

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

NA 419017566

Date In: 08/02/2019 14:02	Job description	Date & Time Completed	Done by
Ref No: N/A/INC19002266/Y	SAS e-filing		
Veh No: SKA 85629	E-mail (w/In 3hrs, A/C 2hrs)		
D.O.A: 07/02/2019 13:20	I-Motor Claim Form	MT/1031060-001	08/02/2019 14:27
OID: 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: SLN 3073D	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:

NA 2901023	Invoice Itemization
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	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: Idau DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) against INC \$20
	9) NI: Idau Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	08/02/2019 14:02
Date Of Accident	07/02/2019 13:20
Exact Location Of Accident	NORTH SOUTH EXPRESSWAY JOHOR BAHRU MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8562G
Insured/Policyholder	
Name Of Registered Owner	CHURCH OF OUR SAVIOUR
Co Reg No	T03UL0003A
Email Address	DANIELWEE@COOS.ORG.SG
Mobile Phone No	(LOCAL) +65-97479917
Alternative Phone No	OFFICE-97479917

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURNING FROM VISIT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070910445-03
Cover Note Number	

Driver

Name of Driver	WEE CHUN CHIAN
NRIC No	S2686563H
Date Of Birth	25/09/1967
Occupation	INDOOR
Date Of Driving Pass	02/11/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97479917
Fax Number	
Contact Number	OTHERS-97479917
EMail Address	DANIELWEE@COOS.ORG.SG

Address	BLK 5 HOLLAND CLOSE #11-41
Postcode	272005
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VT4028 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	4
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190207/2037

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	SLN3073D
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LEW TZE HUNG
NRIC/Passport Number	S8023231D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	VT4028
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	MALAYSIAN CAR
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)	

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.

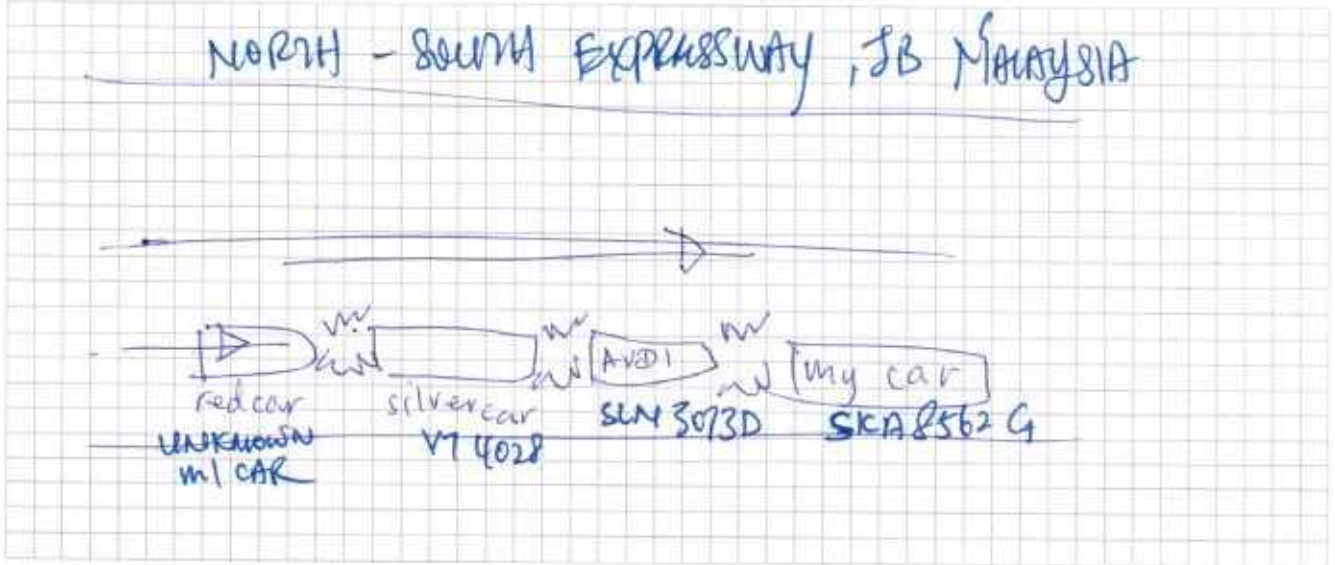


Policyholder's Signature
Date & Time:

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 TO POLICE REPORT

D/20190207/2037

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.:



**SINGAPORE
POLICE FORCE**



D/20190207/2037

1 of 1

POLICE REPORT (NP299)

Report No. D/20190207/2037

Police Station Of Origin
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Date/Time Report Made 07/02/2019 16:25	Vide Report No.	Station Diary No. 10
Name Of Informant WEE CHUN CHIAN	Address APT BLK 5 HOLLAND CLOSE #11-41 SINGAPORE 272005	
ID Type / ID No. NRIC NO / S2686563H	Contact No. Home/Office Mobile 97499917	
Nationality MALAYSIAN	Email Address	
Occupation PASTOR	Sex Male	Age 51
Institution/School Name	Date of Birth 25/09/1967	Race Chinese
Date/Time Of Incident 07/02/2019 13:20	Language English	
	Location Of Incident Lebuh Raya Utara Selatan MALAYSIA	

Brief details.

On 07/02/2019 at about 1320hrs, I was driving my car reg no: SKA8562G along Lebuh Raya Utara Selatan in JB when I had an accident. It was a chain collision where the accident started from the back about 3 cars behind me. Therefore the car behind me which is reg no: SLN3073D bumped onto the rear of my car causing dents. There was no injury prior to the accident. I had reported the accident to my insurance company NTUC Income and I was advised to lodge a report for insurance purposes.

Signature Of Officer Recording The Report: D / Staff Sgt MUHAMMAD ASADULLAH BIN ABDUL RAHIM ANGULLIA
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sgt 3 TAN HUI MIN Contact No.: 67740000

Signature Of Informant:
Date/Time: 07/02/2019 16:25
Classification Of Case:

Authentication Stamp



Claim Handling

Accident NT / 1031000

Policy No.	3070910445-DT	Vehicle No.	5KAR5620	GST Registration No.	
Certificate No.					
Policyholder Name	CHURCH OF OUR SAVIOUR				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Bravo CLASSIC	Policyholder NRIC	T03JLR0034
Contact No.(Mobile)	97499913	Contact No.(Office)		Loading	0
Email Address		Special Remarks		Contact No.(Home)	
KIX	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No *
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

7 Accident Details

Report Date	08/02/2019 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/02/2019	Time of Accident (h:mm)	13:20	Country of Accident	Outside Singapore
Reporting Centre		Crane Force		ICM No.	
Accident Location	NORTH SOUTH EXPRESSWAY JOHOR BAHRU MALAYSIA				

100% 品牌忠诚度

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	7113 HENDERSON ROAD	Address 2	#09-13 HENDERSON INDUSTRIAL	Address 3	SINGAPORE 159548
Address 4		Address Type	Singapore address	Post Code	159548
Unit No.	09-13	Related Policy Number	3070910445-03		

OT Driver Info

Driver Name	WEE CHUH CHIAN	Driver Type	Mass Driver		
Unnamed driver Name		Driver NRIC	S2885563H	Driver DOB	25/09/1957
Register Date of Driver License	01/04/2011	Driver Age	51	Driving Experience	7
Contact No.(Mobile)	97409912	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKA6582G	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes or No
0 mg			
0.02 mg			
0.05 mg			
0.10 mg			
0.15 mg			
0.20 mg			
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Modification History

Claim 601 New

Claim Type *			DO-ROX	Insured Name	CHURCH OF OUR SAVIOUR	Insured NRIC	T03UL00034	
Contact No. (Mobile)			Contact No. (Home)			Contact No. (Office)		
Email Address			CI	Vehicle Number	SKA2562G	TP	SLN3073D	
Claim Description			SKA2562G / SLN3073D ON 7 Feb 2019		Name of Preferred Workshop			
Preferred Workshop	Insured Liability	Not at Fault						
Business No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered			EB/02/2019 14:26		Claim Close Date		Date Received	EB/02/2019 00:00
Report Taken By			ROSLI WAHAB					

[Print NK System](#)

Save Submit

Attachment

Accident No: MT/1031060 LAST Disc. Received: <input checked="" type="radio"/> Yes <input type="radio"/> No		Claim No.: Upload Date: 08/02/2019 14:23		DOI:	
Path *		Category *		Confidential	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> *	<input type="button" value="NO"/> *	<input type="button" value="Normal"/> *
<input type="button" value="Message Send"/>		Description *			

[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	May Sent (CO)
	NAC_BUKIT_MERAH_8006766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8	
	NAC_BUKIT_MERAH_8006766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-5	
	NAC_BUKIT_MERAH_8006766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-4	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:27	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 14:26	SAS	Normal	SAS 2019-2-8

Video List

Uploaded By/Data	Folder Data	File Name	Source	Action
		Display In New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 07, 02, 2019 (DD/MM/YYYY), TIME: 13:20 (HH:MM)

LOCATION: North-South Expressway, JB, Malaysia

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA8562G
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5070910445-03
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Civic 1.6
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Returning from visit
 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: LEW TZE HUNG CHURCH OF OUR SAVIOUR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8023231 D CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WEE CHUN CHIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2686563 H CONTACT: 97499917
 c) ADDRESS: 5 HOLLAND CLOSE, #11-41
SINGAPORE 272005

* d) DATE OF BIRTH: 25 / 09 / 1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2 Nov 1998

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: COMMONWEALTH NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN3073 D MODEL: AUDI
 b) DRIVER'S NAME: LEW TZE HUNG
 c) NRIC/FIN/PASSPORT: S8023231 D CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: VT 4028 MODEL: BMW
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

UNKNOWN M/CAR

Email = danielwee@coos.org.sg

VIDEO

WIFE

DAUGHTER

* No of passengers
 (including driver)

(3)

* No of passengers
 (including driver)

()

* No of passengers
 (including driver)

()

IDENTITY CARD NO. S2686563H



Name

WEE CHUN CHIAN

黄峻千

Race

CHINESE

Date of birth

25-09-1967

Sex

M

Country of birth

MALAYSIA

877273



NRIC No. S2686563H



Nationality

MALAYSIAN

Date of issue

13-04-2006

Address

APT BLK 5 HOLLAND CLOSE
#11-41
SINGAPORE 272005

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number **S2686563H**
Name
WEE CHUN CHIAN

Birth Date **25 Sep 1967**
Issue Date **13 Oct 2003**

 000917740C

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

Class	Description	Pass Date
Class 3	Motor Cars and Motor Transfers the weight of which unladen does not exceed 2500 kilograms	02 Nov 1995

NP 428A

 Licence No: S2686563H

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: 5070910445-03

Cover : drive CLASSIC

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKA8562G |
| Chassis Number | : JHMFD4620A5200189 |
| 2. Name of Policyholder | : CHURCH OF OUR SAVIOUR |
| 3. Effective Date of Insurance | : 07 Apr 2018 |
| 4. Expiry Date of Insurance | : 06 Apr 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	: WEE CHUN CHIAN
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 : ACCLAIM INSURANCE (MOTOR BUSINESS) (00000690627)
Date of Issue : 20 Mar 2018 20:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive