

NATIONAL Assessment Centre Services [Ref: 1 Jan 05] <b>MAA419087015</b>			
Date In: <b>04/07/2009 11:48</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MC1901886/Y</b>	SAS e-filing		
Veh No: <b>SKA 2877M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>03/07/2009 19:10</b>	i-Motor Claim Form	<b>MS1051866001</b>	<b>04/07/2009</b>
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>12:54</b>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SUC 2713G</b>	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: (\$ ) Lending: \$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

<b>NA1904991</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Additors Comments: Cat. J: Cat. 2/3: 1/1/1	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claimant against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
* N3: 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: Idm Mobile \$0				
Invoice dated		Pen Charged		
Invoice dated		Fine 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	04/07/2019 11:48
Date Of Accident	03/07/2019 19:10
Exact Location Of Accident	SLIP ROAD OF JALAN TIONG TO TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2877M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG HOE WAI, JOHN (LIANG HAOWEI)
NRIC No	S7344719D
Email Address	LAREVOJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97835954
Alternative Phone No	OFFICE-97835954

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 CGI
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	REPORTING ONLY
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	5108178682
Cover Note Number	

### Driver

Name of Driver	LEONG HOE WAI, JOHN (LIANG HAOWEI)
NRIC No	S7344719D
Date Of Birth	26/05/2003
Occupation	INDOOR
Date Of Driving Pass	26/05/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97835954
Fax Number	
Contact Number	OFFICE-97835954
Email Address	LAREVOJ@GMAIL.COM

Address	BLK 75B REDHILL ROAD #25-72
Postcode	152075
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC2773G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ZE YUAN
NRIC/Passport Number	S8716117Z
Contact Number	81266052
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:

4/7/19 10.40am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4/7/19 10.40am

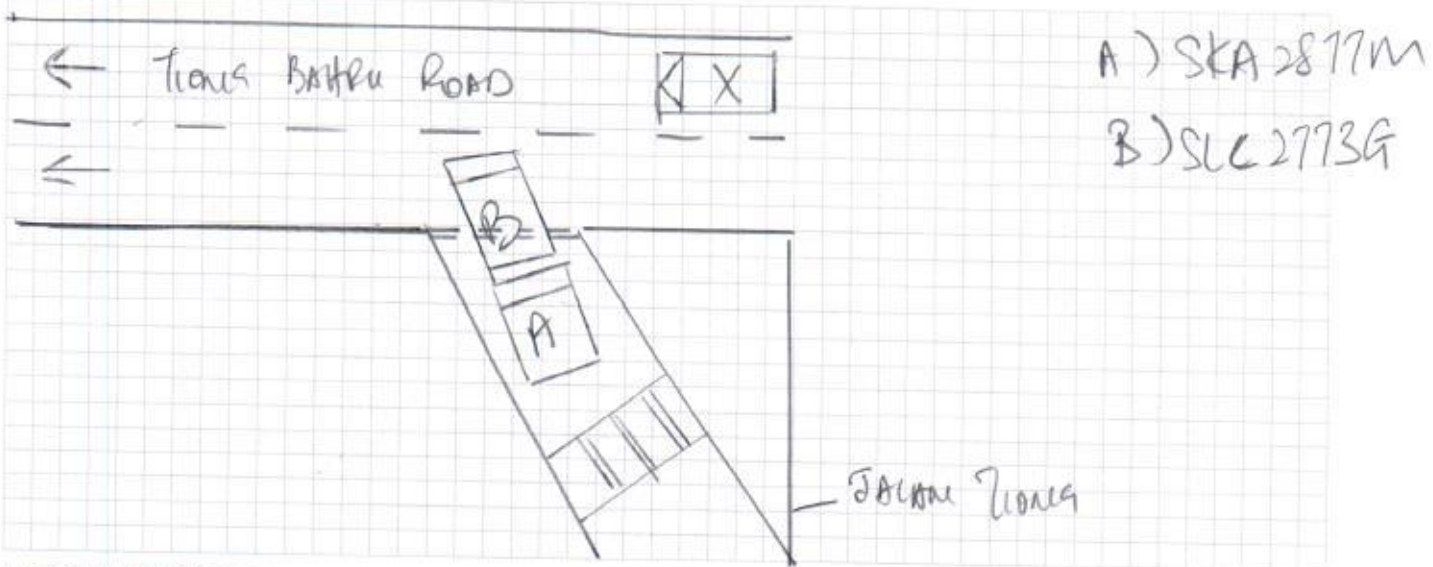
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/07/2019  
Joshi Vithan

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police D/2019 0703/7037

## DECLARATION

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

Policyholder's Signature

Date & Time:

3/7/19  
10:40am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/07/2019

Resli Hartono





**SINGAPORE  
POLICE FORCE**



D/20190703/7037

1 of 1

**POLICE REPORT (NP299)**

Report No. D/20190703/7037

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

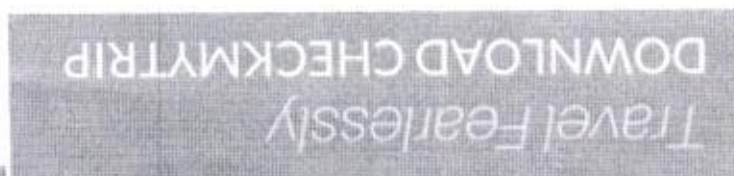
Date/Time Report Made 03/07/2019 23:57	Vide Report No.	Station Diary No.	
Name Of Informant LEONG HOE WAI, JOHN	Address APT BLK 75B REDHILL ROAD #25-72 SINGAPORE 152075		
ID Type / ID No. NRIC NO / S7344719D	Contact No. Home/Office:	Mobile: 97835954	
Nationality SINGAPORE CITIZEN	Email Address larevoj@gmail.com		
Occupation Company director	Sex Male	Age 45	Date of Birth 03/12/1973
Institution/School Name	Race Chinese		
Date/Time Of Incident 03/07/2019 19:10 - 03/07/2019 19:15	Language English		
	Location Of Incident JALAN TIONG		

**Brief details.**

Vehicle SLC2773G was traveling along Jalan Tiong and turning left towards Tiong Bahru road. While making the left turn into Tiong Bahru road vehicle SLC2773G proceed passed the filter lane halfway through but stop midway instead of completing the left turn. My car SKA2877M had an low speed impact behind SLC2773G as the vehicle did not completely executed the left turn but stopped midway.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2019 23:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



## Claim Handling

Accident MT/1051866

Policy No.	5108178682	Vehicle No.	SKA2877M	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG HOE WAI, JOHN (LIANG HAOWEI)				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S7344719D
Contact No.(Mobile)	97835954	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Private Hire	No				

Report Date	04/07/2019 12:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/07/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD OF JALAN TJONG TO TJONG SAHRU ROAD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Excess Waiver	Sum Insured	9999999.99
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## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 75B #25-72	Address 2	REDHILL ROAD	Address 3	SINGAPORE 152075
Address 4		Address Type	Singapore address	Post Code	152075
Unit No.		Related Policy Number	5108178682		

## OI Driver Info

Driver Name	LEONG HOE WAI JOHN	Driver Type	Main Driver	Driver DOB	03/12/1973
Unnamed driver Name		Driver NRIC	S7344719D	Driving Experience	16
Register Date of Driver License	25/05/2003	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	97835954	Contact No.(Office)		Address 3	SINGAPORE 152075
Address 1	BLK 75B #25-72	Address 2	REDHILL ROAD	Post Code	152075
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SKA2877M		

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

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEONG HOE WAI, JOHN (LIANG HAOWEI)	Insured NRIC	S7344719D
Contact No.(Mobile)	97835954	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address	larevoj@gmail.com	OI Vehicle Number	SKA2877M	TP Vehicle Number	SLC2773G
Claim Description	SKA2877M / SLC2773G ON 3 Jul 2019				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Bestest No. Finalisation	Yes <input type="radio"/> No <input type="radio"/>	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By		Claim Close Date	04/07/2019 12:54	Date Received	04/07/2019 00:00
			ROSLI WAHAB		

☒ Print AK letter

Save Submit

## Attachment

UP

Accident No.	MT/1051866	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/07/2019 12:54

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54		Photos	Normal	Photos 2019-7-4	A



Video List

NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 12:54	SAS	Normal	SAS 2019-7-4

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (03/07/2019) (DD/MM/YYYY), TIME: (19:10) (HH:MM)

LOCATION: Jalan Tiong and Tiong Bahru Rd T-Junction

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKA 287AM  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5108178682  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES BENZ C200G1  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: JOHN LEONG  
 b) NRIC/FIN/PASSPORT: S7349719D (MALE / FEMALE)  
 c) ADDRESS: BLK 75B REDHILL RD XX 25-72  
 5152075

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

## DRIVER

a) NAME: AS ABOVE  
 b) NRIC/FIN/PASSPORT: (MALE / FEMALE)  
 c) ADDRESS: CONTACT:

\* d) DATE OF BIRTH: (03/12/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/05/2003

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

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: CLEMENTI DIVISION HQ

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLC 2773G  
 b) DRIVER'S NAME: MOH ZH YUAN  
 c) NRIC/FIN/PASSPORT: S8716117Z  
 MODEL: CONTACT: 81266052

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

email = larevoj@gmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7344719D



Name

LEONG HOE WAI, JOHN  
(LIANG HAOWEI)

梁豪威

Race  
CHINESE

Date of birth  
03-12-1973

Sex  
M

Country of birth  
SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7344719D

Name

LEONG HOE WAI, JOHN  
(LIANG HAOWEI)

For LKK/NAC Use Only

Birth Date 03 Dec 1973

Issue Date 29 Mar 2012



002055330H



3439212

NRIC No. S7344719D



For LKK/NAC Use Only

Date of issue

05-12-2003

APT BLK 75B REDHILL ROAD #25-72  
SINGAPORE 152075

NRIC No: S7344719D

Date: 13-07-2006

No: 5360248

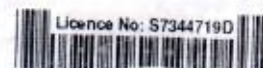
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 May 2003

For LKK/NAC Use Only

NP 428A



Licence No: S7344719D



## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/07/2019 12:56"/>							
Vehicle No. (For Motor)	<input type="text" value="SKA2877M"/>	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 checked="" type="radio"/>	5108178682		LEONG HOE WAI, JOHN (LIANG HAOWEI)	S7344719D	GPC	drive CLASSIC	SKA2877M	SKA2877M	15/03/2019	14/03/2020
<input type="button" value="Continue"/>										