

NATIONAL Assessment Centre Services: [wef 1 Jan'05] **MA 12008235F**

Date In: 22/9/12-14:46	Job description	Date & Time Completed	Done by
Ref No: NA/14C2201 0153/124	SAS e-filing		
Veh No: 5J1653403	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/9/12-11:55	i-Motor Claim Form	27/11/04 201-001	22/9/12 14:58
OD / TP <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 562 454p	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: (INC hotline: 6788 6616)	Date & Time Completed	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	Actions

NA205055	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Ref. 1:	TP (N11): TP (Non INC) against INC \$20		
Ref. 2 / 3:	9) N12: Idac 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	22/09/2020 14:46
Date Of Accident	22/09/2020 11:50
Exact Location Of Accident	SIN MING DR IN FRONT BUS STOP NO: 53321
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5340J
Insured/Policyholder	
Name Of Registered Owner	LUX CAR LEASING PTE LTD
Co Reg No	2XXXXX687N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5118514681
Cover Note Number	

Driver

Name of Driver	KEE KIAN WEE (JI JIANWEI)
NRIC No	SXXXX601E
Date Of Birth	07/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1998
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97923163
Fax Number	
Contact Number	OFFICE-97923163
EMail Address	NOEMAIL

Address	BLK 315B PUNGGOL WAY #14-679
Postcode	822315
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	CHAIN COLLISION
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	3
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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4544P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH LEE MING
NRIC/Passport Number	
Contact Number	98296200
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG3624U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KEE KIAN WEE (JI JIANWEI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK5340J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

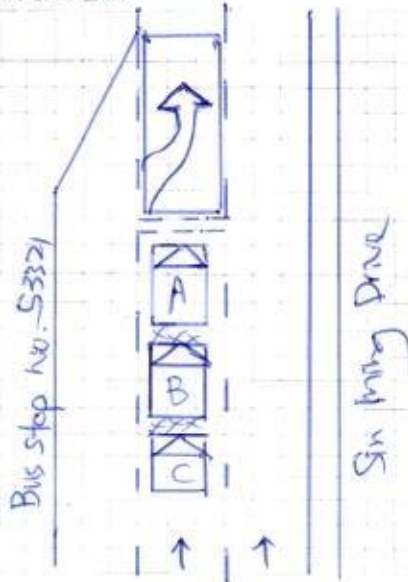


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: SJK5340J
 Veh B: SLQ4544P
 Veh C: GBG3624U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJK5340J) traveling along Sin Ming Drive towards Sin Ming Avenue on second lane of a 2-lanes road. Somewhere in front of Bus stop NO: 53321, my vehicle was stationary while waiting traffic light to turn green. Out of sudden, vehicle B (SLQ4544P) came from rear and collided into the rear portion of my vehicle. After accident, I alighted and realised I was involved in a 3 car chain accident. Vehicle C (GBG3624U)

DECLARATION

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

2



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.:

Vehicle No.	SJK5340J		Model / Make	Mitsubishi Lancer
Date of Accident	22/9/2020			
Time of Accident	1150	HRS		
Location of Accident	Along Sin Ming Drive in-front of Bus stop NO: 53321			
Exact purpose use during accident	Work			
Name of Owner	Lux Car Leasing Pte Ltd			
Telephone No.	H/P :	Home :	Office :	
NRIC	202015687N			
Address	10 Ubi Crescent #05-96 S(408564)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5118514681 - 000010			
Name of Driver	As Above If No, Kee Kian Wee			
NRIC	S7815601E		Any Passengers : -	
Date of birth	7/6/1978			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	14/5/1998			
Gender	Male / Female			
Contact No.	H/P :	97923163	Home :	Office :
Address	BLK 315B Punggol Way #14-679 S(822315)			
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee,	If no, state Hirer		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Kee Kian Wee 97923163			
Name And Contact No.				
Police Report	No	If Yes, Where?		
Vehicle B No.	SLQ4544P		Any Passengers : 3	
Name of Driver	Koh Lee Ming		Contact No. : 9829 6200	
Vehicle C No.	GBG3624U		Any Passengers : -	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Rear portion			
Camera Recorder	Yes / No			
Email Address	davidkee78@gmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

Lux Car Leasing Pte. Ltd.

10 Ubi Crescent #05-60 Ubi TechPark Lobby D Singapore 408564
Tel: 9022 9995 Fax: 6742 0221 UEN Registration No.: 202015687N

DATE: 08/09/2020

Vehicle Rental Agreement No: 100216

Car Rental Agreement

Hirer Particulars

Name (as per NRIC): KEE KIAN WEE (JI JIANWEI) Driving Pass Date: 14/05/1983
NRIC: 57815601E Date of Birth: 07/06/1978 (DD/MM/YYYY)
Address: B/315B Punggol Way #14-679 S/822315
Tel Number: _____ Mobile Number: 97923163

Vehicle Description

Make / Model: MITSUBISHI LANCER 1.6M Vehicle Number: STK 5340J
Date of Collection: 08/09/2020 Date of Return: _____
Time of Collection: 0415 pm Time of Return: _____
Contract Period: 1mth Insurance Excess: \$3,000 + \$3,000 (SG) \$3,500 + \$3,500 (Malaysia)
Fuel %: _____

Payment

Rental Amount: \$258.00 (Per Week) Start From 09/09/2020 To _____

Deposit: \$300.00 Total payment: \$558.00 \$258 (Net) 08/09/2020
\$300.00 "CASH" 08/09/2020

Return Of Deposit To Hirer: _____ (Hirer Signature & Date)

Payment for the subsequent week rental is to be made on every Tue before 2359 hours and penalty of SGD \$20 will be imposed for every day of late payment, we will repossess the vehicles after 5days of default payment.

** Driver are responsible for return the car in the same condition (or better) than they received it. Please do not leave any trash, **excessive** dirt, sand, pet hair and pet odour smell etc in the vehicle. If the vehicle is excessively dirty upon return, you will be charged a **\$90.00 Cleaning Fee**.

LUX CAR LEASING PTE. LTD.

OCBC Current Account: 601223472001

Hirer Signature

Authorised Staff Signature



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: 5118514681-000010

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJK5340J**
 Chassis Number : **JMYSNCS3A8U005934**
2. Name of Policyholder : **LUX CAR LEASING PTE. LTD.**
3. Effective Date of Insurance : **05 Aug 2020**
4. Expiry Date of Insurance : **04 Aug 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.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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 : **B.A.S. INSURANCE AGENCY (00000573236)**

Date of Issue : **04 Aug 2020 16:13 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive