

NATIONAL Assessment Centre Services.

July 1, 2005

MASS 39065661

Date In: 04/08/2020 12:31	Job description	Date & Time Completed	Done by
Ref No: X168/AIC20008820/4	SAS e-filing		
Veh No: SJV 879VE	E-mail (3 jobs max, AIC 2 hrs)		
DOI: 04/08/2020 08:25	I-Motor Claims Form	MM/07/855001	04/08/2020 12:35
OT (TP) Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Veh No: SJK 2193U 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 repair 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 of Work: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Bug-In-Charge): ()

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MASS 39065661

1) AIC: Accident Reporting (\$10)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40545
4) PF: Follow-Through Survey	\$120
5) PF: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Daily (over 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + 6MIF Survey	\$160
1) NIUC Additional Services	
OT:	
* NI: Courtesy Car / Tpl Allowance	\$3
* NI: Repairs Coordination	\$10
* NI: Post Repair Inspection	\$25
* NI: DV / Collision Course Coordination	\$3
TE (44) TP (55) AIC (25) AIC (25) AIC (25)	\$30
2) NI: Idea Mobile	

Invoice dated Fee Charged
Invoice dated Fee Charged

MASS 39065661

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	04/08/2020 12:31
Date Of Accident	04/08/2020 08:25
Exact Location Of Accident	ALONG LENG KEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8794E
Insured/Policyholder	
Name Of Registered Owner	LEE XINGGUANG (LI XINGGUANG), DESMOND
NRIC No	SXXXX278G
Email Address	ARCHRIVAL9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98532078
Alternative Phone No	OTHERS-98532078
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5113476471
Cover Note Number	
Driver	
Name of Driver	LEE XINGGUANG (LI XINGGUANG), DESMOND
NRIC No	SXXXX278G
Date Of Birth	05/12/1981
Occupation	INDOOR
Date Of Driving Pass	12/11/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98532078
Fax Number	
Contact Number	OTHERS-98532078
EMail Address	ARCHRIVAL9@GMAIL.COM

Address BLK 110 BEDOK NORTH ROAD
#04-2282

Postcode 460110

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING

Road Surface WET

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 SJK2173U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RICKY LAU

NRIC/Passport Number

Contact Number 91370529

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 4200 65661 Vehicle Registration No: 3Jv 8794 E
 Name (as shown in NRIC) : LEE XING HUANG NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 110 BEDOK NORTH RD #04-2282 Singapore (460110)
 Contact (Tel) : _____ Mobile No. : 98532078
 Email Address : arenriver19@gmail.com
 Date of Accident : 4-8-2020 Time of Accident : 08:25
 Place of Accident : JUNCTION BETW. LONG KEE & ALOR RD.
 Insurance Company : NTYL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ADDRESS TO : BLC 110 BEDOK NORTH RD #04-2282 S(460110)
ATTACH SCENE VIDEOS & SCENE PHOTO -

[Signature]
 Policyholder / Driver's Signature
 Date:

[Signature] 01/08/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: [Signature]
 Date:

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: 4/8/20
1230hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 04/08/2020 (DD/MM/YYYY), TIME: 08:28 (HH:MM)
LOCATION: Leng Kee Road

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: SJV 8794 E
 - b) INSURANCE COMPANY: NTUC
 - c) POLICY NUMBER: 5113476471
 - d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 - e) MAKE & MODEL: Civic ~~FD4~~
 - f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 - g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 - h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
- A) NAME: Lee Xingguang Desmond (MALE / FEMALE)
 - B) NRIC/FIN/PASSPORT: S8140278G CONTACT: 98532078
 - C) ADDRESS: 260A Punggol Way #15-307
Spore 8225 821260

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: AS ABOVE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- * d) DATE OF BIRTH: 05/12/1981 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) _____
- f) DATE OF DRIVING PASS: 12/11/2012
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
- b) ROAD SURFACE: (DRY / WET / OTHERS) WE
- 6. WAS ANYBODY INJURED (YES/NO) NO
- 7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SJK SJK 2173U MODEL: _____
 - b) DRIVER'S NAME: Ricky Lau
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: 9137 0529

9. THIRD PARTY VEHICLE
- d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = archrival9@gmail.com
VIDEO Pearlyn.cheong@vw.com.sg

Claim Handling

Accident No./1098232

Policy No.	SL13475471	Vehicle No.	SV0794E	GST Registration No.	
Certificate No.					
Policyholder Name	LEE XINGGUANG DESMOND	Policyholder NRIC	SB140279G		
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLAUDIC	Leading	1
Contact No. (Mobile)	98532078	Contact No. (Office)		Contact No. (Home)	
Email Address	arcmv49@ymail.com	Special Remark		eCadd	NO
4PL	No - Yes	TCA	No - Yes	eDate Renew	No
NCD Protection	No	NCD Breach/No	0	Private Hire	No

Accident Details

Report Date	04/08/2020 12:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	04/08/2020	Time of Accident (H:MM)	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	*ALONG LENO XEE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Insurancem Excess	100.00	Driver Is Covered	Covered
GD Standard Excess	600.00	TP Standard Excess	0.00		
VED GD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total GD Excess Applicable	600.00				

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 2004 #15-307	Address 2	PUNGGOL WAY	Address 3	PUNGGOL TORAZ
Address 4	SINGAPORE 821260	Address Type	Singapore address	Post Code	821260
Unit No.	15-307	Related Policy Number	SL13475471		

GI Driver Info

Driver Name	LEE XINGGUANG DESMOND	Driver Type	Main Driver	Driver DOB	05/12/1991
Uninsured driver Name		Driver NAIC	SB140279G	Driving Experience	3
Register Date of Driver License	22/11/2012	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	PUNGGOL WAY
Address 1	BLK 2004 #15-307	Address 2	PUNGGOL WAY	Address 3	PUNGGOL TORAZ
Address 4	SINGAPORE 821260	Address Type	Singapore address	Post Code	821260
Unit No.	15-307			Driver Insurer Company	NTIC
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	SV0794E		

Declaration

Swath/Alcohol or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 New

Claim Form *

Insured Name	LEE XINGGUANG DESMOND	Insured NRIC	SB140279G
Contact No. (Mobile)	98532078	Contact No. (Office)	
Email Address	arcmv49@ymail.com	TP Vehicle Number	SV0794E
Claim Description	SV0794E / SV02173U ON 4 Aug 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Damage Inc. Problem	Partial	Preferred Workshop Name unknown	OSR report
Date Registered	04/08/2020 12:54	Claim Date	
Report Taken By	ROSLI WAHAB		

Print as label

Attachment

Accident No.	HT1098232	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/08/2020 12:55

Path:

Attachment	Uploaded By/Date	Category	Priority	Description	Req Sent (CO)
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal		
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal		
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal		
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal		
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal		
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal		

Attachment List

Attachment	Uploaded By/Date	Category	Priority	Description	Req Sent (CO)
SAC_BUKIT_MERAH_800576 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 04 Aug 2020 12:55		Photos	Normal	Photos 2020-8-4	

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: 5113476471

Cover : drivo CLASSIC

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJV8794E |
| Chassis Number | : JHMFD46209S200074 |
| 2. Name of Policyholder | : LEE XINGGUANG DESMOND |
| 3. Effective Date of Insurance | : 22 Oct 2019 |
| 4. Expiry Date of Insurance | : 11 Feb 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.

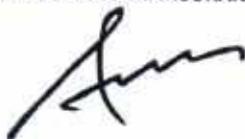
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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	: LEE XINGGUANG DESMOND
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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 22 Oct 2019 10:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive