

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 118 158291

Date In: 7/12/18 - 13:49	Job description	Date & Time Completed	Done by
Ref No: NA/11618022024/24	SAS e-filing		
Veh No: JKA 2139 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/12/18 - 19:12	i-Motor Claim Form		
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: Vch No: JMD 4417 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

NA180807	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		for Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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) N1: Idac 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: Idac 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	07/12/2018 13:49
Date Of Accident	06/12/2018 19:10
Exact Location Of Accident	SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ2139B
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994655
Cover Note Number	

Driver

Name of Driver	LEE ENG NAH (LI YINGNA)
NRIC No	S7927891B
Date Of Birth	08/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87421403
Fax Number	
Contact Number	OFFICE-87421403
Email Address	NOEMAIL

Address	BLK 2 SPOONER ROAD #05-56
Postcode	168790
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMD4417 (PRIVATE CAR)
Number of vehicles involved in the accident	2
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181207/2026.

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	JMD4417
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)
Passenger 1

2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name	LEE ENG NAH (LI YINGNA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKQ2139B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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.

Maric & Partners Pte Ltd

Co Reg No 201620701N

9 Tagore Lane #03-04

Singapore 787472

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

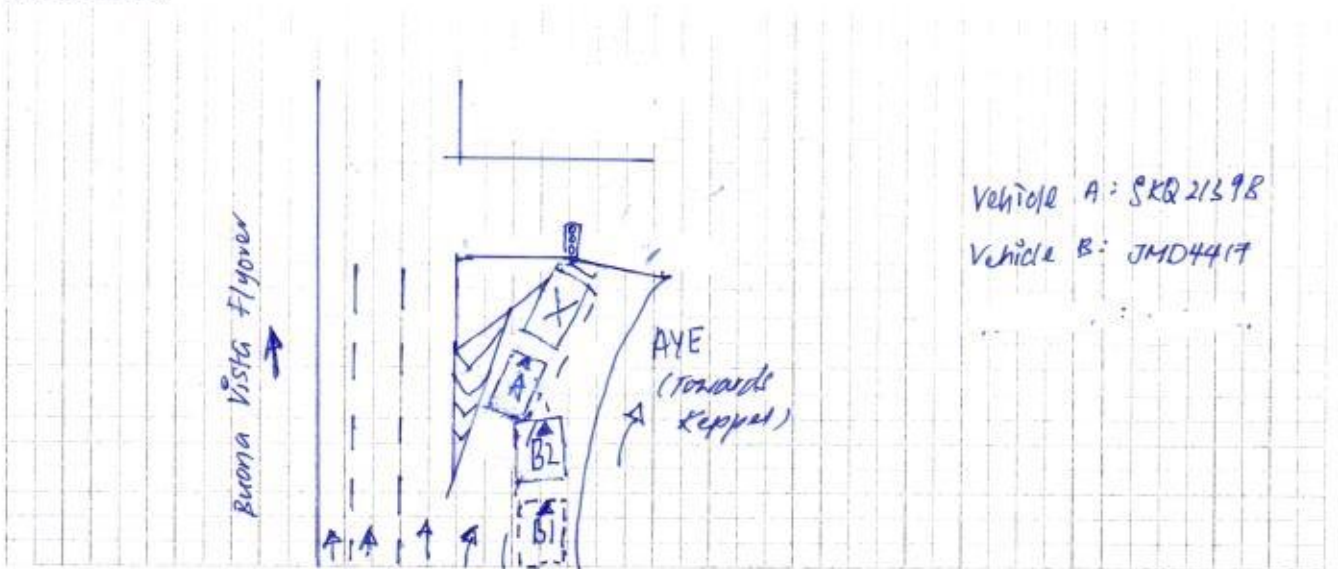


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police Report

DECLARATION

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

Maric & Partners Pte Ltd

Co Reg No 201620701N

9 Tagore Lane #03-04

Policyholder's Signature 472

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 06/12/2018 (DD/MM/YYYY), TIME: 19:10 (HH:MM)

LOCATION: Along Road 1 South Buona Vista Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 21398
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: Maric & Partners Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201620701N CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Eng Nah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S79278918 CONTACT: 87421453
 c) ADDRESS: Blk 2 Spooner Road #05-56 S(168790)

- * d) DATE OF BIRTH: 08/09/1979 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JMD4417 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
(Including driver)
(3)

male
1 female

No of passenger
(Including driver)
(2)

No of passenger
(Including driver)
()

100-25, 51 Ubi Ave
S(408933)

Email = REPORTINS@TOPQUE5.com
 Fax = 6452 4584

kpwwincent

* kpwwincent@gmail.com

urgent our lawyer asking for the report.

87461703
 87427613



SINGAPORE POLICE FORCE



T/20181207/2026

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20181207/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 09:57	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: LEE ENG NAH		Address: APT BLK 2 SPOONER ROAD #05-56 SINGAPORE 168790	
ID Type / ID No.: NRIC NO / S7927891B		Contact No.: Home/Office: Mobile: 87421403	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 39	Date of Birth: 08/09/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales and related associate professional nec		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 06/12/2018 19:10	Type of Location: Slip road
Location: Along Road 1 SOUTH BUONA VISTA ROAD After NUH Medical Centre exit Lamp Post Number: 84				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMD4417	Car	PROTON	Saga	White	Slightly Damaged	1
SKQ2139B	Car	TOYOTA	Wish	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20181207/2026

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20181207/2026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ2139B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	9999994655	25/04/2018	24/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEE ENG NAH		ID No.	S7927891B
Related Vehicle	NIL		Contact No.	87421403
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ABD RAHIM BIN ABD TALIB		ID No.	600202-04-5629
Related Vehicle	NIL		Contact No.	+601121892827
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 6th Dec 2018 at about 7.10pm, my car was stationary on the left lane at the traffic junction at South Buona Vista flyover, as it was red light. From my right side view mirror, I saw one car driving from the right to left lane. Suddenly, I saw it skid and it hit on my rear. As a result, the rear left of my vehicle was dented. I am not sure what damages does the other car sustain. Both of us did exchange particulars and I will be claiming insurance. I am currently experiencing back aches and my pain on my left wrist. I will seek medical attention later. That is all.

A



**SINGAPORE
POLICE FORCE**



T/20181207/2026

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20181207/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt NOOR ADNIN BINTE SAINAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/12/2018 09:57

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7927891B**

Name
**LEE ENG NAH
LI YINGNA**

Birth Date: **08 Sep 1979**
Issue Date: **29 May 2015**

002432876E

00

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7927891B**

Name
**LEE ENG NAH
(LI YINGNA)**
李英娜

Race
CHINESE

Date of birth **08-09-1979** Sex **F**

Country of birth
SINGAPORE

37927891B

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

NP 428A

Licence No: **S7927891B**

002432876E

NRIC No. **S7927891B**

Date of issue
27-11-2012

APT BLK 2 SPOONER ROAD #05-56
SINGAPORE 168790
NRIC No: **S7927891B** Date: **05/03/2013** No: **7141794**



HOTLINE TEL: (65) 6419-3000

FAX: (65) 6415-3723

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)

M.Z.400

(The below excess is subject to GST)

COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$1000.00 (Sect I)
CERTIFICATE NO.	SKQ2139B	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994655		

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKQ2139B

MARIC & PARTNERS PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

25 April 2018

4) DATE OF EXPIRY OF INSURANCE

24 April 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

S\$1,000.00 Section I Excess and S\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

S\$2,000.00 Section I Excess and S\$2,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.

The policy does not cover drivers who are below 21 years old or less than 1 year driving experience.

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) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY TAI THONG LEE TRADING PTE LTD

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

AIG Asia Pacific Insurance Pte. Ltd.

Issued in Singapore 12 Apr 2018

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL