

NATIONAL Assessment Centre Services. [ver 1 Jan'03] **MMA 11814 7928.**

Date In: 15/11/18 11:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020691/164.	SAS e-filing		
Veh No: SJR 2232 X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/11/18 17:45.	I-Motor Claim Form	MT/1019953-001	15/11/18 16:01
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: YN 44-7 P.	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

NA 1807470	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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 (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non 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	15/11/2018 11:45
Date Of Accident	14/11/2018 17:45
Exact Location Of Accident	UBI RD 3 JUNCTION WITH UBI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2232X
Insured/Policyholder	
Name Of Registered Owner	CAR41 PTE. LTD.
Co Reg No	201541640H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67023121

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT
Exact Purpose for which vehicle was being used at time of accident	GOING BACK OFFICE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5076230393-02
Cover Note Number	-

Driver

Name of Driver	LAVONE ASHLIE
NRIC No	S8607024C
Date Of Birth	18/03/1986
Occupation	INDOOR
Date Of Driving Pass	30/11/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87877719
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 430B YISHUN AVE 11 #06-408
Postcode	762430
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	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	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

I STOP AT THE TRAFFIC JUNCTION OF UBI RD 3 & UBI AVE 2. WHEN THE LIGHT TURN GREEN, VEH INFRONT OF ME MOVING AND STOP BEFORE THE PEDESTRIAN CROSSING. AS SUCH I STOP BEHIND THE VEH, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO YN4407P) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	YN4407P
Vehicle Make/Model/Colour	
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

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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.:

Ubi Ave 2

A

B

Ubi Rd 3

A = SJR 2232x

B = YN 4407f

$$B = YN 4407 \beta$$

Ubi: Rel 3

Please Refer to Statement

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



Date & Time:

espe

[Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8607024C**

Name: **LAVONE ASHLIE**

Birth Date: **18 Mar 1986**

Issue Date: **30 Nov 2015**

002498700K

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8607024C**

Name: **LAVONE ASHLIE**

林佩颖

Race: **CHINESE**

Date of birth: **18-03-1986** Sex: **F**

Country of birth: **SINGAPORE**

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE: **30 Nov 2015**

NP 426A



4841529

NRIC No: **S8607024C**

Date of issue: **21-03-2012**

APT BLK 430B YISHUN AVENUE 11 #08-408
SINGAPORE 762430

No: **S8607024C** Date: **08/06/2015**



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 : 5076230393-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder : CAR41 PTE. LTD.

3. Effective Date of Insurance : 08 Dec 2017

4. Expiry Date of Insurance : 07 Dec 2018

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 6
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

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 : 04 Dec 2017 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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"/>	5076230393-02		CAR41 PTE. LTD.	201541640H	GMT	Third Party		KELVIN TAN CHUN KEONG/S8110425E_DARRICK TAN CHUN TIEN/S7823464D_TAN KOK SIN/S7047694J_SIM KWEE KANG/S7926877A_LAVONE ASHLIE/S8607024C_SIM POH CHYE LEONARD (SHEN BAOCAI LEONARD)/S7422309E	08/12/2017	07/12/2018

Claim Handling

Accident MT/1019953

Policy No.	5076230393-02	Vehicle No.		GST Registration No.	20154
Certificate No.					
Policyholder Name	CAR41 PTE. LTD.			Policyholder NRIC	20154
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	5JH2232X	Motor Trade Driver Name	LAVONE ASHLIE	Motor Trade Driver NRIC	586070
Contact No.(Mobile)	67023121	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(%)	15	Private Hire	No

Accident Details

Report Date	15/11/2018 15:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/11/2018	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI RD 3 JUNCTION WITH UBI AVE 2				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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	15/08/2017
GST Registration No.	201541640H	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-15 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408891
Unit No.	04-15	Related Policy Number	5105117767		

D1 Driver Info

Driver Name	LAVONE ASHLIE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	58607024C	Driver DOB	18/03/1986
Register Date of Driver License	30/11/2015	Driver Age	32	Driving Experience	2
Contact No.(Mobile)	87877719	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 430B #06-40B	Address 2	YISHUN AVENUE 11	Address 3	ORCHARD
Address 4	SINGAPORE 762430	Address Type	Singapore address	Post Code	762430
Unit No.	06-40B				
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop No. Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

Contact No. (Home)

01 Vehicle Number

/ YN4407P ON 14 Nov 2018

Insured Liability

Preferred Repair Option

GIA report

Received

15/11/2018 16:00

Claim Close Date

LIEW SHAN HUI

Save

Submit

Attachment

11/15/2018

Claim Handling(accident reporting Claim Task)

Accident No:

MT/1019953

Claim No:

001

Last Doc. Received

Yes

No

Upload Date

15/11/2018 16:01

Path *

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

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No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

Please Select

NO

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NO

Normal

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NO

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NO

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NO

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Normal

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Nov 2018 16:01

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-11-15

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Nov 2018 16:01

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15 Nov 2018 16:01

Photos

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Photos 2018-11-15

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Photos 2018-11-15

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading