

NATIONAL Assessment Centre Services

Date In: 14/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010586/12	SAS e-filing		
Veh No: SJY3112R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/19 2000	i-Motor Claim Form	MT/1049092-001	
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:	Veh No: SLK7429B	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%, F: 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

NA1904447	Invoice Preparation Checklist		Amt (\$)	Amt (\$)	
			1st Bill	Add Bill	
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);				
	2) DA : Damage Assessment (\$100); INC (\$80)				
	3) TF : Towing Fee \$40/\$45				
	4) FT : Follow-Through Survey \$120				
	5) RT : Follow-Through Survey (Resurvey) \$30				
	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:-				
QC Checked by (Engr-In-Charge):	ON*				
	*N5: Courtesy Car / Tpt Allowance	\$5			
	*N6: Repair Co-ordination	\$10			
	*N7: Post Repair Inspection	\$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination	\$5			
	TP (N11) : TP (Non INC) against INC	\$20			
	9) N12: Idac Mobile	\$0			
Cat 1:	Invoice dated	Fee Charged			
Cat 2 / 3:	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	14/06/2019 16:06
Date Of Accident	13/06/2019 20:00
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3112R
Insured/Policyholder	
Name Of Registered Owner	MCS AUTO LEASING
Co Reg No	53341132K
Email Address	SUHENG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92700917

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	5108480481
Cover Note Number	

Driver

Name of Driver	KOH WEI MING(XU WEIMING)
NRIC No	S8406397E
Date Of Birth	01/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88666608
Fax Number	
Contact Number	
EMail Address	EHUB.WEIMING@GMAIL.COM

Address	BLK 166B TECK WHYE CRESCENT #14-369
Postcode	682166
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : SURINPANG SUPITSARA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORTT/20190614/7017

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK7429B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SALIHAN BIN SALLEH
NRIC/Passport Number	S1422764D

Contact Number 96167404
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH WEI MING(XU WEIMING)
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SJY3112R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SURINPANG SUPITSARA
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SJY3112R
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.



Policyholder's Signature
Date & Time:

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

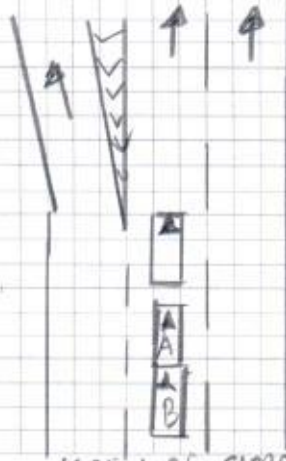
14/06/19

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

SKETCH PLAN

P1E TWO'S CHANNEL

A - SJ43112R
B - SLK7429B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KPE KPE SIMS
(P1E (ECP) AVE

pls refer to the police report: T/20190614/7017

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 14/06/19

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

[Signature] 14/06/19

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



SINGAPORE POLICE FORCE



T/20190614/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190614/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2019 15:38	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: KOH WEI MING			Address: APT BLK 166B TECK WHYE CRESCENT #14-369 SINGAPORE 682166		
ID Type / ID No.: NRIC NO / S8406397E			Contact No.: Home/Office: Mobile: 88666608		
Nationality: SINGAPORE CITIZEN			Email: ehub.weiming@gmail.com		
Sex: Male	Age: 35	Date of Birth: 01/03/1984	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRED DRIVER			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2019 20:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJY3112R	Car					0
SLK7429B	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20190614/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190614/7017

CONTINUATION OF REPORT

Driver			
Name	KOH WEI MING	ID No.	S8406397E
Related Vehicle	SJY3112R (Car)	Contact No.	88666608
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2019	Date Discharge	14/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	SURINPANG SUPITSARA	ID No.	G8277454N
Related Vehicle	SJY3112R (Car)	Contact No.	88666608
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2019	Date Discharge	14/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	SALIHAN BIN SALLEH	ID No.	S1422764D
Related Vehicle	SLK7429B (Car)	Contact No.	96167404
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.

I was travelling alone PIE towards Changi and was exiting to KPE towards Sims Ave at the stated date and time. As the vehicle in front of me stopped, I also slowed down and came to a stop. Suddenly I felt a huge impact from the rear. I got out of my car and realised that vehicle SLK7429B has collided onto the rear portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190614/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190614/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/06/2019 15:38

Classification Of Case:

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S8406397E		
	Name	
	KOH WEI MING (XU WEIMING)	
	许伟明	
	Race	
	CHINESE	
	Date of birth	
	01-03-1984	
	Country/Place of birth	
	SINGAPORE	





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles =< 260 CC	PAS - DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractor-vehicles =< 2500 kg	03 Mar 2004 05 Apr 2006

For LKK/NACU

S / No. 9000043999

SE406397E

NP 429A

License No: SE406397E

5405889



NRIC No. **S8406397E**




Use Only

Date of issue
02-01-2015

APT BLK 186B TECK WHYE CRSCENT #14-369
SINGAPORE 682166

NRIC No: **S8406397E** Date: 23/09/2017

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S8406397E
Name : KOH WEI MING

For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
31 686 88268
253972

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	24/09/2018

For LKK/NAC Use Only



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/06/2019 20:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJY3112R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108480481		MCS AUTO LEASING	53341132K	GPC	drive CLASSIC	SJY3112R	SJY3112R	26/03/2019	25/03/2020

Claim Handling

Accident MT/1049092

Policy No.	5108480481	Vehicle No.	SJY3112R	GST Registration No.
Certificate No.				
Policyholder Name	MCS AUTO LEASING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92700917	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

▼ Accident Details

Report Date	14/06/2019 17:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/06/2019	Time of Accident hh:mm	20:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	14/06/2019 17:37:21 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	10 KAKI BUKIT ROAD 2	Address 2	#03-25 FIRST EAST CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-25	Related Policy Number	5110204820	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH WEI MING(XU WEIMING)	Driver NRIC	S8406397E	Driver DOB
Register Date of Driver License	05/04/2006	Driver Age	35	Driving Experience
Contact No.(Mobile)	88666608	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 166B	Address 2	TECK WHYE CRESCENT	Address 3
Address 4	SINGAPORE 682166	Address Type	Singapore address	Post Code
Unit No.	#14-369			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

OD-MX	Insured Name	MCS AL
	Contact No.	
	(Home)	
	01 Vehicle Number	SJY311
SJY3112R / SLK7429B ON 13 Jun 2019		

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

14/06/2019 17:39

Claim Close Date

Report Taken By

ROSLINDA

Workshop
Repairer

Print AK letter

Save

Submit

Attachment



Accident No.	MT/1049092	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/06/2019 00:00

Choose File	No file chosen	Path *		Category *	Confidential
Choose File	No file chosen			Please Select	NO
Choose File	No file chosen			Please Select	NO
Choose File	No file chosen			Please Select	NO
Choose File	No file chosen			Please Select	NO
Choose File	No file chosen			Please Select	NO
Choose File	No file chosen			Please Select	NO
Message Read				Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:39	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2019 17:38	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading