

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MINA419000511

Date In: 02/01/2009 15:33	Job description	Date & Time Completed	Done by
Ref No: NBA/INC190000584	SAS e-filing		
Veh No: SGY 6715T	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 02/01/2009 08:45	1-Motor Claim Form	m/1026024/001	02/01/2009 16:34
OID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: SGY 1111M	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:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time:	Location:

NA1900037	
Client's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damage Portion:	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idan DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (NI): TP (N-in INC) against INC \$20
	9) NI 2: Idan 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	02/01/2019 15:33
Date Of Accident	02/01/2019 08:45
Exact Location Of Accident	BLK 16 MARINE CRESCENT MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6775T
Insured/Policyholder	
Name Of Registered Owner	LEE HANG SIN (LI HANXING)
NRIC No	S8009394B
Email Address	HANXING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91861168
Alternative Phone No	OTHERS-98293319

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	VISITING KIDS SCHOOL DURING RECESS
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	5061865437-05
Cover Note Number	

Driver

Name of Driver	NEO AIWEI (LIANG AIWEI)
NRIC No	S8201449G
Date Of Birth	10/01/1982
Occupation	INDOOR
Date Of Driving Pass	15/11/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98293319
Fax Number	
Contact Number	OTHERS-91861168
Email Address	NEO.AIWEI@GMAIL.COM

Address	22 FIRST STREET
Postcode	458292
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	2
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU1111M
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TONG WEISHAN
NRIC/Passport Number	S8610810J
Contact Number	92397796
Address	50 AMBER ROAD #16-06
Postcode	439888
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**.
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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:

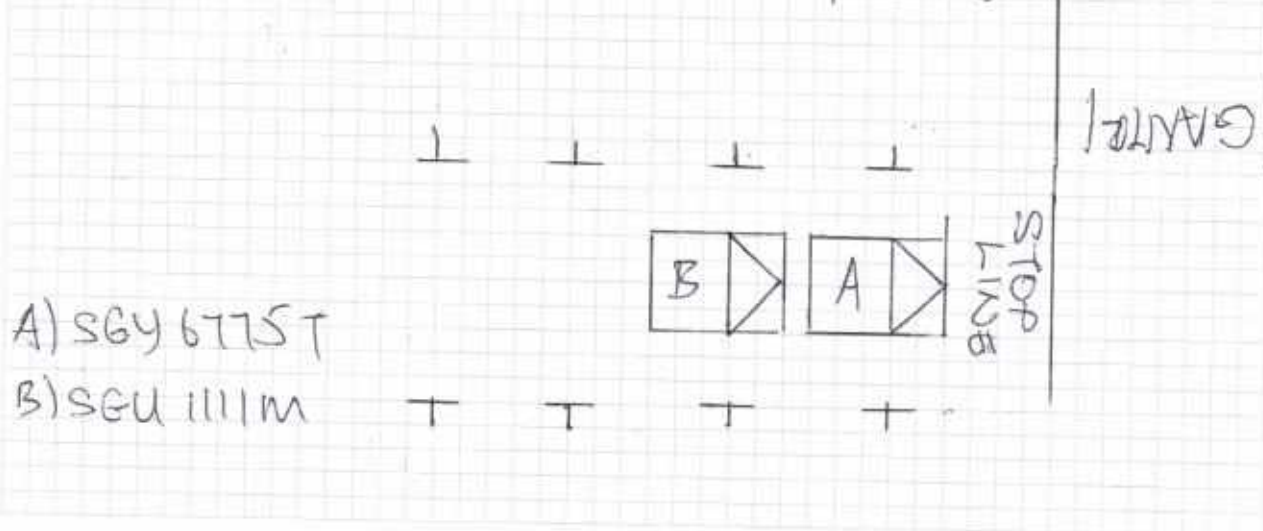
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN BIK 16 MARINE CRASHOUT MULTI STORY CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the stop line giving way to cars entering the car park on my left.

Vehicle SGU 1111M came from my rear and banged into my car while I was stationary.

We came down and exchanged particulars and took photos while our vehicle was still in position.

The driver - Tong Weishan told me to claim her insurance.

DECLARATION

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

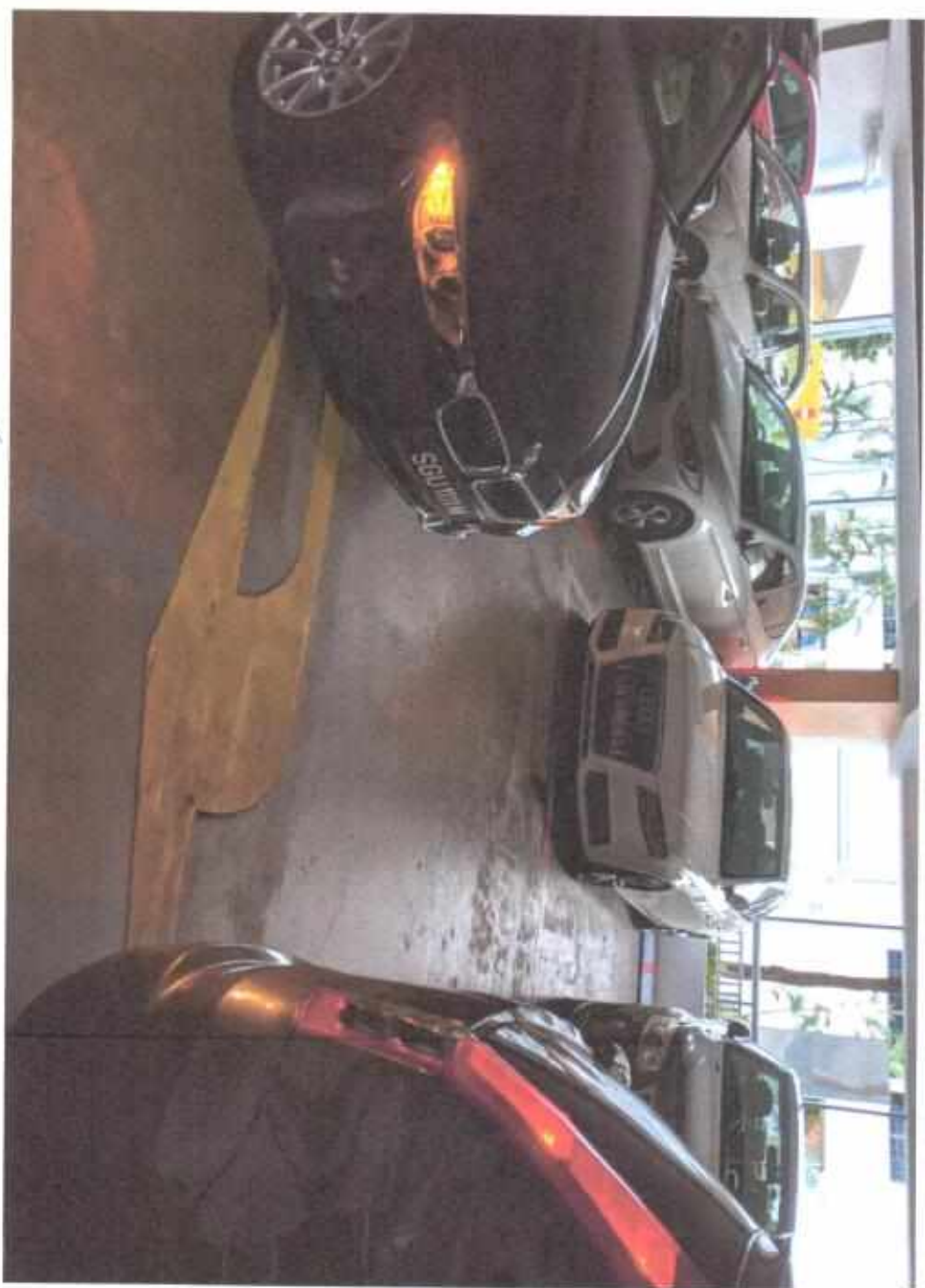
Policyholder's Signature
Date & Time:

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

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

02/01/2018

Res. Lian



gm
02/01/2018
Park unthos

Claim Handling

Accident MT/1026024

Policy No.	5061865437-05	Vehicle No.	SGY6775T	GST Registration No.	
Certificate No.					
Policyholder Name	LEE HANG SIN (LI HANXING)	Cover Type	drive CLASSIC	Policyholder NRIC	58009294B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91861168	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No *
KPK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private ring	No
Accident Details					
Report Date	02/01/2019 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/01/2019	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 16 MARINE CRESCENT MULTI STOREY CARPARK				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	22 FIRST STREET	Address 2	EAST COAST PARK	Address 3	SINGAPORE 458292
Address 4		Address Type	Singapore address	Post Code	458292
Unit No.		Related Policy Number	5061865437-05		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/01/1982
Unnamed Driver Name	NEO AIWEI (LIANG AIWEI)	Driver NRIC	98201449G	Driving Experience	8
Register Date of Driver License	15/11/2012	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	98293319	Contact No.(Office)		Address 3	SINGAPORE 458292
Address 1	22 FIRST STREET	Address 2	# EAST COAST PARK	Post Code	458292
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SGY6775	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim ID: 001

New

Claim Type *	OD-PKX *	Insured Name	LEE HANG SIN (LI HANXING)	Insured NRIC	58009294B
Contact No.(Mobile)	91861168	Contact No.(Home)	95239390	Contact No.(Office)	
Email Address	hanxing@gmail.com	CI	SGY6775T	TP	SGU11
Claim Description	SGY6775T / SGU1111M ON 2 Jan 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Estimate No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	02/01/2019
Report Taken By				Date Received	02/01/2019
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1026024	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2019 16:34		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	ND *	Urgency *
Choose File	No file chosen	Clear	Please Select	ND *	Normal *
Choose File	No file chosen	Clear	Please Select	ND *	Normal *
Choose File	No file chosen	Clear	Please Select	ND *	Normal *
Choose File	No file chosen	Clear	Please Select	ND *	Normal *
Choose File	No file chosen	Clear	Please Select	ND *	Normal *
Message Read		Clear	Please Select	ND *	Normal *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_300676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34		Photos	Normal	Photos 2019-1-2	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:34	SAS	Normal	SAS 2019-1-2

Video List

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

Address

Postcode

SINGAPORE ACCIDENT STATEMENT

Was driver an employee of the Insured's Company

IMPORTANT NOTICE

If No, Relationship of the Driver with the Insured

1. Please report correctly the details of the accident to speed up the claims process.

2. This report must be submitted 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 ability.

4. The Insurance Company of Driver's Own Vehicle 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.

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7. By submitting this report, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Type Of Accident

Weather Conditions

ACCIDENT STATEMENT

Date Of Report 2-Jan-2019

Date Of Accident / Time 8:50am

Exact Location Of Accident Marine Crescent, Multi storey carpark B1k 1b

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SEY 6715T

Insured/Policyholder Lee Hang Sin

Name Of Registered Owner / company Lee Hang Sin

NRIC No / CO-REG NO. S8009394B

Email Address hanxng@gmail.com

Mobile Phone No 91861168

Alternative Phone No 98293319

Vehicle Particulars

Manufacturer Honda

Model Stream

Exact Purpose for which vehicle was being used at time of accident

Visiting kid's school - Tao Nee School during recess

Are you claiming under your own insurance policy for repair to your vehicle?

third party

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company NTHC

Type Of Coverage

Fleet Policy

Policy Number 5061865437-05

Cover Note Number

Driver

Name of Driver NEO Aiwei

NRIC No S82014496

Date Of Birth 10-1-82

Occupation internal auditor

Date Of Driving Pass 15-11-2012

Driving Experience 8 years

Gender F

Mobile Number 98293319

Fax Number

Contact Number

EMail Address neo.aiwei@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8201449G



Name

NEO AIWEI
(LIANG AIWEI)

梁艾薇

Race

CHINESE

Date of birth

10-01-1982

Sex

F

Country of birth

SINGAPORE



S8201449G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8201449G

NEO AIWEI
(LIANG AIWEI)

Birth Date 10 Jan 1982

Issue Date 15 Nov 2012



002123633H

S04S742



NRIC No. S8201449G



Date of issue

15-06-2012

22 FIRST STREET
SINGAPORE 458292

NRIC No: S8201449G

Date: 08/10/2018

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 15 Nov 2012

NP 428A



License No: S8201449G

www.elsevier.com



1

LEE HANG SIN
(LI HANXING)

漢書

CHINESE

Date	08-04-1986	M
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SINGAPORE

SINGAPORE

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: 5061865437-05

Cover : drivo CLASSIC

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGY6775T |
| Chassis Number | : RN61047532 |
| 2. Name of Policyholder | : LEE HANG SIN (LI HANXING) |
| 3. Effective Date of Insurance | : 07 Oct 2018 |
| 4. Expiry Date of Insurance | : 06 Oct 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 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE HANG SIN
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 : 14 Sep 2018 10:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive