

# NATIONAL Assessment Centre Services

(Ref: J3-102)

Date In: 24/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20014426/13	SAS e-filing		
Veh No: SGV5324J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/12/20 0905	I-Motor Claim Form	28/12	MT/1115200-001
OD: TP / 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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SHB253G	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

NA2100568	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	on*		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idao Mobile \$0		
Dat. 2/3:	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 Submission	24/12/2020 10:54 (SGT)
Date of Accident	23/12/2020 09:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	ALONG CTE TWDS CITY B4 PIE(TUAS)EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV5324J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEGA CAR LEASING
Company Reg No	5XXXX925A
Email Address	lopaktong@gmail.com
Mobile Phone No	(Phone) +65-86994326
Alternative Phone No	+65-86994326

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5120339634
Cover Note Number	-

#### DRIVER

Name of Driver	OH EN YAO, JOSHUA
NRIC No	SXXXX732E
Date Of Birth	17/02/1993
Occupation	Outdoor

Date Of Driving Pass .....	08/06/2015
Driving experience .....	5 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81683758
Alt. Phone Number .....	-
Email Address .....	joshuaoh777@gmail.com
Address .....	BLK 335 WOODLANDS STREET 32
Address complement .....	#04-37
Postcode .....	730335
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SHB253G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-92952144
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
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.:

# SKETCH PLAN



Veh A: SGV5324J

Veh B: SHB253G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SGV5324J) traveling along CTE towards City on first lane of a 4-lanes, expressway. Somewhere before PIE (Tuas) exit, vehicle ahead slowed down due to the heavy traffic flowed. As such, I applied brake and stopped. Out of sudden, vehicle B (SHB253G) came from rear and collided onto the rear portion of my vehicle.

## 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.:



VEHICLE NO:	SGV5324J		MAKE & MODEL:	Toyota Altis		AUTO / MANUAL	<input checked="" type="checkbox"/> AUTO
DATE OF ACCIDENT:	23 / 12 / 2020		CC:	1.6			
TIME OF ACCIDENT:	0905 HRS						
LOCATION OF ACCIDENT:	Along CTE towards City before PIE (Tuas) exit						
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	Mega Car Leasing						
TEL NO:	H/P: 86994326		OFFICE:	HOME:			
NRIC:	5332295A						
ADDRESS:	152 Serangoon North Avenue 1 #04-326 S(550157)						
EMAIL:	lopaktung@gmail.com						
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY						
FLEET POLICY:	<input checked="" type="checkbox"/> YES / NO ?						
INSURANCE COMPANY:	NTUC						
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	5120339634-000001						
NAME OF DRIVER:	AS ABOVE / IF NO: Oh En Yao, Joshua						
NRIC:	89305732E		ANY PASSENGER:	-			
DATE OF BIRTH:	17 / 2 / 1993		LICENCE PASSED DATE:	8 / 6 / 2015			
OCCUPATION:	OUTDOOR / INDOOR						
GENDER:	MALE / FEMALE						
CONTACT NO:	H/P: 8168 3758		OFFICE:	HOME:			
ADDRESS:	BLK 335 Woodlands Street 32 #04-37 S(730735)						
EMAIL:	joshuaoh777@gmail.com						
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:						
RELATIONSHIP:	INSURER / OTHER: Hmr						
WEATHER CONDITION N:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:						
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / WET / OTHER:						
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?						
NAME & CONTACT:							
NAME & CONTACT:							
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?						
VEHICLE B REG NO:	SHB253G		ANY PASSENGERS:	-			
NAME OF DRIVER:			CONTACT NO:	92952144			
VEHICLE C REG NO:			ANY PASSENGERS:				
VEHICLE D REG NO:			ANY PASSENGERS:				
VEHICLE E REG NO:			ANY PASSENGERS:				
VEHICLE F REG NO:			ANY PASSENGERS:				
VEHICLE G REG NO:			ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / NO						
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input checked="" type="checkbox"/> NO						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO						
ACCIDENT PORTION:	Rear portion						
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	Brandon						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

## 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:** 5120339634-000001

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SGV5324J**  
 Chassis Number : MR053ZEC107144647
2. Name of Policyholder : MEGA CAR LEASING
3. Effective Date of Insurance : 18 Dec 2020
4. Expiry Date of Insurance : 17 Dec 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
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	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
 Date of Issue : 19 Dec 2020 00:42 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



## Claim Handling

Accident MT/1115220

Policy No.	5120339634	Vehicle No.	SGV5324	GST Registration No.	
Certificate No.	5120339634-000001				
Policyholder Name	MEGA CAR LEASING			Policyholder NRIC	533229254
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86994326	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	28/12/2020 15:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	23/12/2020	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TWDS CITY B4 PIE(TUAS)EXIT				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	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	28/12/2020 15:34:41 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 152 #04-326	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 5501
Address 4		Address Type	Singapore address	Post Code	550152
Unit No.		Related Policy Number	5120339634		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OH EN YAO, JOSHUA	Driver NRIC	S9305732E	Driver DOB	17/02/1993
Register Date of Driver License	08/06/2015	Driver Age	27	Driving Experience	5
Contact No.(Mobile)	81683758	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 335	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 7303
Address 4		Address Type	Singapore address	Post Code	730335
Unit No.	#04-37				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## 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 OD-MX New

Claim Type *	OD-MX	Insured Name	MEGA CAR LEASING	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SGV5324	TP Vehicle Number	
Claim Description	SGV5324 / SHR253G ON 23 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Finalisation		GIA report	Received		
Date Registered		Claim Close Date	28/12/2020 15:36	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1115220	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

28/12/2020 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

Message Read

Clear

Category \*

Please Select

Confidential

NO

Urgency \*

Normal

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NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:36	SAS		Normal	SAS 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:36	Photos		Normal	Photos 2020-12-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:36	Photos		Normal	Photos 2020-12-28

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading