

NATIONAL Assessment Centre Services.

(last 1 Jan 2005)

19420064531

Date In: 30/07/2002 17:46	Job Description	Date & Time Completed	Done by
Ref No: 19420064531	SAS e-filing		
Veh No: SLK 518XR	E-mail (Sjula 2hrs, AIC 2hrs)		
D.O.A: 30/07/2002 14:35	1-Motor Claims Form	mt/1098490-001	30/07/2002 17:53
OD (TP) Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

Preferred Wksp / INC Assign Wksp / QW: (

Toll:

Fax:

TP Particulars:	Veh No: SMM 47257	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 reporter.

() 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: ()

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PF: Follow-Through Survey	\$120
5) PF: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NIUC Additional Services	
9) NIUC Additional Services	
10) NIUC Additional Services	
11) NIUC Additional Services	
12) NIUC Additional Services	
13) NIUC Additional Services	
14) NIUC Additional Services	
15) NIUC Additional Services	
16) NIUC Additional Services	
17) NIUC Additional Services	
18) NIUC Additional Services	
19) NIUC Additional Services	
20) NIUC Additional Services	

Invoice dated

Invoice dated

Fee Charged

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 30/07/2020 17:40
Date Of Accident 30/07/2020 14:35
Exact Location Of Accident ALONG WEST COAST HIGHWAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE5725R
Insured/Policyholder
Name Of Registered Owner LOH KIAN LEONG
NRIC No SXXXX834D
Email Address HANCARREPAIRS@GMAIL.COM
Mobile Phone No (LOCAL) +65-93389995
Alternative Phone No OTHERS-93389995

Vehicle Particulars

Manufacturer HYUNDAI
Model ELANTRA
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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5117888431
Cover Note Number

Driver

Name of Driver LEE QIOU XIA
NRIC No SXXXX718B
Date Of Birth 15/02/1977
Occupation INDOOR
Date Of Driving Pass 18/09/2006
Driving Experience 13 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93389995
Fax Number
Contact Number OTHERS-93389995
Email Address HANCARREPAIRS@GMAIL.COM

Address	BLK 96A HENDERSON ROAD #13-52
Postcode	151096
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : PASSENGER 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

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	SMM4725T
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:

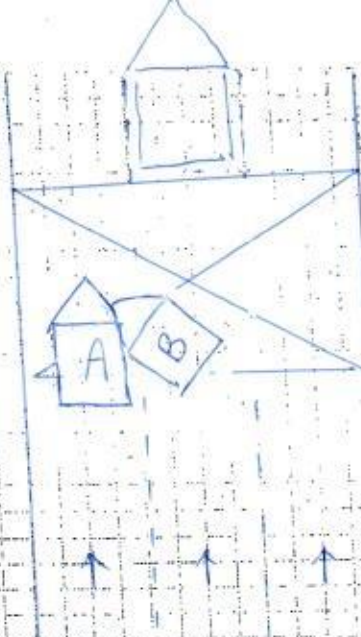


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A: SLE5725R

Vehicle B: smm4125T

West Coast Highway

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along west coast highway on 30/07/2020
at about 1433Hrs.

The traffic on my lane was smooth. As I was approaching
the yellow box, Vehicle B came from my right and hit
onto me (Vehicle A).

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

30/07/2020
Resli
Wahid

PERSONAL PARTICULARS

Driver - 1 Female
Passenger - 1 male

Date of Accident: 30 / 7 / 2020

Time of Accident: 14 : 33 (24Hrs)

Vehicle No: 3LE 5725 R.

Vehicle Make/Model: Hyundai Elantra

Exact Location of Accident: Along West Coast Highway

Owner's Name/NRIC: Loh Kian Leong I/C No: 51489834 D

Driver's Name/NRIC: Lee Qian Xia I/C No: 57781718 B

Driver's Contact: 9338 9995

Insurance Co & Policy No: NTUC Ins 511788843 1

Driver's Email Address: hancarepairs@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? _____

Driver - 1 Female

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: SMM 4725 T

Insurance Company: _____

Driver's Contact: _____

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

Other Vehicle (Vehicle C): _____

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/1098490

Policy No.

S117888431

Vehicle No.

SLE5725R

GST Registration No.

Certificate No.

Policyholder Name

LOH KIAN LEONG

Product Code

PRIVATE CAR INSURANCE

Contact No.(Mobile)

93389935

Email Address

KFK

No

Yes

NCD Protection

Yes

Cover Type

Drive CLASSIC

Contact No.(Office)

Special Remark

TCA

No

Yes

NCD Entitlement(%)

50

Policyholder NRIC

S1489834D

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Accident Details

Report Date

30/07/2020 17:45

Date of Accident

30/07/2020

Reporting Centre

Accident Location

ALONG WEST COAST HIGHWAY

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

14:35

Orange Force

Accident Type

Side Swipe

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

0.00

YIED OD Excess

0.00

Additional Excess

0

Total OD Excess Applicable

0.00

TP Standard Excess

0.00

YIED TP Excess

0.00

Total TP Excess Applicable

0.00

Driver is Covered?

Covered

Benefits

Coverage

Sum Insured

99999999.95

Excess Waiver

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 96A #13-52

Address 2

HENDERSON ROAD

Address 3

CITY VUE @HENDERSON

Address 4

SINGAPORE 151095

Address Type

Singapore address

Post Code

151096

Unit No.

13-52

Related Policy Number

S117888431

DI Driver Info

Driver Name

LEE QIDU XIA

Unnamed driver Name

Register Date of Driver License

18/09/2006

Contact No.(Mobile)

93389935

Driver Type

Named Driver

Driver NRIC

S7941718B

Driver Age

43

Contact No.(Office)

Address 1

Address 2

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

Yes

No

Driver Vehicle No.

SLE5725R

Driver Insurer Company

NTUC

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Claim 001

New

Claim Type *

QID-MX

Contact No.(Mobile)

91919093

Email Address

ERP@KIANLEONGSGMAIL.COM

Claim Description

SLE5725R / SMM4725T ON 30 Jul 2020

Preferred Workshop

SMM4725T

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

30/07/2020 17:53

Report Taken By

ROSLI WANAB

Print AK letter

Insured Name

LOH KIAN LEONG

Contact No. (Home)

64751877

TP Vehicle Number

SMM4725T

Name of Preferred Workshop

Insured NRIC

S1489834D

Contact No. (Office)

Claim Close Date

Date Received

30/07/2020 00

Save

Submit

Attachment

Accident No. MT/1098490

Claim No. 001

Last Doc. Received Yes No

Upload Date 30/07/2020 17:53

Path *

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

Category *

Confidential

Urgency *

Description *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send Mes

Attachment List

Attachment


Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:53	Photos		Normal	Photos 2020-7-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:53	Photos		Normal	Photos 2020-7-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:53	Photos		Normal	Photos 2020-7-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:53	Photos		Normal	Photos 2020-7-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:53	SAS		Normal	SAS 2020-7-30
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
		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: 5117888431

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLE5725R**
Chassis Number : KMHD841CMHU199813
2. Name of Policyholder : LOH KIAN LEONG
3. Effective Date of Insurance : 27 Jul 2020
4. Expiry Date of Insurance : 26 Jul 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)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LOH KIAN LEONG
NAMED DRIVER (1)	: LEE QIU XIA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 17 Jun 2020 15:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive