

NATIONAL Assessment Centre Services. [part 1 Jan03] MMA 120069741

Date In: 17/8/20 14:07	Job description	Date & Time Completed	Done by
Ref No: MAI/MC 2000 8538 164	SAS e-filing		
Veh No: SMS 85185	E-mail (within 2hrs, A/C 2hrs)		
DP/A: 16/8/20 01:30	I-Motor Claim Form	MT/1100148 ⁰⁰¹	17/8/20 14:53
OD: <input checked="" type="radio"/> 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/Wksj		

Produced Wksj / INC Assgn Wksj / GW: () Tel: () Fax: ()

TP Particulars: Veh No: GBC 7253B, 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: ()

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

Injury: _____

Date/Time	Action

WA 2004206	Invoice/Explanation/Charged	Amount
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$38)	
Contact No:	3) TP: Towing Fee 540/545	
Damaged Portion:	4) FT: Follow-Through Survey 510	
QC Checked by (Engn-In-Charge):	5) FT: Follow-Through Survey (Resurvey) 530	
	For claiming seals: INC Only (wef 10 Jan 2008)	
	6) TR: Re-Inspection 575	
	7) NI: Idao DA + SMRT Survey 5160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance 55	
	*NG: Repair Co-ordination 510	
	*NT: Post Repair Inspection 525	
	*NB: DV / Collect Excess Coordination 55	
	TP (N11): TP (Non INC) against INC 520	
	9) N12: Idao Mobile 30	
	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	17/08/2020 14:07
Date Of Accident	16/08/2020 01:30
Exact Location Of Accident	JUNC OF TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8518S
Insured/Policyholder	
Name Of Registered Owner	HENG MENG WEE STANLEY
NRIC No	SXXXX851J
Email Address	MUGENVTEC82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94308518
Alternative Phone No	OFFICE-94308518
Vehicle Particulars	
Manufacturer	AUDI
Model	A5
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	5115321666
Cover Note Number	
Driver	
Name of Driver	HENG MENG WEE STANLEY
NRIC No	SXXXX851J
Date Of Birth	05/02/1982
Occupation	INDOOR
Date Of Driving Pass	09/02/2001
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94308518
Fax Number	
Contact Number	OFFICE-94308518
E-Mail Address	MUGENVTEC82@YAHOO.COM.SG

Address	BLK 842 TAMPINES ST 82 #04-151
Postcode	520842
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20200817/7028

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	GBC7253B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO QUI LIANG
NRIC/Passport Number	SXXXX496A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HENG MENG WEE STANLEY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMS8518S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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.



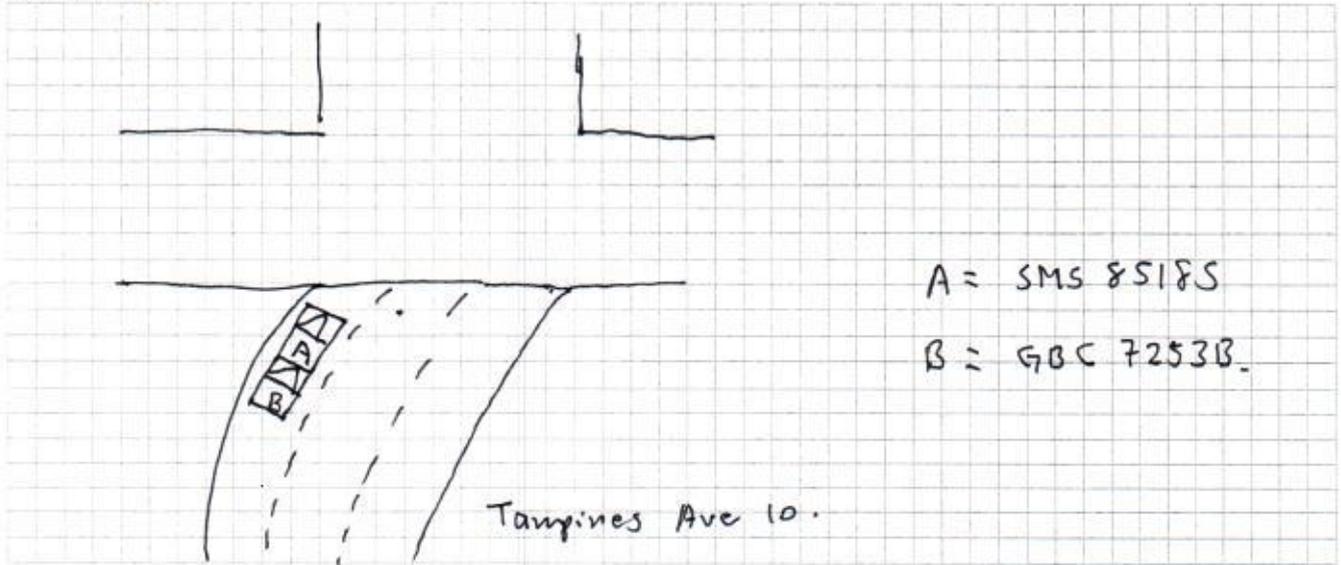
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report G/20200817/07028.

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.:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200817/7028

consult and visited a doctor immediately and received 3 days of medical leave.

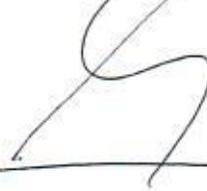
Subjects Involved			
Suspect			
Person Name	Yeo Qui Liang		
ID Type	NRIC NO	ID No	S2591496A
Gender	Male		
Victim			
Person Name	HENG MENG WEE, STANLEY		
ID Type	NRIC NO	ID No	S8204851J
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	842 TAMPINES STREET 82 #04-151 SINGAPORE 520842
Mobile No	94308518	Is Informant A Victim?	Yes
Person Name	HENG MENG WEE, STANLEY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2020 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

I, the driver of said vehicle Van GBC 7253 B bang into vehicles SMS 8518 S Audi A5. I was at fault and will take full responsible of all claims and damage repair for the owner of the Audi Car SMS 8518 S that I ~~hit~~ (Yeo Qui Liang, IC S2591496A) of Van GBC 7253 B that bang and collusion to the back of the white Audi Car SMS 8518 S. I hereby admit that I the Driver of the Van (GBC 7253 B, Yeo Qui Liang, S2591496A) accept the responsibilities and admit to be at fault for causing the collusion accident to the white Audi Car (SMS 8518 S) on 16 Aug 2020 0140 hrs at Tampines Ave 10.

The statement is read out and translated in Chinese and understood to both parties before we signed.

 15/08/2020

Signature of Van Driver (GBC 7253 B)

Yeo Qui Liang IC S2591496A

90733360



16/08/2020

0200hrs

Signature of Audi
SMS 8518 m owner

Heng Meng Wee
S8204851 J

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: 5115321666

Cover : drivo CLASSIC

- | | |
|--|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJY8442E |
| Chassis Number | : WAUZZ28T9BA009659 |
| 2. Name of Policyholder | : HENG MENG WEE STANLEY |
| 3. Effective Date of Insurance | : 06 Jan 2020 |
| 4. Expiry Date of Insurance | : 05 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HENG MENG WEE STANLEY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 06 Jan 2020 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (16/08/2020) (DD/MM/YYYY), TIME: (01:30) (HH:MM)

LOCATION: Junction of Tampines Ave 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 8518S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi A5 Sportback 2.0
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
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: HENG MENG WEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S82048515 CONTACT: 94308518
c) ADDRESS: Blk 842 Tampines St 82 #04-151
520842

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (05/02/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver

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: Bedok HQ

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBC 7253R MODEL: VAN

b) DRIVER'S NAME: YEO QIU LIANG

c) NRIC/FIN/PASSPORT: S2591496A CONTACT: 90733360

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

LTA letter.

Email = mugenvtec82@yahoo.com.sg

fax =

video = No.

Claim Handling

Accident MT/1100148

Policy No.	5115321666	Vehicle No.	SJY8442E	GST Registrati
Certificate No.				
Policyholder Name	HENG MENG WEE STANLEY			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	94308518	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	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	17/08/2020 14:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/08/2020	Time of Accident hh:mm	01:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF TAMPINES AVE 10			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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 842 #04-151	Address 2	TAMPINES STREET 82	Address 3
Address 4	SINGAPORE 520842	Address Type	Singapore address	Post Code
Unit No.	04-151	Related Policy Number	5115321666	

OI Driver Info

Driver Name	HENG MENG WEE STANLEY	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8204851J	Driving Experi
Register Date of Driver License	09/02/2001	Driver Age	38	Contact No.(Hi
Contact No.(Mobile)	94308518	Contact No.(Office)		Address 3
Address 1	BLK 842 #04-151	Address 2	TAMPINES STREET 82	Post Code
Address 4	SINGAPORE 520842	Address Type	Singapore address	
Unit No.	04-151			Driver Insurer
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HE
Contact No.(Mobile)	94308518	Contact No. (Home)	67
Email Address		OI Vehicle Number	SJ
Claim Description	SJY8442E / G8C7253B ON 16 Aug 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	17/08/2020 14:52	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1100148 Claim No. 001
 Last Doc. Received Yes No Upload Date 17/08/2020 14:53

- No file chosen

Path *

Category *	Confider
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:53	SAS		Normal	S
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:53	NRIC/ Driving License	Y	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:53	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:53	Photos		Normal	Ph
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:53	Photos		Normal	Ph
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:52	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Aug 2020 14:52	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
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