

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA1190327PP.

Date In: 11/13/19 17:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NNA119004380164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJF 8865T	I-Motor Claim Form	MT/1035495 <sup>001</sup>	12/3/19 09:55
D.O.A: 813 119 13:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SLH 339 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:	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

Client's Particulars	Invoice Particulars	Amount (\$)	Balance (\$)
MMA1901806	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	* N5: Courtesy Car / Tpt Allowance \$3		
	* 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 \$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	11/03/2019 17:54
Date Of Accident	08/03/2019 13:45
Exact Location Of Accident	TPE TWDS CHANGI AIRPORT AFTER LOYANG AVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8865T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOTREND LEASING ENTERPRISE
Co Reg No	53363236J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94509218

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093812308-01
Cover Note Number	-

### Driver

Name of Driver	ONG SIAO KHENG
NRIC No	S1721216H
Date Of Birth	05/05/1965
Occupation	INDOOR
Date Of Driving Pass	28/05/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98798505
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	30 PASIR RIS LINK #13-27
Postcode	518147
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	CHAIN COLLISION
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	3
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	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

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	SLH339P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	ESTHER NGO
NRIC/Passport Number	
Contact Number	93270623
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF9085K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BEE KIANG
NRIC/Passport Number	S6915697E
Contact Number	82448338
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.
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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 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.
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.

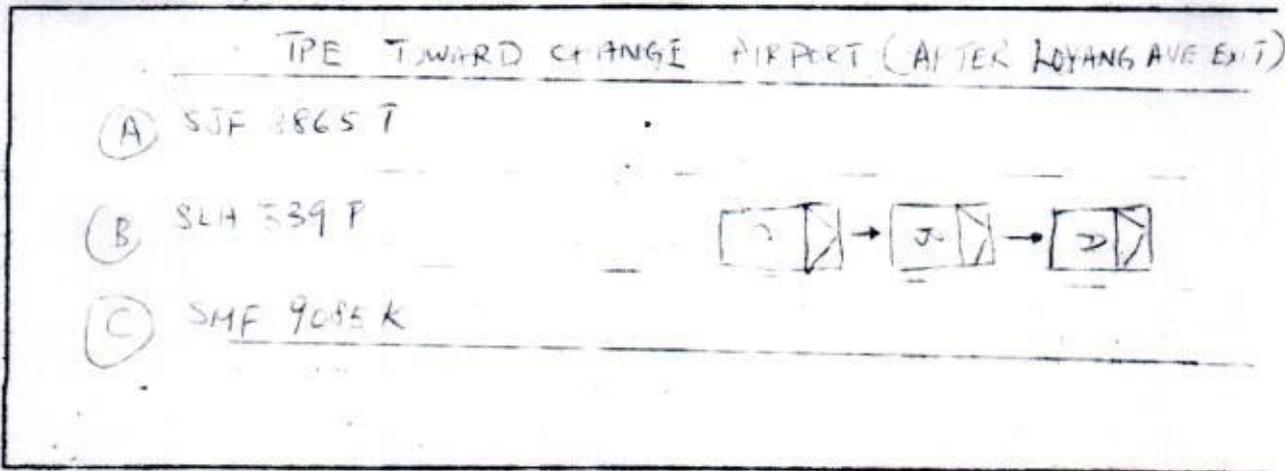


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

I was driving at 90k towards Changi Airport after Loyang Ave Exit 1, saw red road works in front of me on the 1<sup>st</sup> lane. I saw from my left side mirror that the traffic lanes in my favour and I moved over to the 3<sup>rd</sup> lane.

Suddenly, I felt an impact from my rear portion vehicle B that knock on my vehicle A rear left hand side portion. After the accident I alight from my car and noticed there were 3 cars in this accident.

Declaration

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

Witnessed by Reporting Centre Personnel

Mar 01/2019  
03/09/2019

# ACCIDENT STATEMENT

ACCIDENT DATE: 8 / 3 / 2019 (DD/MM/YYYY), TIME: 13:45 (HH:MM)

LOCATION: T.P.E toward Changi Airport (After Loyang Ave Exit)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 8865 T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 50938/2308-01  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA VIOS  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PR Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: AutoTrend Leasing Enterprise (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S3363236J CONTACT: 94509218  
c) ADDRESS: Blk 1002 Tan Pagar Industrial Park  
#101-1439 S' 319074

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Ong Siao Kheng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1721216-H CONTACT: 98798505  
c) ADDRESS: 30 Pasir Ris Link #13-27  
S' 518147

\*d) DATE OF BIRTH: 5 / 5 / 1965 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 26/5/2003

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: NIL

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLH 339P MODEL: Honda  
b) DRIVER'S NAME: Esther Ngo  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93270623

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMF 9085K MODEL: TOYOTA  
e) DRIVER'S NAME: Tan Bee Kiang  
f) NRIC/FIN/PASSPORT: S6915697-E CONTACT: 82448338

\* No of passengers  
(Including driver)  
(5)

1 male

4 male

\* No of passenger  
(Including driver)

unknown (1)

\* No of passenger  
(Including driver)

(2)

1 male

1 female

waiting chop by email.

email = darren - at SK @ hotmail.com

fax = 6844 2641

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1721216H



Name  
ONG SIAO KHENG

王小琼

Race  
CHINESE

Date of Birth  
05-05-1965

Sex  
F

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1721216H

Name  
ONG SIAO KHENG

Birth Date: 05 May 1965

Issue Date: 28 May 2003




2162982



NRIC No: S1721216H



Blood Group: B+

Date of issue: 21-06-1994

30 PASIR RIS LINK #13-27  
SINGAPORE 518147

NRIC No: S1721216H

Date: 11/12/2016

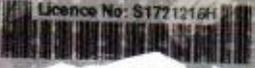
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
28 May 2003

NT 428A

Licence No: S1721216H



Driver : 9879 8505



**Claim Handling**

Accident MT/1035495

Policy No.	5093812308-01	Vehicle No.	SJF8865T	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOTREND LEASING ENTERPRISE			Policyholder NRIC	53363
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94509218	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

**Accident Details**

Report Date	12/03/2019 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	08/03/2019	Time of Accident hh:mm	13:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI AIRPORT AFTER LOYANG AVE EXIT				

**Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 1002 #01-1439	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	TOA PA
Address 4	SINGAPORE 319074	Address Type	Singapore address	Post Code	319074
Unit No.		Related Policy Number	5106435228		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG SIAD KHENG	Driver NRIC	S1721216H	Driver DOB	05/05/
Register Date of Driver License	28/05/2003	Driver Age	53	Driving Experience	15
Contact No.(Mobile)	98798505	Contact No.(Office)		Contact No.(Home)	
Address 1	30 PASIR RIS LINK	Address 2	#13-27 SEA ESTA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51814
Unit No.	13-27				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AUTOTREND LEASING ENTERPR
Contact No.(Mobile)	NIL	Contact No.(Home)	
Email Address		OJ Vehicle Number	SJF8865T
Claim Description	SJF8865T / SLH339P ON 8 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report Received
Date Registered	12/03/2019 09:54	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1035495	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

12/03/2019 09:55

Path \*

Category \*

Confidential

Urgency \*

- No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
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<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:55	SAS	Normal	SAS 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:55	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:55	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:55	Photos	Normal	Photos 2019-3-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:55	Photos	Normal	Photos 2019-3-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:54	Photos	Normal	Photos 2019-3-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:54	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:54	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:54	Photos	Normal	Photos 2019-3-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>