

NATIONAL Assessment Centre Services

Date In: 29/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/INC2002562/T1	E-mail (w/for 8hrs, A/C 2hrs):		
Veh No: SKE 33279	i-Motor Claim Form		
D.O.A: 28/1/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
GD TP 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: 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: (\$)	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
4/2	Received email from Cynthia Ang (NTUC), they will not be paying the reporting fee as the claim file was not submitted in their system.

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
	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 : Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:-		
	*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: Idm Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

LKK Paya Ubi

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Tuesday, 4 February 2020 9:04 AM
To: LKK Paya Ubi
Cc: Desmond Foo Guo Hui; Clarence Richard Anthony; Teng Ken Leong; Clement Ng; Ignatius Koh
Subject: Non-payment of Claims not Registered in eBao system made on 29 Jan 2020

Dear Sir/Mdm,

We will not be paying the following reporting fee as the claim file was not submitted in our system.

We have registered them in our system after 2 working days, so please do not submit the case(s) to our system anymore.

No.	CASE REFERENCE	DOA	EFILE DATE	VEH/NO	REPORTING CENTER	CASE TYPE	Late reporting
1	MNA120012858	28/1/2020 7:00	29/1/2020 14:12	SKE3327G	National Assessment Centre Services (Ubi)	SUBMITTED	

As our Accident Reporting Centre, we require you to create the claim file on eBao-GCS by the next working day, after submitting the e-filling at Merimen system.

The reporting fees will be paid on case basis after you have registered the claims at both systems & uploaded the GIA report and photos at our system.

With effect from 1st Sep 2011, we will only pay the Reporting Fees if and only if:

- the claim is registered in both systems by the next working day;
- GIA report &/or photos is uploaded to our system.

Meanwhile, if you have any problem using our new claims system, please contact my colleagues for assistance:

- Patrick Tan (patrick.tan@income.com.sg)
- Clarence Anthony (clarence.anthony@income.com.sg)

With Regards

Cynthia Ang
Admin Assistant
Operations, Motor & Personal Lines
T +65 6430 7900
www.income.com.sg

income
made different



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

in with you

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.

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	29/01/2020 13:40
Date Of Accident	28/01/2020 07:00
Exact Location Of Accident	RIVER VALLEY RD TOWARDS JERVOIS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3327G
Insured/Policyholder	
Name Of Registered Owner	CARS 88 HIRE PTE LTD
Co Reg No	5XXXXX5080
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86613516
Alternative Phone No	OFFICE-86613516

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS C-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102235080
Cover Note Number	

Driver

Name of Driver	ANG SOON LEE
NRIC No	SXXXX225G
Date Of Birth	28/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1993
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86613516
Fax Number	
Contact Number	
Email Address	ANGSOLE@GMAIL.COM

Address	BLK 107D EDGEFIELD PLAINS #17-136
Postcode	824107
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200128/2046

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 INJURED PERSON 1

Name	HO WAH SAI
Approximate Age	
Injuries Sustain	HEAD, PAIN LEFT LEG & ABRASIONS ON HANDS
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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/ran 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.

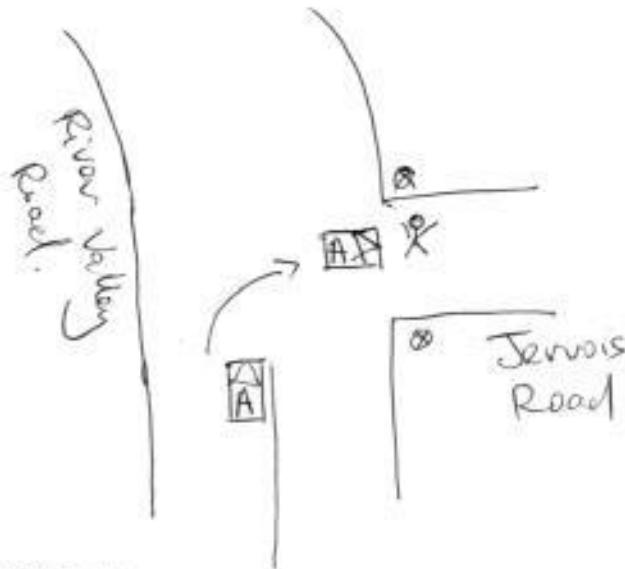


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No T/20200128/2046.

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 Officer's Signature
Name
NRIC / PIN No.:



SINGAPORE POLICE FORCE



T/20200128/2046

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200128/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 12:08	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: ANG SOON LEE			Address: APT BLK 107D EDGEFIELD PLAINS #17-136 SINGAPORE 824107		
ID Type / ID No.: NRIC NO / S1802225G			Contact No.: Home/Office: Mobile: 86613516		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 28/07/1967	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/01/2020 07:00	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 RIVER VALLEY ROAD JERVOIS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE3327G	Car				No Damage	1

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



**SINGAPORE
POLICE FORCE**



T/20200128/2046

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20200128/2046

CONTINUATION OF REPORT

Driver				
Name	ANG SOON LEE		ID No.	S1802225G
Related Vehicle	SKE3327G (Car)		Contact No.	86613516
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Pedestrian				
Name	HO WAH SAI		ID No.	S2005011Z
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/01/2020		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On the above mentioned date, time, I was driving my vehicle along River Valley Rd turning right into Jervois Rd to pick up a passenger. While waiting to turn right, I observed that the pedestrian walking was clear and no oncoming vehicles. While turning right at the traffic light junction, I suddenly noticed that there was an oncoming pedestrian coming from the left. I quickly pressed onto my brakes. The pedestrian used both his hands upon seeing my vehicle which caused him to fall backwards. He injured his head with a slight bleeding and swelling and some abrasions on both of his hands. He was conscious throughout and informed that his left leg was in pain. I then brought him to SGH A&E where they informed that he will be under observation 1 day. I have an in-car camera installed in my vehicle. My vehicle did not suffer any damage.



**SINGAPORE
POLICE FORCE**



T/20200128/2046

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20200128/2046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 NURJANNAH BINTE AMRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp NEO CHENG BEET, CECILIA

Contact No.: 65476069

Signature Of Informant:

Date/Time:

28/01/2020 12:08

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 01 / 2020 (DD/MM/YYYY), TIME: 07.00 (HH:MM)

LOCATION: River Valley Rd towards Jervis Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 3327 G.
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102235080
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Prius C
 f) TYPE: (SALE / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Cars 88 Hire Pte Ltd. (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Soon Lee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1802225 G. CONTACT: 86613516
 c) ADDRESS: BLK 107D Edgefield Plains #17-136
8(8240)07

* d) DATE OF BIRTH: 28 / 07 / 1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

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: Bukit Merah West NPC

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

Email: angsole@gmail.com

fax: _____

video: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1802225G



NAME
ANG SOON LEE

洪 舟 歷

RACE
CHINESE

Date of Birth 28-07-1967 Sex M

Country of Birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1802225G

Name
ANG SOON LEE

Birth Date 28 Jul 1967

Issue Date 17 Dec 2002



000040242E

For LKK/NAC Use Only

4649581



NRIC No. S1802225G

For LKK/NAC Use Only

Date of Issue 12-11-2010

APT BLK 107D EDGEFIELD PLAINS #17-138
SINGAPORE 024107

NRIC No. S1802225G Date: 20/08/2010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE
27 Jan 1993

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

For LKK/NAC Use Only

NP 478A

License No. S1802225G



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: 5102235080

Cover : drive CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKE3327G |
| Chassis Number | : JTDKD383501501692 |
| 2. Name of Policyholder | : CARS 88 HIRE PTE. LTD. |
| 3. Effective Date of Insurance | : 18 Apr 2019 |
| 4. Expiry Date of Insurance | : 17 Apr 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	: AUTOTRUST CREDIT 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 11 Jul 2018 16:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive