

NATIONAL Assessment Centre Services. (ver 1 Jan 2005) *MMAY 18 11 43354*

Date In: <i>05/11/2018 16:54</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC600/0040/4</i>	SAS e-filing		
Veh No: <i>SGS 8879X</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>05/11/2018 10:30</i>	I-Motor Claim Form	<i>MT/101851-001</i>	<i>05/11/2018</i>
OID: TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>17.15</i>
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: *SKQ 5746D* 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 600000 6788 6610)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

Client/Particulars	Invoice Preparation Checklist	AMU (\$)	Wksp Bill
<i>NBA 807135</i>	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	\$40/\$45	
Contact No:	3) TP: Towing Fee	\$120	
Damaged Portion:	4) FT: Follow-Through Survey	\$30	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$75	
Auditors Comments:	6) TR: Re-inspection	\$160	
Est. 1:	7) N1: Idao DA + SMRT Survey		
2/3:	8) NTUC Additional Services:-		
	Q1:	\$5	
	*N5: Courtesy Car / Tpt Allowance	\$10	
	*N6: Repair Co-ordination	\$25	
	*N7: Post Repair Inspection	\$5	
	*N8: DV / Collect Excess Coordination	\$20	
	TP (N11): TP (Non INC) against INC	\$0	
	9) N12: Idao Mobile		
	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 judgement 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	05/11/2018 16:54
Date Of Accident	05/11/2018 10:30
Exact Location Of Accident	JUNCTION OF COMPASSVALE RD/SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8879X
Insured/Policyholder	
Name Of Registered Owner	ANG SOON WAH
NRIC No	S1287197Z
Email Address	LOHLOHJAMES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96337973
Alternative Phone No	OTHERS-91552980

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
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	5026872387-10
Cover Note Number	

Driver

Name of Driver	JAMES LOH JIE LING
NRIC No	S9040024Z
Date Of Birth	24/10/1990
Occupation	INDOOR
Date Of Driving Pass	21/03/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-91552980
Fax Number	
Contact Number	OTHERS-96337973
EMail Address	LOHLOHJAMES@GMAIL.COM

Address BLK 470A UPPER SERANGOON CRESCENT
 #13-318
 Postcode 531470
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - SON IN LAW
 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? 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? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ5746D
 Vehicle Make/Model/Colour HONDA CITY
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver PAULINE CHUA HEE KUAN
 NRIC/Passport Number S7413971Z
 Contact Number 92966663
 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)**

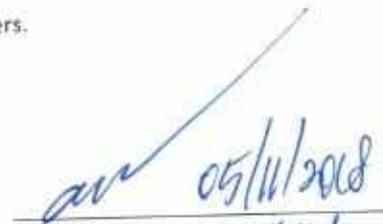
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature
Date & Time:



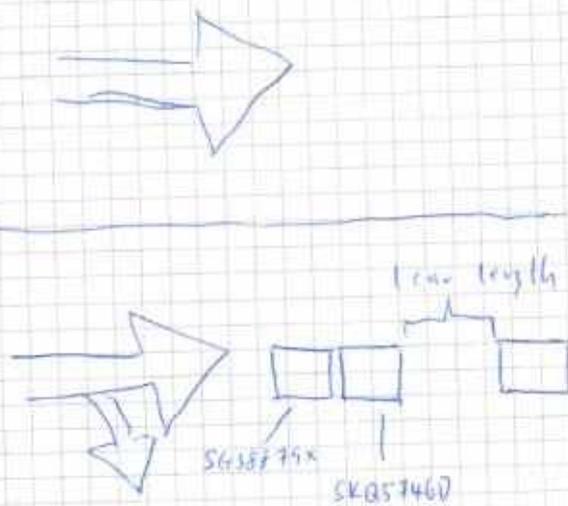
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1552
5 Nov 18



Reporting Centre Personnel's Signature
Name: Reski W. H. H. B. B.
NRIC/FIN No.:

SKETCH PLAN (scenario when all cars stopped)

East Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along longkang East Ave, maintaining 2 to 3 car distance away from the car in front. She braked once (as seen in the video) and I noticed her right brake light was not working. She was tailgating the car in front of her so I kept my distance away. Suddenly, upon approaching the traffic light (green light, amber arrow), the car in front of her slowed down/stopped. She emergency braked and I followed suit, however my car coast to a stop and there was a slight bump/contact with her car. She insisted that a dent behind a car was caused by us even though the dent is way higher than what my car can reach (video & photo). She immediately insisted on claiming from insurance aggressively. She tried to take a photo of the front car and the front car driver came down to scold her for being a road driver.

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: 1552
5 Nov 18

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

Claim Handling

Accident MT/1018511

Policy No.	5026872387-10	Vehicle No.	SGS8879X	OST Registration No.	
Certificate No.				Policyholder NRIC	S1267197Z
Policyholder Name	ANG SOON WAH	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96337973	Special Remark		eCode	No
Email Address		TCA	e No Yes	eCode Reason	No
KTK	e No Yes	NCD Exemption(%)	50	Private Hire	No
NCD Protection	Yes				

Accident Details

Report Date	05/11/2018 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/11/2018	Time of Accident (hh:mm)	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF COMPASSVALE RD/SENGKANG EAST AVT				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	300.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	27 MOUNT FABER ROAD	Address 2	#07-02 MOUNT FABER LODGE	Address 3	SINGAPORE 099200
Address 4		Address Type	Singapore address	Post Code	099200
Unit No.		Related Policy Number	5026872387-10		

D1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/10/1990
Unnamed driver Name	JAMES LOH JIE LING	Driver NRIC	S9040024E	Driving Experience	6
Register Date of Driver License	24/03/2012	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	91552980	Contact No.(Office)		Address 1	HOUSANG PARKVIEW
Address 1	BLK 470A #13-318	Address 2	UPPER SERANGOON CRESCENT	Post Code	531470
Address 2	SINGAPORE 531470	Address Type	Foreign address	Driver Insurer Company	NTUC
Unit No.	L3-318				
Does he own a Singapore Registered car?	Yes e No	Driver Vehicle No.	SGS8879X		

Declaration

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

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	ANG SOON WAH	Insured NRIC	S1267197Z
Contact No.(Mobile)	96337973	Contact No.(Home)	63747365	Contact No.(office)	
Email Address	ackweelee@yahoo.com.sg	Vehicle Number	SGS8879X	TP Vehicle Number	SKQ57
Claim Description	SGS8879X / SKQ574ED ON 3 Nov 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	05/11/2018 17:15
Date Registered				Date Received	05/11/2018
Report Taken By	ROSJI WAHAB				

Print AX letter

Attachment

Accident No.	MT/1018511	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/11/2018 17:15
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

Attachment	Uploaded By/Data	Category	Urgency	Description
		Photos	Normal	Photos 2018-11-5

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 11 / 2018) (DD/MM/YYYY), TIME: (11 : 29) (HH:MM)

LOCATION: Traffic light at Ampasvale rd & Seaylang Exp Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG38879X
- b) INSURANCE COMPANY: WFL Income
- c) POLICY NUMBER: 5026572387-10
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MITUBISHI LANCER
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Personal Travel
- 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: Ang Soon Wih (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S12871973 CONTACT: 96557973
- c) ADDRESS: 27 Mount Filer Rd., Mount Filer Lodge, #07-02, 5079200

Conductor (M)

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: James Lok Jie Ling (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S90420242 CONTACT: 91552980
- c) ADDRESS: 470A Upper Seaylang Crescent, #12-34, 531870

No of passenger (including driver) (2)

*d) DATE OF BIRTH: (27 / 10 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 Mar 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son in Law

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKQ25746P MODEL: Honda City
- b) DRIVER'S NAME: Pauline Chan Hwe Kuan
- c) NRIC/FIN/PASSPORT: S74139212 CONTACT: 92966883

No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (including driver) ()

email = LOMLOH JAMES@GMAIL.COM

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9040024Z




Name
JAMES LOH JIE LING

卢杰领

Race
CHINESE

Date of birth
24-10-1990

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9040024Z

Name
JAMES LOH JIE LING

Birth Date: 24 Oct 1990

Issue Date: 21 Mar 2012




DRIVER

3790483



NRIC No. S9040024Z



Date of issue

APT BLK 470A UPPER SERANGOON CRESCENT #13-318
SINGAPORE 531470

NRIC No: S9040024Z Date: 20/09/2017

SINGAPORE 880960

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 21 Mar 2012



NP 420A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1287197Z



Name
ANG SEON WAH
洪純華

Place
CHINESE

Date of Birth
19-01-1930

Sex
F

Country of Birth
SINGAPORE



owah

0064741



NIC No. S1287197Z



Race Group
A+

Date of issue
11-04-1993

Address
27 MOUNT PAGAR ROAD
#07-02
SINGAPORE 0409

L. 099200 1

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: 5026872387-10

Cover : Third Party, Fire & Theft

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SG58879X |
| Chassis Number | : JMYSTCS3A7U008214 |
| 2. Name of Policyholder | : ANG SOON WAH |
| 3. Effective Date of Insurance | : 27 Mar 2018 |
| 4. Expiry Date of Insurance | : 26 Mar 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 9S 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	: ANG SOON WAH
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 : INCOME-CUSTOMER DEPT (00000600002)

Date of Issue : 28 Feb 2018 20:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418143354 Vehicle Registration No: 84S 8879X

Name (as shown in NRIC) : JAMES LOH NRIC/FIN/Passport No : S90400242

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 91552980

Email Address : _____

Date of Accident : 05/11/2018 Time of Accident : 10:30

Place of Accident : JUNCTION OF COMPASSVALE RD / SKULSKODANG EAST PARK

Insurance Company : MALC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY DRIVER NAME TO PAULINE CITRA HERA KUAN.

Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No: _____
 Date: 05/11/2018