z
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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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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.

Lea Hin Co (Electrical Appliances) Pte Ltd

293 Alexandra Road, S(159940)

Tel: 6476-4979 6476-6945

Service Dept: 6476-6595

Fax: 6476-4565 6471-2154

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

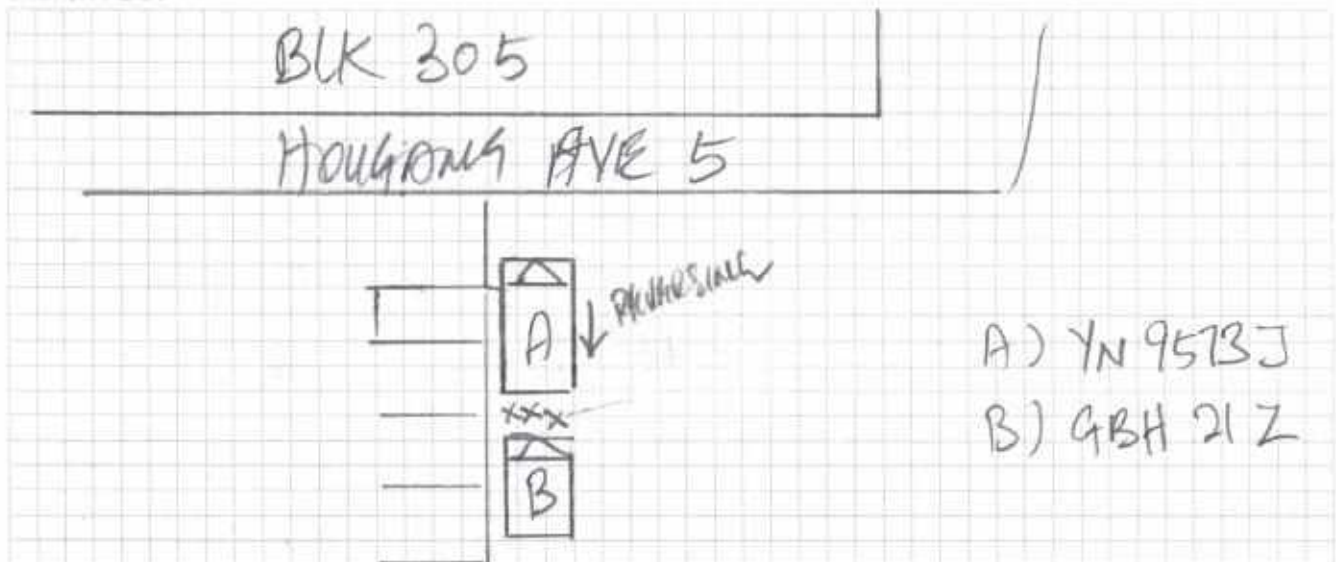
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/10/2018 AT ABOUT 14:05HRS I WAS AT BLK 305 HOUGHAM AVENUE 5 WANTED TO REVERSE MY LORRY YN9573J SO I LOOK LEFT & RIGHT & MY REVERSE CAMERA TALK IS NO VEHICLE BEHIND ME SO I REVERSE. AND AT ONE TIME I LOOK AT THE REVERSE CAMERA SUDDENLY THERE IS A VAN BEHIND ME, I STOP MY LORRY & COME DOWN & SAW THAT MY LORRY ALREADY HIT THE VAN. THE DRIVER SAY HE ALREADY HORN BUT I DID NOT HEAR ANYTHING THAT ALL.

DECLARATION

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

Lea Hin Co (Electrical Appliances) -

293 Alexandra Road, S(159940)

Policyholder's Signature 6476-6945

Date & Time: Dept: 6476-6595

Fax: 6476-4565 6471-2154

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1018102

Policy No.	5083787807-02	Vehicle No.	VN55733	GST Registration No.	M200034958
Certificate No.					
Policyholder Name	LEA HIN COMPANY (PRIVATE) LTD			Policyholder NRIC	196001261H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	01/11/2018 17:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/10/2018	Time of Accident (Approx)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 306 HOUGANG AVE 5 CARPARK				

Excess

Own Damage Excess	800.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200034958	GST Status Verified	Yes
Modification History	02/11/2018 08:42:04 Debahar Mul changed GST Registration Date from 01/01/2015 to 01/04/1994 02/11/2018 08:42:04 Debahar Mul changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	293 ALEXANDRA ROAD	Address 2	SINGAPORE 159940	Address 3	159940
Address 4		Address Type	Singapore address	Post Code	159940
Unit No.		Related Policy Number	5083787807-02		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History:

Claim 002

New

Claim Type *	DD-MX	Insured Name	LEA HIN COMPANY (PRIVATE) LTD	Insured NRIC	196001261H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	847311
Email Address		Vehicle Number	VN55733	TP Vehicle Number	GBH121
Claim Description	VN55733 / GBH121 ON 31 Oct 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Revised No. Finalisation	Yes	Revised	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	02/11/2018 15:12
Report Taken By				Date Received	02/11/2018

Print AK letter

Save Submit

Attachment

Accident No.	MT/1018102	Claim No.	002
Last Doc. Received	Yes No	Upload Date	02/11/2018 15:30
Path *		Category *	Confidential Urgency *
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
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Re
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 15:30	SAS	Normal	SAS 2018-11-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 15:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-2	

11/2/2018

Claim Handling(Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 02 Nov 2018 15:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 02 Nov 2018 15:12

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S (BUKIT MERAH)) on 02 Nov 2018 15:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 02 Nov 2018 15:12

Photos

Normal

Photos 2018-11-2

Photos

Normal

Photos 2018-11-2

Photos

Normal

Photos 2018-11-2

Photos

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Photos 2018-11-2

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Photos 2018-11-2

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Photos 2018-11-2

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Normal

Photos 2018-11-2

Video List

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9127380B



Name
MUHAMMAD AFIZ BIN KAMAL

محمد افيز بن كمال

Race
INDIAN

Date of birth
05-08-1991

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9127380B

Name
MUHAMMAD AFIZ BIN KAMAL

Birth Date 05 Aug 1991

Issue Date 14 Mar 2013




0021605867

3912659



NRIC No S9127380B



Date of issue
17-08-2006

APT BLK 82 HENDERSON ROAD #03-196
SINGAPORE 150092

NRIC No S9127380B Date: 29/01/2016

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Mar 2013

NP 428A

Licence No: S9127380B



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 : 5083787807-02

Cover : Comprehensive

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YN9573J |
| Chassis Number | : FEB21EA10420 |
| 2. Name of Policyholder | : LEA HIN COMPANY (PRIVATE) LTD |
| 3. Effective Date of Insurance | : 29 Sep 2018 |
| 4. Expiry Date of Insurance | : 28 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 16 Aug 2018 09:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive