

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2000]

MA2001425

Date In: 11/02/2020 15:17	Job description	Date & Time Completed	Done by
Ref No: MA2001425	SAS e-filing		
Veh No: SN 8475C	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 10/02/2020 08:30	1-Motor Claim Form	11/08/2020	11/02/2020
OD TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:35
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SN 1907	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 repair.

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

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

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

Injury: _____

Date/Time	Location

MA2001425	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
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) \$20	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11) / TP (N-n INC) against IRG \$20	
	9) N12: Idea Mobile	
	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	11/02/2020 15:17
Date Of Accident	10/02/2020 08:30
Exact Location Of Accident	ALONG AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8475C
Insured/Policyholder	
Name Of Registered Owner	LEONG KOH WAH ANDREW (LIANG GUOHUA, ANDREW)
NRIC No	SXXXX729F
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82019886
Alternative Phone No	OTHERS-82019886

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 CVT (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115605603
Cover Note Number	

Driver

Name of Driver	LEONG KOH WAH ANDREW (LIANG GUOHUA, ANDREW)
NRIC No	SXXXX729F
Date Of Birth	16/10/1981
Occupation	INDOOR
Date Of Driving Pass	07/02/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82019886
Fax Number	
Contact Number	OTHERS-82019886
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 109 SPOTTISWOODE PARK ROAD #20-85
Postcode	080109
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

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	SLN190T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN TAN EE SHENG
NRIC/Passport Number	SXXXX653F
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLZ5248R

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

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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.

Andrew

Policyholder's Signature
Date & Time:

Andrew

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

11/05/2020
Reporting Centre Personnel's Signature
Name: *Lee K. Lathao*
NRIC/FIN No.:

SKETCH PLAN

Along HYE towards Tuar



Vehicle A: SLV 8475C

Vehicle B: SLN 190T

Vehicle C: SLZ 5248R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along HYE (towards Tuar) on 10/2/2020 at about 8:30am.

As I drove along, I noticed that the vehicles in front had collided, so I stopped my vehicle (A) in time to avoid it.

Suddenly, I felt an impact from behind. When I got off the vehicle, I realised it was a 3 car collision.

DECLARATION

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

Andrew

Policyholder's Signature
Date & Time:

Andrew

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

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

11/02/2020
[Signature]
[Signature]

PERSONAL PARTICULARS

Driver ①
Passenger ② Female:
one adult & one baby.

Date of Accident: 10/02/2020

Time of Accident: 8:30 Am (24Hrs)

Vehicle No: SLV 8475 C

Vehicle Make/Model: Honda Jazz 1.3 CVT

Exact Location of Accident: AYE Toward Tuas

Owner's Name/NRIC: Leong Kok Wah, Andrew. I/C No: S8130729 F

Driver's Name/NRIC: Leong Kok Wah Andrew I/C No: S8130729 F

Driver's Contact: 82019886

Insurance Co & Policy No: NTUC Ins: 5115605603

Driver's Email Address: hancorrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Kevin Tan Ee Sheng I/C No: S7075653 F Vehicle No: SLN 190 T Mercedes

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): SLZ 5248 R Honda

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Claim Handling

Accident MT/1083902

Policy No.	5115605603	Vehicle No.	SLV8475C	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG KOH WAH ANDREW	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	82019886	Special Remark		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	
KPK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	
▼ Accident Details					
Report Date	11/02/2020 15:32	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	10/02/2020	Time of Accident hh:mm	08:30	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AYE TOWARDS TUAS				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
▼ 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 109 #20-85	Address 2	SPOTTISWOODE PARK ROAD	Address 3	
Address 4	SINGAPORE 080109	Address Type	Singapore address	Post Code	
Unit No.	20-85	Related Policy Number	5115605603		
▼ OS Driver Info					
Driver Name	Leong Kok Wah Andrew	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8130729F	Driving Experience	
Register Date of Driver License	01/01/2018	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)	82019886	Contact No. (Office)		Address 3	
Address 1	BLK 109 #20-85	Address 2	SPOTTISWOODE PARK ROAD	Post Code	
Address 4	SINGAPORE 080109	Address Type	Singapore address		
Unit No.	20-85	Driver Vehicle No.	SLV8475C	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		
Modification History					

Claim 001 OD-MX

New

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	Insured Name	LEONG KOH WAH AND
Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	82019886
Date Registered					OT Vehicle Number	SLV8475C
Report Taken By					Claim Close Date	11/02/2020 15:34
					Workshop Repairer	RQSLI WAHAB

Print AX letter

Save Submit

Attachment

Accident No.	MT/1083902	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/02/2020 15:35

Path •

Category •

Confidential

Urgency

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File: No file chosen

Choose File No file chosen

Message Read

Please Select

810

References

Clear

Please Select

100

11/1/2011

Clear

▶ **Design Select**

NO.

Clear

Please Select

NO

105

Class Select
















510

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:35	Photos		Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:35	Photos		Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:35	Photos		Normal	Photos 2020-2-11
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:34	SAS		Normal	SAS 2020-2-11

▼ **Video List**

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

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115605603

Cover : drive CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLV8475C |
| Chassis Number | : L13811030180 |
| 2. Name of Policyholder | : LEONG KOH WAH ANDREW |
| 3. Effective Date of Insurance | : 17 Jan 2020 |
| 4. Expiry Date of Insurance | : 16 Jan 2021 |
| 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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\$600
EXCESS (SECTION 2)	: N/A
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 KOK WAH ANDREW
NAMED DRIVER (1)	: LEONG SUK TENG AMANDA
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 : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 15 Jan 2020 12:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive