

NATIONAL Assessment Centre Services		Date: 1 Jan 2011	MAA48970701
Date In: 15/08/2009 16:16	Job description	Date & Time Completed	Done by
Ref No: MAA/INC/90/4256/4	SAS e-filing		
Veh No: SJU 9421E	E-mail (seldom Blat, AIC 2hrs)		
D.O.A: 14/08/2009 NIK	I-Motor Claim Form	MAA/1057866001 15/08/2009	17:47
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 / MNC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SCB 94907	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: (\$)	Landing: \$1,000 () / \$2,000 ()		
General Remarks:			
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairs.			
() Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()			

Remarks:	INC handling: 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:	

MAA/906216	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add. Bill
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) FT: Follow-Through Survey (Resurvey) \$30		
Additional Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: Idue DA + SMAT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idue DA + SMAT Survey \$160		
	10) NI: Idue DA + SMAT Survey \$160		
	11) NI: Idue DA + SMAT Survey \$160		
	12) NI: Idue DA + SMAT Survey \$160		
	13) NI: Idue DA + SMAT Survey \$160		
	14) NI: Idue DA + SMAT Survey \$160		
	15) NI: Idue DA + SMAT Survey \$160		
	16) NI: Idue DA + SMAT Survey \$160		
	17) NI: Idue DA + SMAT Survey \$160		
	18) NI: Idue DA + SMAT Survey \$160		
	19) NI: Idue DA + SMAT Survey \$160		
	20) NI: Idue DA + SMAT Survey \$160		

Cal. 2/3:	1 / 1	For Charged	For 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	15/08/2019 16:16
Date Of Accident	14/08/2019 21:15
Exact Location Of Accident	ALONG MEYER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9421E
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Insured/Policyholder

Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	5109140477
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82336478
Alternative Phone No	OFFICE-82336478

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?	NO
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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	5109140477
Cover Note Number	

Driver

Name of Driver	LEONG KAH HOH, KELVIN (LIANG JIAHAO)
NRIC No	S9034189H
Date Of Birth	08/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82336478
Fax Number	
Contact Number	OFFICE-82336478
Email Address	NOEMAIL

Address	BLK 136 BEDOK RESERVOIR ROAD #08-1423
Postcode	470136
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 - MAJOR/MINOR RD
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	SKB9490T
Vehicle Make/Model/Colour	BMW X1
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS. HSU SE-LING
NRIC/Passport Number	S2221068H
Contact Number	
Address	121 MEYER ROAD #06-11
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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) SJU 9421E

B) SKB 9490T



MEYER RD



CRESCENT RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Meyer Rd towards the Makana Condo to alight a passenger. As I was passing Crescent Rd, vehicle SKB 9490T suddenly dashed out from Crescent Rd and bang me on the driver door and Bumper

We came down to view the damages and the driver apologise for not being careful and agreed to claim through insurance.

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.:

Claim Handling

The premium on this policy has not been collected.

Accident HT/1027888

Policy No.	5109140477	Vehicle No.	5109421E	GST Registration No.	
Certificate No.	5109140477-000009				
Policyholder Name	TODOS PARTNERS PTE. LTD.			Policyholder NRIC	201333177E
Product Code	FLEET MASTER INSURANCE	Cover Type	Class CLASSIC	Leading	0
Contact No.(Mobile)	82336478	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
OK	☐ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Statement(%)	0	Receipt No.	798

Accident Details

Report Date	15/08/2019 16:38	Accident Report (within 24 hrs)	Yes	Accident Type	Glasson - Major Minor Road
Date of Accident	14/08/2019	Time of Accident (in min)	21:19	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG MEYER ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	300.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
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			

Policyholder Mailing Address

Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRIAL
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5109106103		

OD Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/09/1990
Unnamed driver Name	LEONG KAH HOH, KELVIN (LIAM)	Driver NRIC	5903489H	Driving Experience	9
Register Date of Driver License	27/10/2009	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	82336478	Contact No.(Office)		Address 3	ELUVOS SPRING
Address 1	BLK 126 #08-1423	Address 2	REDOK RESERVICER ROAD	Post Code	470136
Address 4	SINGAPORE 470136	Address Type	Foreign address		
Unit No.	08-1423				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	5109421E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TODOS PARTNERS PTE. LTD.	Insured NRIC	201333177E
Contact No.(Mobile)	87707013	Contact No.(Home)		Contact No.(Office)	
Email Address		OI	5109421E	TP	
Claim Description	5109421E / 5109490T ON 14 Aug 2019		Vehicle Number	5109490T	
Preferred Workshop		Insured Liability	Not at fault		
Submit no. Protection	Yes	Preferred Workshop Name unknown		OSK report	Received
Date Registered	15/08/2019 16:40	Claim Date		Date Received	15/08/2019 16:41
Report Taken By	AGUS WAIAB	Workshop Repairer		Total Loss % Repaired	
Print AX letter					
Save Submit					

Attachment

Accident No.	HT/1027888	Claim No.	001
Last Doc. Received	☐ Yes ☐ No	Upload Date	15/08/2019 17:47
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Send Message

Attachment List

Attachment	Uploader By/Date	Category	Urgency	Description	Msg Sent? (CO)
		SAS	Normal	SAS 2019-8-15	

8/15/2019

Claim Handling(accident reporting Claim Task: 001 OD-MX)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:41	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:43	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:41	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:41	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:41	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:41	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:43	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:41	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:43	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 16:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-15

Video List

Uploaded By/Date

Folder Date

File Name

?

Source

Action

Display in New Window

Scan and uploading

SINGAPORE ACCIDENT STATEMENT

1. This statement is to be filled up by the insured or the insured's authorised representative.
 2. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 3. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 4. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 5. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 6. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 7. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 8. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 9. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.
 10. The insured or the insured's authorised representative must be at least 18 years of age and must be of sound mind and sober at the time of the accident.

ACCIDENT STATEMENT

1. Date of accident: 14 AUG 19 21:15 hrs
 2. Location of accident: ~~14 AUG 19~~ Meyer Rd.
 3. Name of insured: [blank]
 4. Name of insured's authorised representative: [blank]

DETAILS OF OWN VEHICLE

1. Make of vehicle: SJL 9421E
 2. Model of vehicle: [blank]
 3. Year of vehicle: [blank]
 4. Colour of vehicle: [blank]
 5. Registration number: [blank]
 6. Name of owner: [blank]
 7. Name of insured: [blank]
 8. Name of insured's authorised representative: [blank]
 9. Name of driver: [blank]
 10. Name of passenger: [blank]

WORK

1. Is the insured insured under a motor insurance policy? NO
 2. If insured, name of insurer: [blank]
 3. If insured, policy number: [blank]
 4. If insured, claim number: CLAIM THIRD PARTY

LEONG KAH HUI KELVIN

S90341894
 08 09 90

27 OCT 2009

MAKE
 8233 6478

Signature of insured
 Signature of insured's authorised representative
 Date of statement
 Name of driver
 Name of passenger

[illegible]

no.
HIRE.
no.
NA.

doi:10.1017/S0022292412001607

Head to side.
Clear
Dry.

Journal of Management Education 30(6)p. 789-802

no.

no.

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YGL

^a $\chi^2 = 4.1$, $df = 1$, $p = 0.044$, $\phi = 0.20$.

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CHINESE

Date of birth

08-09-1990

Sex

M

Country of birth

SINGAPORE



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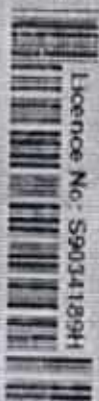
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