

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 118146136.

Date In: 12/11/18 13:39	Job description	Date & Time Completed	Done by
Ref No: MA11MC18020425164	SAS e-filing		
Veh No: SLA 598P U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/11/18 13:10	I-Motor Claim Form	MT11019405-001	12/11/18 17:01
OD / (TP) 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: SLH 8737 X	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 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

MA1807325	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	12/11/2018 13:39
Date Of Accident	11/11/2018 13:10
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5988U
Insured/Policyholder	
Name Of Registered Owner	NG WEI SOON
NRIC No	S7965065Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90900515
Alternative Phone No	OFFICE-90900515

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102802769
Cover Note Number	-

Driver

Name of Driver	NG WEI SOON
NRIC No	S7965065Z
Date Of Birth	15/05/1979
Occupation	INDOOR
Date Of Driving Pass	28/12/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90900515
Fax Number	
Contact Number	OFFICE-90900515
EMail Address	NOEMAIL

Address	BLK 435B FERNVALE RD #14-216
Postcode	792435
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	CHAIN COLLISION
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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 ATTACHED STATEMENT.

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	SLH8737X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKX7641Y

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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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: 12/11/18
11:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/18
11:50am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Paya
Lebur
RD



DOA: 11/11/18
A: SLA 5988U
B: SLH 8737X
C: SKX 7641Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle stationary due to the ft
car stopped, I looked at the rear mirror, veh B
also stopped stationary but veh C failed to
brake in time hit onto my veh B rear portion
due to the strong impact Veh B moved
forward & hit my veh rear portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

12/11/18

11:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/11/18

11:50am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars

Date of Accident: 11/11/18 Time of Accident: 1310 hrs
Exact Location of Accident: Paya Lebar Rd
Owner's Name: Ng Wei Soon NRIC No: S7915065Z HP No: 90900515
Driver's Name: _____ NRIC No: _____ HP No: _____
Date of Birth: 15/5/1979 Driving Licence Passing Date: 28/12/2009 Occupation: Indoor / Outdoor
Address: BK 435B Fernvale Rd #14-216 (792435)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SLA 59881 Make & Model: Honda
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5102802769

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 2 B: 1 + 1 C: 1 + 0 D: _____
woman boy woman

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SLM 8737X Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: SKX 76414 Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 3 Motor Car <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A



License No: S7965065Z



NRIC No: S7965065Z



APT BLK 4368 FERNVALE ROAD #14-218
SINGAPORE 792435
NRIC No: S7965065Z
Date: 11/01/2015 (R)

Nationality
MALAYSIAN

Date of Issue
04-02-2009

REPUBLIC OF SINGAPORE DRIVING LICENSE



License Number
S7965065Z

Name
NG WEI SOON

Birth Date: 15 May 1979
Issue Date: 28 Dec 2009



GLOBEFOUNDRIES
PSD

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7965065Z



Name

NG WEI SOON

Race
黄伟顺

Ethnicity
CHINESE

Date of Birth
15-05-1979

Country of Birth
MALAYSIA

Sex
M



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: 5102802769

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLA5988U

2. Chassis Number

: RU31115145

3. Name of Policyholder

: Ng Wei Soon

4. Effective Date of Insurance

: 01 Aug 2018

5. Expiry Date of Insurance

: 03 Aug 2019

6. 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.

7. 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)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: NG WEI SOON

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: THONG LEE TRADING (PTE) LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

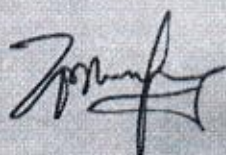
: THONG LEE TRADING PTE LTD (00000613251)

Date of Issue

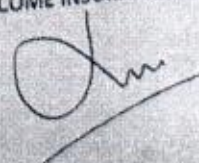
: 03 Aug 2018 14:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1019405

Policy No.	5102802769	Vehicle No.	SLA5988U	GST Registration No.	
Certificate No.					
Policyholder Name	Ng Wei Soon			Policyholder NRIC	S79651
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90900515	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(%)	20	Private Hire	No

➤ Accident Details

Report Date	12/11/2018 16:57	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	11/11/2018	Time of Accident hh:mm	13:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD				

➤ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

➤ Benefits

➤ GST Registered Information

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

➤ Policyholder Mailing Address

Address 1	BLK 435B #14-216	Address 2	FERNVALE ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	792431
Unit No.		Related Policy Number	5102802769		

➤ O1 Driver Info

Driver Name	NG WEI SOON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S79650652	Driver DOB	15/05/
Register Date of Driver License	28/12/2009	Driver Age	39	Driving Experience	8
Contact No.(Mobile)	90900515	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 435B #14-216	Address 2	FERNVALE ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	792431
Unit No.					
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	Ng Wei Soon
Contact No.(Mobile)	90900515	Contact No. (Home)	
Email Address	jwts_4600@hotmail.com	O1 Vehicle Number	SLA5988U
Claim Description	SLA5988U / SLH8737X ON 11 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/11/2018 17:01
			LIEW SHAN HUI

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1019405	Claim No.	001
--------------	------------	-----------	-----

11/12/2018

Claim Handling(claim reporting Claim Task)

Last Doc. Received

Yes

No

Upload Date

12/11/2018 17:01

Path

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

Normal

Clear

Please Select

NO

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NO

Normal

Clear

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NO

Normal

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NO

Normal













Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	SAS	Normal	SAS 2018-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	Photos	Normal	Photos 2018-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	Photos	Normal	Photos 2018-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	Photos	Normal	Photos 2018-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	Photos	Normal	Photos 2018-11-12
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	Photos	Normal	Photos 2018-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 17:01	Photos	Normal	Photos 2018-11-12

Video List

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