

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MAY 19/18/16

Date In: 06/09/2019 12:07	Job description	Date & Time Completed	Done by
Ref No: NBA/2009/015196/Y	SAS e-filing		
Veh No: SGV 9894D	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 03/09/2019 21:15	I-Motor Claim Form	07/10/2018 00:02	06/09/2019
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:28
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKV 5177U	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 ()	

() 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:

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Assign

AM1906870

Client/Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (Non INC) against INC \$20	
	*N11: Idas 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	06/09/2019 12:02
Date Of Accident	03/09/2019 21:15
Exact Location Of Accident	TPE/SLE EXIT 15 (YIO CHU KANG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV9894D
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	LEONARDTSO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91163865
Alternative Phone No	OFFICE-91163865
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 L (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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104142597
Cover Note Number	
Driver	
Name of Driver	LEONARD TAN SEN OON
NRIC No	S9322634H
Date Of Birth	22/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91163865
Fax Number	
Contact Number	OTHERS-91163865
Email Address	LEONARDTSO@OUTLOOK.COM

Address	BLK 237 TAMPINES STREET 21 #07-565
Postcode	520237
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	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)	2
Passenger 1	NAME: : PASSENGER 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 SKETCH PLAN

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	SKV5177U
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FENG WEI
NRIC/Passport Number	S7978537G
Contact Number	94550375
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



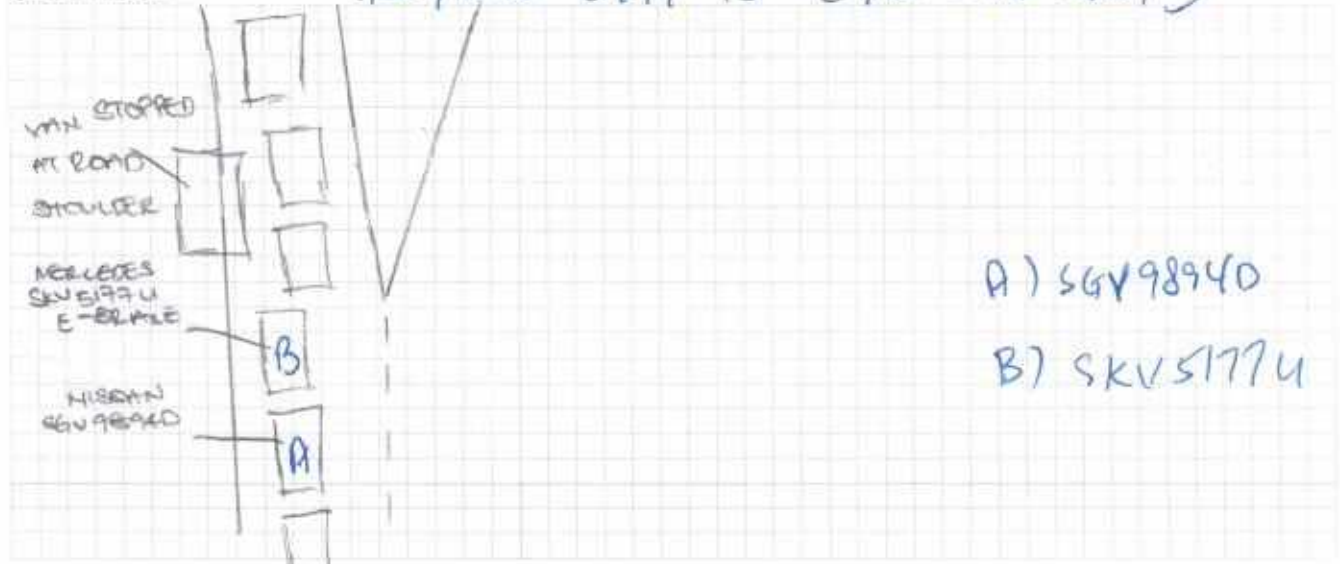
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05/09/19 1425

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

SKETCH PLAN

TPE / SLK EXIT 15 (YIO CHU KANG)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was around 21.15 at the point of accident. ² was travelling at about 50km/h behind Mercedes SKV5177U about to exit the expressway of TPE at exit 15 (YIO CHU KANG) when the ~~vehicle~~ Mercedes suddenly performed an emergency brake. I braked upon seeing the red light lighting up, however, was not able to avoid knocking into the rear of the Mercedes.

DECLARATION

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



Policyholder's Signature
Date & Time:

Flu

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05/09/19 1432

06/09/2019
Ref L
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1061088

Policy No.	5104142557	Vehicle No.	SGV98940	GST Registration No.	
Certificate No.					
Policyholder Name	PANG'S MOTOR RENTAL PTE. LTD.			Policyholder NRIC	201608109H
Product Code	FLEET (INSURANCE)	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	78	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPA	Yes No	TCA	Yes No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private inv	Not available

Accident Details

Report Date	03/09/2019 10:46	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	03/09/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	unknown				

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	31 #01-31 WEST COAST HIGHWAY	Address 2	SINGAPORE 117964	Address 3	
Address 4		Address Type	Singapore address	Post Code	117964
Unit No.	01-31	Related Policy Number	510114420-01		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Miscellaneous History

Claim 002 New

Claim Type *

Contact No.(Mobile)		OD-MK	Insured Name	PANG'S MOTOR RENTAL PTE. LTD.	Insured NRIC	201608109H
Email Address		Vehicle No.	Contact No. (Home)		Contact No. (Office)	
Claim Description		Vehicle Number	TP	Vehicle Number	SKV3177U	
Preferred Workshop		SGV98940 / SKV3177U ON 3 Sept 2019	Name of Preferred Workshop			
Subsist No. Finalisation	Yes	Insured Liability	Fully at Fault			
Date Registered		Preferred Workshop, Name unknown	GLA report	Received		
Report Taken By		06/09/2019 12:22	Claim Close Date		Date Received	06/09/2019 00:00
		ROSLE WAHAR				

Print as letter

Attachment

Accident No.	MT/1061088	Claim No.	002
Last Dist. Received	Yes No	Upload Date	06/09/2019 12:22
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 12:22	Photos	Normal	Photos 2019-9-6	1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 12:22	Photos	Normal	Photos 2019-9-6	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 12:22	Photos	Normal	Photos 2019-9-6	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 12:22	Photos	Normal	Photos 2019-9-6	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 12:22	Photos	Normal	Photos 2019-9-6	

S (BUKIT MERAH)) on 06 Sep 2019 12:22

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

Photos

Normal

Photos 2019-9-6

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

Photos

Normal

Photos 2019-9-6

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

Photos

Normal

Photos 2019-9-6

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

Photos

Normal

Photos 2019-9-6

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

Photos

Normal

Photos 2019-9-6

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-9-6

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 12:22

SAS

Normal

SAS 2019-9-6

Video List

Uploaded by/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03/09/2014) (DD/MM/YYYY), TIME: (21:15) (HH:MM)

LOCATION: TPE/OLE BNT IS 4110 (M11 KANSA)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 36N9894D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5104142597
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN LATID 1.5L A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FERRING PASSENGER
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: FENG'S MOTOR RENTAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 916 3865
c) ADDRESS: 237 TAMPAH STREET 21 #01-065, SINGAPORE 520237

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEONARD TAN BEN DOH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 89322634H CONTACT: 916 3865
c) ADDRESS: 237 TAMPAH STREET 21 #01-065, SINGAPORE 520237

* d) DATE OF BIRTH: (22/02/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/12/2014

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8KV 5177U MODEL: MERCEDES
b) DRIVER'S NAME: FENG WEI
c) NRIC/FIN/PASSPORT: 57978537G CONTACT: 9455 0375

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = leonardt30@outlook.com

VIDEO

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: 5104142597

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGV9894D**
Chassis Number : **JN1BAAC11Z0005656**
2. Name of Policyholder : **PANG'S MOTOR RENTAL PTE. LTD.**
3. Effective Date of Insurance : **12 Jul 2019**
4. Expiry Date of Insurance : **11 Jul 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **SININS AGENCY PTE. LTD. (00000615123)**

Date of Issue : **24 Sep 2018 16:45 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive