

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 119015466.

Date In: 1/2/19 15:12	Job description	Date & Time Completed	Done by
Ref No: NA1INC19002138164	SAS e-filing		
Veh No: SKX 22365	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/1/19 14:30	I-Motor Claim Form	MT(1030509-001)	11/2/19 15:34
OD <input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: ( ) Tot: Fax: ( )

TP Particulars: Veh No: SK 6 36665. 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

Claimant's Particulars:	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
NA1900928	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) PT: Follow-Through Survey (Resurvey) \$30		
Anditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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	01/02/2019 15:12
Date Of Accident	31/01/2019 14:30
Exact Location Of Accident	UPP PAYA LEBAR RD NEAR PAYA LEBAR ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX2236S
Insured/Policyholder	
Name Of Registered Owner	LEE MUI MUI
NRIC No	S1744234A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517488
Alternative Phone No	OFFICE-97517488
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 2
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	5104147716
Cover Note Number	-
Driver	
Name of Driver	CHENG JONATHAN
NRIC No	S8517596C
Date Of Birth	03/06/1985
Occupation	INDOOR
Date Of Driving Pass	22/06/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93699120
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	18A LORONG BIAWAK
Postcode	358784
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	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 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	SKG3666S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAN BOON KWANG
NRIC/Passport Number	
Contact Number	98335577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHENG JONATHAN
------	----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKX2236S

YES

NO

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

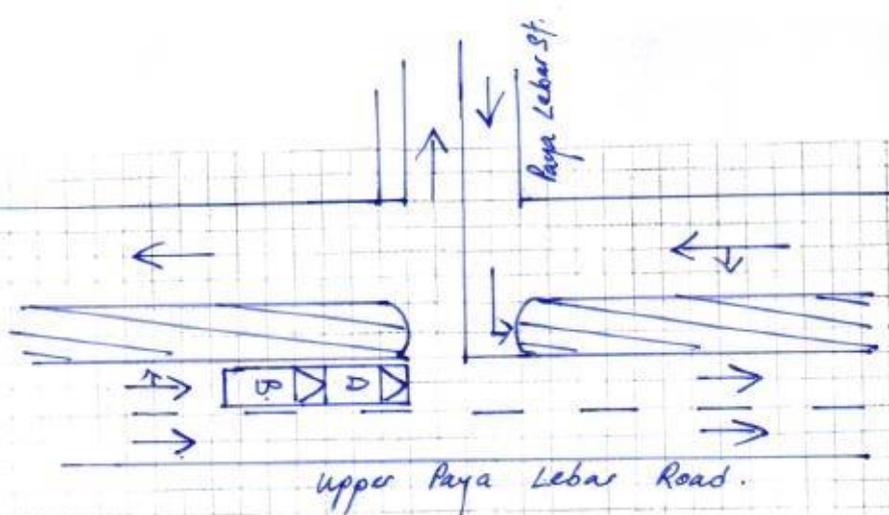
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



- (A) SKX 2236 S
- (B) SKG 3666 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/19. at @ 1432hrs, I stopped my vehicle along Upper Paya Lebar Road before Paya Lebar St on the left lane before the yellow box due to traffic jammed ahead. Suddenly, a car (SKG 3666 S) from behind collided onto the rear portion of my vehicle.

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.:

<b>Vehicle No.</b>	SKX 22368	Model / Make	Mazda 2.
Date of Accident	31/01/19.		
Time of Accident	1432 HRS		
Location of Accident	Upper Paya Lebar Road <del>before</del> near Paya Lebar St.		
Exact purpose use during accident	Private Used.		
<b>Name of Owner</b>	LEE MUI MUI		
Telephone No.	H/P: 9751 7488	Home:	Office:
NRIC	S 1744234 A.		
Address	18A, Lor Brawak (S) 358784.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NFUC.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5104147716.		
<b>Name of Driver</b>	As Above If No, CHENG Jonathan.		
NRIC	S 8517596 C.	Any Passengers:	0.
Date of birth	03/06/1985.		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	22/06/2004		
Gender	<u>Male</u>	P	Female
Contact No.	H/P: 9369 9120.	Home:	Office:
Address	18A, Lor Brawak (S) 358784.		
Driver have any own vehicle	<u>No,</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	Son.
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	CHENG JONATHAN (H/P: 9369 9120)		
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
<b>Vehicle B No.</b>	SKG 36668	Any Passengers:	N.A.
Name of Driver	Han Boon Kwang.	Contact No.:	9833 5577.
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes <u>No</u>		
Email Address	chengjon498@yahoo.com.sg.		
<b>PARTICULAR WORKSHOP</b>	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Lixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8517596C

Name

CHENG HENG ROONG,  
JONATHAN

Birth Date: 03 Jun 1985

Issue Date: 14 Nov 2011



D02017566J

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8517596C



Name

CHENG JONATHAN

鄭 左 那 丹

Race

CHINESE

Date of birth

03-06-1985

Sex

M

Country/Place of birth

SINGAPORE

S8517596C



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 22 Jun 2004



Licence No: S8517596C

NP 42BA

5762033



NRIC No: S8517596C



Date of issue  
30-06-2017

Address

18A LORONG BIAWAK  
SINGAPORE 358784



**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:** 5104147716 **Cover :** drivo CLASSIC

- 1. Index mark and Registration Number of Vehicle : SKX22365  
 Chassis Number : JM6DJ2HAA01100620
- 2. Name of Policyholder : LEE MUI MUI
- 3. Effective Date of Insurance : 28 Sep 2018
- 4. Expiry Date of Insurance : 27 Sep 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE MUI MUI
NAMED DRIVER (1)	: CHENG YEE NING, AMANDA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
 Date of Issue : 27 Sep 2018 13:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

**Claim Handling**

**Accident MT/1030509**

Policy No.	5104147716	Vehicle No.	SKX22365	GST Registration No.	
Certificate No.				Policyholder NRIC	51744
Policyholder Name	LEE MUJ MUJ	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97517488	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

**Accident Details**

Report Date	01/02/2019 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	31/01/2019	Time of Accident hh:mm	14:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP PAYA LEBAR RD NEAR PAYA LEBAR ST				

**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		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	18A LORONG BIAWAK	Address 2	VAUGHAN GARDEN	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	35878
Unit No.		Related Policy Number	5104147716		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/06/
Unnamed driver Name	CHENG JONATHAN	Driver NRIC	S8517596C	Driving Experience	14
Register Date of Driver License	22/06/2004	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	93699120	Contact No.(Office)		Address 3	SINGA
Address 1	18A LORONG BIAWAK	Address 2	# VAUGHAN GARDEN	Post Code	35878
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE MUJ MUJ
Contact No.(Mobile)	97517488	Contact No.(Home)	62829880
Email Address		OI Vehicle Number	SKX22365
Claim Description	SKX22365 / SKG3666S ON 31 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	01/02/2019 15:32	GIA report	Received
Report Taken By	LIEW SHAN HUI		
Print AK letter	<input type="checkbox"/>		
	Save	Submit	

**Attachment**

Accident No.	MT/1030509	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

01/02/2019 15:34

Path \*

Category \*

Confidential

Urgency \*

- Choose File No file chosen
- Message Read

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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	SAS	Normal	SAS 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:34	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:32	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:32	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:32	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:32	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:32	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 15:32	Photos	Normal	Photos 2019-2-1

Video List

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