

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA119154810

Date In: 23/11/19-14:12	Job description	Date & Time Completed	Done by
Ref No: HA/INC1902743/24	SAS e-filing		
Veh No: 52A7672K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/1/19-19:00	i-Motor Claim Form	M1107175V-001	23/11/19 14:26
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: 52A7672K	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 ()	

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

HA1908844

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: 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:-			
	QD*			
	*N5: 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: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

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	23/11/2019 14:12
Date Of Accident	14/11/2019 19:00
Exact Location Of Accident	SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7697K
Insured/Policyholder	
Name Of Registered Owner	LEONG SOON MENG (LIANG SHUNMING)
NRIC No	S7103203E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92352922
Alternative Phone No	OFFICE-92352922

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112737233
Cover Note Number	

Driver

Name of Driver	LEONG SOON MENG (LIANG SHUNMING)
NRIC No	S7103203E
Date Of Birth	24/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92352922
Fax Number	
Contact Number	OFFICE-92352922
Email Address	NOEMAIL

Address	BLK 120A EDGEDALE PLAINS #10-269
Postcode	821120
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 - 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?	
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: : - GENDER: : FEMALE

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

REFER TO STATEMENT.

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	SJY382Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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:

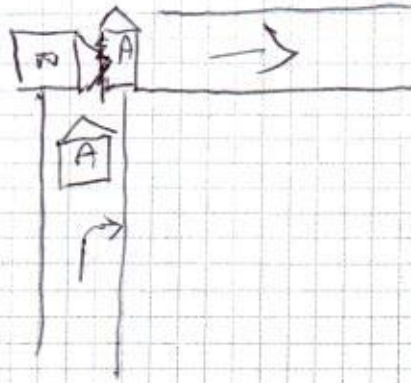


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A: SJQ7671C

Vehicle B: SM43824

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

turning right

I was travelling south road towards Bukit Timah road. I checked for oncoming vehicles and proceeded to turn right. Out of a sudden, Vehicle B came straight and collided on the ~~side~~ side portion of my vehicle.

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)

Reporting Centre Personnel's Signature
Name:

VEHICLE NO: SJQ7697K

MAKE & MODEL: HONDA STREAM

DATE OF ACCIDENT

14/11/19

TIME OF ACCIDENT

1900

AM/PM

LOCATION OF ACCIDENT

SCOTTS ROAD TURNING LEFT TO NEPTON CIRCLE

Exact Purpose use during accident

WORK

NAME OF OWNER

LEONH SOON MENH

TELP NO

92352922

NRIC

S7103203E

CLAIM TYPE

OD

/

THIRD PARTY

/

Reporting Only

INSURANCE CO.

NTUC

TYPE OF COVERAGE

Comprehensive

/

Third Party

/

Third Party Fire & Theft

POLICY NO.

5112737233

NAME OF DRIVER

As above

If No:

NRIC

S7103203E

Any passengers:

1

female

DATE OF BIRTH

24 / 01 / 1971

OCCUPATION

Outdoor

/

Indoor

DATE OF DRIVING PASS

07 / 10 / 2009

GENDER

Male

/

Female

CONTACT NO.

92352922

Office:

Home:

ADDRESS

120A CPGEPAL PLAINS #10-269 S821120

DRIVER HAVE ANY OWN Vehicle

NO / If yes, Reg No.

SJQ7697K

RELATIONSHIP

Employee / If No: OWNER

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes, Who?

CONTACT NO.

92352922

POLICE REPORT

No / If yes, Where?

VEHICLE B NO.

SJY3824

Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /
offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

TELP NO

CONTACT PERSON

FAX NO.

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: 5112737233

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ7697K**
 Chassis Number : **RN61025535**
2. Name of Policyholder : **LEONG SOON MENG (LIANG SHUNMING)**
3. Effective Date of Insurance : **24 Sep 2019**
4. Expiry Date of Insurance : **23 Aug 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	: LEONG SOON MENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 18 Sep 2019 11:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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="14/11/2019 19:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SJQ7697K"/>	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"/>	5112737233		LEONG SOON MENG (LIANG SHUNMING)	S7103203E	GPC	drivo CLASSIC	SJQ7697K	SJQ7697K	24/09/2019	23/08/2020
<input type="button" value="Continue"/>										

LKK Paya Ubi

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Monday, 25 November 2019 9:11 AM
To: LKK Paya Ubi
Cc: Desmond Foo Guo Hui
Subject: RE: Vehicle number: SJQ 7697K

Hi Jackson

Please quote this claim nbr when billing invoice MT/1071752-001

Theresa Vimala
Senior Administrator
Operations, Motor & Personal Lines (PL)
T +65 6430 7898
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Saturday, 23 November 2019 2:26 PM
To: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Cc: ODsupport <ODsupport@income.com.sg>; Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>; Daniel Koh <daniel.koh@income.com.sg>
Subject: Vehicle number: SJQ 7697K
Importance: High

Dear Desmond,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.