

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **MNA118146970.**

Date In: 13/11/18 13:39	Job description	Date & Time Completed	Done by
Ref No: MNA11818020500164	SAS e-filing		
Veh No: 56J 99808	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/11/18 20:50	i-Motor Claim Form	MT/1019601-001	13/11/18 15:43
OD: <input checked="" type="checkbox"/> 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: SLE 9178T	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 repaler.

() 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

NA1807435		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)			
Cat. 1:		6) TR: Re-Inspection \$75			
Cat. 2/3:		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		Q1*			
		*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 (Non INC) against INC \$20			
		9) N12: Idao 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	13/11/2018 13:38
Date Of Accident	12/11/2018 20:50
Exact Location Of Accident	CTE TWDS SLE IN BETWEEN CHIN SWEE & KG JAVA TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9980B
Insured/Policyholder	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94501989
Alternative Phone No	OFFICE-94501989

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093489587-01
Cover Note Number	-

Driver

Name of Driver	ASHTON GABRIEL HARAN
NRIC No	S8814861D
Date Of Birth	07/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85711607
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 642D PUNGGOL DRIVE #08-377
Postcode	824642
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	AFTER RAINED
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	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

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	SLE9178T
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 ASHTON GABRIEL HARAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ9980B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:

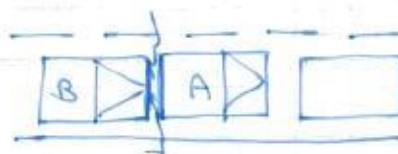
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTE TOWARDS SLE / IN-BETWEEN
CHIN SWEE TUNNEL / KAMPONG JAVA TUNNEL

VEHICLE A - SGJ 9980B

VEHICLE B - SLR 9178T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT AHEAD CTE TOWARDS SLE DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE WHEN I WAS IN-BETWEEN (CHIN SWEE TUNNEL AND KAMPONG JAVA TUNNEL) DUE TO THE VEHICLE IN FRONT BRAKE TO COMPLETE STOP, I TOO APPLIED BRAKE TO COMPLETE STOP, WHICH SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SLE 9178T) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SGJ 9980B

VEHICLE B - SLR 9178T

2

DECLARATION
I/We declare the following 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.:

Vehicle No.	SAS 99808	Model / Make	TOYOTA WISH
Date of Accident	12/11/2018		
Time of Accident	2050	HRS	
Location of Accident	CTE TOWARDS SLR IN-BETWEEN CHIN SWEE TUNNEL		
Exact purpose use during accident	PRIVATE USE		AND KAMPONG JAYA TUNNEL
Name of Owner	AUTO 51 LAMSIH PTE LTD		
Telephone No.	H/P: 9450 1989	Home :	Office :
NRIC	2016 32910R		
Address	15 YISHUN INDUSTRIAL ST 1 #01-05 W15 S(768091)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	S 093489587 - 01		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	NMC		
Name of Driver	As Above If <u>No</u>	ASHTON GABRIEL HARAN	
NRIC	S8814861D	Any Passengers : 3 (2 FEMALE 1 MALE)	
Date of birth	07/05/1988	SABESTIAN ONG - MALE	
Occupation	Outdoor / Indoor	CHARMING OBLIGATION - FEMALE WIFE	
Driving License Pass Date	09 MAY 2013	ANALIS TAY - FEMALE	
Gender	Male / Female		
Contact No.	H/P: 8571 1607	Home :	Office :
Address	BLK 642 D PUNGKOL DRIVE #08-377 S(824642)		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state RENTAL / LEASING	
Weather condition	Clear	Raining Other AFTER RAIN	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who? MONITORING / PENDING	
Name And Contact No.	ASHTON GABRIEL HARAN 8571 1607 / CHARMING OBLIGATION 9387 6107		
Name And Contact No.	SABESTIAN ONG 8322 9414 / ANALIS TAY 9761 7696		
Police Report	<u>No</u>	If Yes, Where?	
Vehicle B No.	SLR 9178 T	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S8814861D**

Name: **ASHTON GABRIEL HARAN**

Birth Date: **07 May 1988**

Issue Date: **25 Feb 2016**

002540920C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8814861D

Name: **ASHTON GABRIEL HARAN**

Race: **INDIAN**

Date of birth: **07-05-1988**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S8814861D





Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S8814861D**

Name: **ASHTON GABRIEL HARAN**

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




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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 09 May 2013

NP 428A

Licence No: S8814861D



5954519

NRIC No. S8814861D


Date of issue: **21-05-2018**

Address: **APT BLK 642D PUNGGOL DRIVE #08-377 SINGAPORE 824642**




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	04/05/2018



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: 5093489587-01

Cover : drive CLASSIC

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : 5GJ9980B |
| Chassis Number | : ZNE100300484 |
| 2. Name of Policyholder | : AUTO 51 LEASING PTE LTD |
| 3. Effective Date of Insurance | : 22 Jun 2018 |
| 4. Expiry Date of Insurance | : 21 Jun 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
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

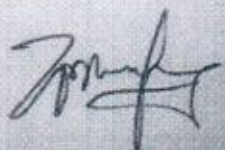
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)

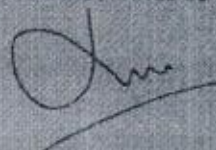
Date of Issue : 12 Mar 2018 08:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1019601

Policy No.	5093489587-01	Vehicle No.	SGJ99808	GST Registration No.	
Certificate No.					
Policyholder Name	AUTO 51 LEASING PTE LTD			Policyholder NRIC	20163
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94501989	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	13/11/2018 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/11/2018	Time of Accident hh:mm	20:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWD& SLE IN BETWEEN CHIN SWEE & KG JAVA TUNNEL				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	76809
Unit No.	02-06	Related Policy Number	5093489587-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ASHTON GABRIEL HARAN	Driver NRIC	S8814861D	Driver DOB	07/05/
Register Date of Driver License	04/05/2018	Driver Age	30	Driving Experience	0
Contact No.(Mobile)	85711607	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 642D #08-377	Address 2	PUNGGOL DRIVE	Address 3	THE MI
Address 4	SINGAPORE 824642	Address Type	Singapore address	Post Code	82464
Unit No.	08-377				
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?	No Yes		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AUTO 51 LEASING PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	SGJ99808
Claim Description	SGJ99808 / SLE9178T ON 12 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	13/11/2018 15:43
			LIEW SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1019601	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

13/11/2018 15:43

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

Category *		Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	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 13 Nov 2018 15:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2018 15:43	SAS	Normal	SAS 2018-11-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2018 15:43	Photos	Normal	Photos 2018-11-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2018 15:43	Photos	Normal	Photos 2018-11-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2018 15:43	Photos	Normal	Photos 2018-11-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2018 15:43	Photos	Normal	Photos 2018-11-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2018 15:43	Photos	Normal	Photos 2018-11-13

Video List

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