

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA420028701

Date In: 05/03/2020 14:18	Job description	Date & Time Completed	Done by
Ref No: N/A/INC200028701	SAS e-filing		
Veh No: SGN 6198B	E-mail (to John Sims, AIC 2hrs)		
D.O.A: 04/03/2020 14:55	I-Motor Claims Form	mtic87014-001	05/03/2020
OID: (TP) Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		14:42
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLU 2357M	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 rapolior.

() 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 > \$9000] ()

Injury: _____

Damage: _____

NA2001812	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
_____	For claiming against INC Only (ver 10 Jan 200)	
_____	6) TR: Re-inspection \$75	
_____	7) NI: Idea DA + SMRT Survey \$160	
_____	8) NIUC Additional Services:	
_____	ON:	
_____	* NS: Courtesy Car / Tpt Allowance \$5	
_____	* NS: Repair Coordination \$10	
_____	* NS: Post Repair Inspection \$25	
_____	* NS: DV / Collect Through Coordination \$5	
_____	TP (N1): TP (N1) INC against INC \$20	
_____	2) NI2: 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	05/03/2020 14:18
Date Of Accident	04/03/2020 14:55
Exact Location Of Accident	JALAN HARIMAU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ6198B
Insured/Policyholder	
Name Of Registered Owner	ACE STAR
Co Reg No	5XXXX294K
Email Address	ACESTAR.COM.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96771000
Alternative Phone No	OFFICE-96771000

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096974707-02
Cover Note Number	

Driver

Name of Driver	LIU JIANHUI
NRIC No	SXXXX353Z
Date Of Birth	16/09/1983
Occupation	INDOOR
Date Of Driving Pass	11/06/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96771000
Fax Number	
Contact Number	OTHERS-96771000
Email Address	CARSTORY1609@YAHOO.COM.SG

Address	BLK 1 LORONG 20 GEYLANG #08-09
Postcode	398721
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?	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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU2337M
Vehicle Make/Model/Colour	SUBARU LEGACY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH XIN WEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SLG 6198 B
Veh B: SLU 2337 M

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

ACE
STAR A

Policyholder's Signature

Date & Time: 5-3-20 13:20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

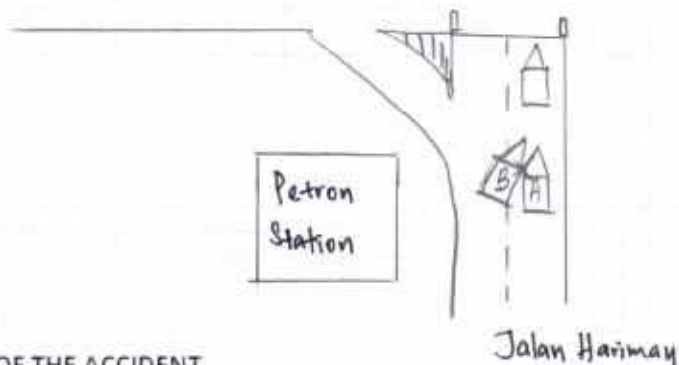
05/03/2020

SKETCH PLAN

Veh A: SGA 6198 B

Veh B: SLV 2337M

Plaza Pelangi



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was stationary at the traffic junction along Jalan Harimau suddenly vehicle B from my LH cut into my lane and collided to my vehicle.

DECLARATION

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

A C E
S T A R

Policyholder's Signature

Date & Time: 5-3-20 13:20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 4-3-2020 *Time of Accident: 14:55
*Accident Location: Jalan Haiman (JB) - Malaysia

Vehicle Details

*Vehicle Number: SGQ61988 *Make & Model: HONDA AIRWARE 1.5 A

Insured / Policyholder

*Owner Name: ACE STAR *NRIC: 53316294K
*Address: 1 LORONG 20 GEYLANG #08-09 S398721
*Email: Acestar.com.sg@gmail.com *HP: 96771000
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: LIU JIANHUI *NRIC: S83283532
*Address: 1 LORONG 20 GEYLANG #08-09 S398721
*Date of Birth: 16-09-83 *Driving Pass Date: _____ *HP: 96771000
*Email: carstory1609@yahoo.com.sg *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: INCOME *Coverage: C / TPFT / TPO *Policy No: 5096974707-02

Detail of other vehicle / Property 1

Vehicle No.: SLU 2337M
Make & Model: SUBARU LEGACY
Vehicle Category: SLU 2337M
Name of Driver: KOH XIN WEI
NRIC : S8853036H
HP : _____
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1087014

Policy No.	00000000000000000000	Vehicle No.	00000000000000000000	GST Registration No.	
Certificate No.					
Policyholder Name	ACE STAR			Policyholder NRIC	000000000000000000
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No. (Mobile)	00000000000000000000	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eClaim	NO
ICR	No Yes	TCA	No Yes	eClaim Reason	
RCD Protection	No	RCD Entitlement (%)	20	Private Risk	No

Accident Details

Report Date	05/03/2020 14:29	Accident Report Within 24 hrs	Yes	Accident Type	Slits Seize
Date of Accident	04/03/2020	Time of Accident (H:MM)	14:55	Country of Accident	Outside Singapore
Reporting Centre		Change Force		ICR No.	
Accident Location	BLUR H0000000				

Total Excess Applicable

Excess Type	All Claims Excess	Windscreen Excess	0.00		
All Claims Excess	2,000.00				
YES All Claims Excess	0.00	Driver is Covered?	Covered		
Total All Claims Excess Applicable	2,000.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	05/03/2020 14:37:30 System changed GST Status verified from No to Yes				

Policyholder Mailing Address

Address 1	2 LORONG 20 CAYLAND	Address 2	#08-09 # 1 SUITE8	Address 3	SINGAPORE 398721
Address 4		Address Type	Singapore address	Post Code	398721
Unit No.	07-102	Related Policy Number	00000000000000000000		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIH JAHWU	Driver ICAIC	50000000000000000000	Driver DOB	15/04/1981
Register Date of Driver License	11/06/2003	Driver Age	36	Driving Experience	18
Contact No. (Mobile)	00000000000000000000	Contact No. (Office)		Contact No. (Home)	
Address 1	2 LORONG 20 CAYLAND	Address 2	#08-09 # 1 SUITE8	Address 3	SINGAPORE 398721
Address 4		Address Type	Foreign address	Post Code	398721
Unit No.	08-09				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	00000000000000000000	Driver Insurer Company	NTUC

Declaration					
Breakdown of Bond Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ACE STAR	Insured NRIC	000000000000000000
Contact No. (Mobile)	00000000000000000000	Contact No. (Home)		Contact No. (Office)	
Email Address	ACESTAR.COM.SG@CHAIL.COM	OT	00000000000000000000	Vehicle Number	00000000000000000000
Claim Description	00000000000000000000 / 00000000000000000000 on 05 Mar 2020				
Preferred Workshop		Insured Liability	Not at fault		
Reliant no Finalisation	Yes	Preferred	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Report Option			
Report Taken By		Claim Close Date	05/03/2020 14:33	Date Received	05/03/2020 00:00
		Workshop Repaired	ROSLI WAHAB	Total Loss Set Reported	

(Print) AK Letter

Save Submit

Attachment

Accident No.	MT/1087014	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	05/03/2020 14:42		
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	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	Clear	Please Select	NO	Normal
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (Y/N)	Action
	NAC_BUKIT_MERAH_000000 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5		Edit
	NAC_BUKIT_MERAH_000000 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5		Edit
	NAC_BUKIT_MERAH_000000 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5		Edit
	NAC_BUKIT_MERAH_000000 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5		Edit

	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	Photos	Normal	Photos 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	NRIC/ Driving License	✓	NRIC/ Driving License 2020-3-5	ERR
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2020 14:42	SAS	Normal	SAS 2020-3-5	ERR

Video List

Uploaded By/Date	Folder Name	File Name	Source	Action
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 : 5096574707-02

Cover : Third Party

- | | |
|---|---------------|
| 1. Index mark and Registration Number of Vehicle | : SGQ61988 |
| Chassis Number | : GJ11107611 |
| 2. Name of Policyholder | : ACE STAR |
| 3. Effective Date of Insurance | : 19 Jan 2020 |
| 4. Expiry Date of Insurance | : 18 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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 (ALL CLAIMS)	: S\$2,000
INSURE WITH COE	: 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 : AON SINGAPORE PTE LTD (00000691150)
 Date of Issue : 30 Dec 2019 12:20 hrs
 Reprint : 30 Dec 2019 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive