

NATIONAL Assessment Centre Services. [ref: Jan/03] MNA 12005888

Date In: 13/7/20 13:59	Job description	Date & Time Completed	Done by
Ref No: NAI INC 20007216/h4	SAS e-filing		
Veh No: SLF 9385G	E-mail (within this, AIC 2hrs)		
TPA: 12/7/20 17:30	I-Motor Claim Form	MT/1096675 ⁰⁰¹	13/7/20 14:28
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vlgn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ 1421S.	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: ()

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

Injury: _____

Date/Time:	Assigns:

MA2003677	Invoice Preparation Checklist	Amf (C) / \$ AMF (C)
1) All: Accident Reporting (\$30);	INC (\$30)	20.00
2) DA: Damage Assessment (\$100);		
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 2003)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
9) N1: Idao Mobile	\$0	
QC Checked by (Engr-In-Charge):		
Auditors Comments:		
Tel: 11		
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	13/07/2020 13:59
Date Of Accident	12/07/2020 17:30
Exact Location Of Accident	ALONG CTE EXIT INTO PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9385G
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	5XXXX794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5113017776
Cover Note Number	

Driver

Name of Driver	KUMARAN SUPPIAH VIJAYADEVAR
NRIC No	SXXXX775E
Date Of Birth	10/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91874615
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 108 YISHUN RING ROAD #09-311
Postcode	760108
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?	
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: : UNKNOWN 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

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	SLJ1421S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE SIEW KIANG
NRIC/Passport Number	SXXXX313H
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.:

E Changi

CTE twds Town

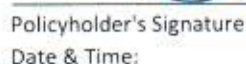
A = SLF 9385 G

B = SLJ 1421 S.

B = SLJ 14215.

I was travelling along CTB Exit to PIE (Changi)
Suddenly Veh B ^{slow down} ~~stopped~~, I also apply brake
to slow down but accidentally touch onto Veh
B rear portion.

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



Driver's Signature
(If driver is not the policyholder)



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: 5113017776

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle
Chassis Number

SLF9385G

KMHD841CMHU271715

2. Name of Policyholder

WENG SOON AUTO & LEASING

3. Effective Date of Insurance

30 Sep 2019

4. Expiry Date of Insurance

29 Sep 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 : MOTOR UNIVERSE 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 : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 30 Sep 2019 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 7 / 20) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: Along CTE Exit into PIE Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 9385 G
b) INSURANCE COMPANY: lmc
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Elantra
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: commercial
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: Weng Soon Auto & Leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 92727979
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 91874615
c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (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: Hirer

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: SLJ 1421 S. MODEL:
b) DRIVER'S NAME: See Siew Kiang
c) NRIC/FIN/PASSPORT: S 72813134 CONTACT: 96179768

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

/
M

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = Weng Soon.

fax =

VIDEO = X No.

Claim Handling

Accident MT/1096675

Policy No.	5113017776	Vehicle No.	SLF9385G	GST Registrati
Certificate No.				
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92727979	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	13/07/2020 14:23	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/07/2020	Time of Accident hh:mm	17:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CTE EXIT INTO PIE CHANGI			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	13/07/2020 14:25:54 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-200	Related Policy Number	5101466438-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	KUMARAN SUPPIAH VIJAYADEV	Driver NRIC	S3041775E	Driving Experii
Register Date of Driver License	18/10/1994	Driver Age	54	Contact No.(Hi
Contact No.(Mobile)	91874615	Contact No.(Office)		Address 3
Address 1	BLK 108 #09-311	Address 2	YISHUN RING ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	09-311			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	WE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SL
Claim Description	SLF9385G / SLJ1421S ON 12 Jul 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	Received
Date Registered	13/07/2020 14:26	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/1096675 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 13/07/2020 14:28

Path *

Category *

Confider

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	NRIC/ Driving License	Normal	NRIC/ Drin
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:28	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jul 2020 14:27	Photos	Normal	Ph

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading