

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 11911556.

Date In: 24/8/19 11:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/1MC19014921/h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SJR 225 K	I-Motor Claim Form	MT/1059266-01	24/8/19 15:19.
DOA: 24/8/19 09:15.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> 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: SLD 8301R.	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: YBS ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Reminders:	INC ( ) / Non-INC ( )	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	Action

WA 1906254	Invoice No: 1906254	Amount: 30.00
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
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 (wef 10 Jan 2005)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	* N5: Courtesy Car / Tpt Allowance \$5	
	* 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 30	
	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	24/08/2019 11:45
Date Of Accident	24/08/2019 09:15
Exact Location Of Accident	TOA PAYOH LOR 2 ESSO STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ225K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG HAK LEE (HUANG XUELI)
Work Permit No	S7347792A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98631314
Alternative Phone No	OFFICE-98631314

### 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	5107505292
Cover Note Number	-

### Driver

Name of Driver	NG HAK LEE (HUANG XUELI)
Work Permit No	S7347792A
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	07/12/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98631314
Fax Number	
Contact Number	OFFICE-98631314
EMail Address	NOEMAIL

Address	BLK 3C UPPER BOON KENG RD #12-630
Postcode	383003
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	SIDE SWIPE
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?	
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

I WAS STATIONARY INSIDE THE ESSO PETROL STATION QUEUING FOR TOPUP PETROL, SUDDENLY VEH B COME FROM BEHIND TRY TO SQUEEZE THRU FROM MY LEFT SIDE AND OVER TAKE MY VEH, AS THE RESULT, VEH B HIT ONTO MY VEH LEFT FRONT PORTION.

#### 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	SLD8301R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHMAT BIN SELAMAT
NRIC/Passport Number	S0183239E
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.:

Esso Station

A = SJQ 225K  
B = SLD 8301R

Lor 2 Toa Payoh

B = 540 8301R

Lor 2 Toa Payoh.

Please Refer to Statement


Please Refer to statement

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

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

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

Land Transport Authority


 PDVL/TDVL  
33 888 80888  
279514

**VOCATIONAL LICENCE**

Licence No : S7347792A

Name : NG HAK LEE

Issue Date : 10/2/2010




Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

For LKK/NAC Use Only

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
02	TAXI VL	10/02/2010

For LKK/NAC Use Only





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7347792A



Name  
NG HAK LEE  
(HUANG XUELI)  
黄学理  
Race  
CHINESE  
Date of birth  
31-12-1973  
Country of birth  
SINGAPORE

Sex  
M

3546442

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7347792A

Name  
NG HAK LEE  
(HUANG XUELI)

Birth Date 31 Dec 1973  
Issue Date 18 Nov 2003



001005757H

3546442



NRIC No. S7347792A



Date of issue  
29-06-2004

APT BLK 3C UPPER BOON KENG ROAD #12-630  
SINGAPORE 383003

NRIC No. S7347792A Date: 06/04/2009 No. 8358595

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

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

PASS DATE  
07 Dec 1994

NP 428A

Licence No. S7347792A



## 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: 5107505292

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJQ225K  
Chassis Number : MR053HY9305110075
2. Name of Policyholder : NG HAK LEE
3. Effective Date of Insurance : 21 Feb 2019
4. Expiry Date of Insurance : 20 Feb 2020
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THONG LEE TRADING (PTE) LTD
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 : THONG LEE TRADING PTE LTD (00000613251)

Date of Issue : 21 Feb 2019 12:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1059266

Policy No.	S107505292	Vehicle No.	SJQ225K	GST Registration No.	
Certificate No.					
Policyholder Name	NG HAK LEE (HUANG XUELI)			Policyholder NRIC	S7347792A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Lossing	0
Contact No.(Mobile)	98631314	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	24/08/2019 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/08/2019	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TDA PAYOH LOR 2 ESSO STATION				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	24/08/2019 15:17:34 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 3C #12-630	Address 2	UPPER BOON KENG ROAD	Address 3	KALLANG HEIGHTS
Address 4	SINGAPORE 383003	Address Type	Singapore address	Post Code	383003
Unit No.	12-630	Related Policy Number	S107505292		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/12/1973
Unnamed driver Name	NG HAK LEE (HUANG XUELI)	Driver NRIC	S7347792A	Driving Experience	24
Register Date of Driver License	07/12/1994	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	98631314	Contact No.(Office)		Address 3	KALLANG HEIGHTS
Address 1	BLK 3C #12-630	Address 2	UPPER BOON KENG ROAD	Post Code	383003
Address 4	SINGAPORE 383003	Address Type	Singapore address		
Unit No.	12-630				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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	NG HAK LEE (HUANG XUELI)	Insured NRIC	S7347792A	
Contact No.(Mobile)	98631314	Contact No.(Home)	62845373	Contact No.(Office)	62845373	
Email Address	hart.tiff@yahoo.com	OT Vehicle Number	SJQ225K	TP Vehicle Number	SLD8301R	
Claim Description	SJQ225K / SLD8301R ON 24 Aug 2019				Name of Preferred Workshop	B
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received	
Preferred Workshop, Name unknown	Yes	Repair Option	Preferred Workshop, Name unknown			
Date Registered	24/08/2019 15:16	Claim Close Date		Date Received	24/08/2019 01	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1059266	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/08/2019 15:19		
Path *		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

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	SAS		Normal	SAS 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:19	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:18	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:18	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:18	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:18	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:18	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 15:18	Photos		Normal	Photos 2019-8-24	

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	