

NATIONAL Assessment Centre Services [Stamp: Jan 10 2005]

Date In: 14/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000623/12	SAS e-filing		
Veh No: SLE1564P	E-mail (Within 8hrs, AIG 2hrs)		
D.O.A: 13/01/21 0905	i-Motor Claim Form	14/01 MT/1117331-001	
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: () Tel: () Fax: ()

TP Particulars: Veh No: SMA12465 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%. F: 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	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

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
NA2101238	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp. Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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 14/01/2021 10:32 (SGT)
Date of Accident 13/01/2021 09:05 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information TWDS ECP B4 AIRPORT RD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE1564P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWANG TIEN LI
NRIC No SXXXX678D
Email Address vincentpoon@yahoo.com
Mobile Phone No (Phone) +65-96237101
Alternative Phone No +65-96237101

VEHICLE PARTICULARS

Manufacturer LandRover
Model DISCOVERY SPORT
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 Comprehensive
Fleet Policy No
Policy Number 5117186674
Cover Note Number -

DRIVER

Name of Driver POON HOR YUEN(PAN KEYUAN)
NRIC No SXXXX740F
Date Of Birth 22/01/1974
Occupation Indoor

Date Of Driving Pass	25/05/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91297996
Alt. Phone Number	-
Email Address	vincentpoon@yahoo.com
Address	45 SIMEI RISE
Address complement	#01-32
Postcode	528786
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	AFT RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SMA1246S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person POON HOR YUEN(PAN KEYUAN)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SLE1564P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No


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 fact 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 as 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 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:

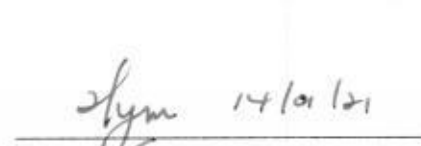
- a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

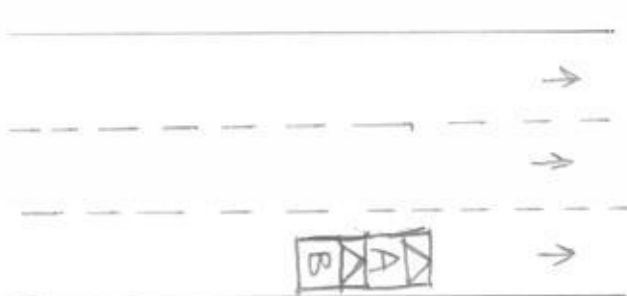


Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN



VEHICLE A: SLE 1564P
VEHICLE B: SMA 1246 S

ON STATED DATE & TIME, I WAS TRAVELING ALONG KPE TWDS ECP
BEFORE AIRPORT ROAD EXIT ON THE RIGHT LANE. I SLOWED DOWN & CAME TO
A STOP AS THE VEHICLE BEFORE ME HAD STOPPED. IMMEDIATELY AFTER, I
CAME TO A STOP, I FELT A HUGE IMPACT FROM THE REAR OF THE VEHICLE.
VEHICLE B "SMA 1246S" HAD COLLIDED INTO THE REAR 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 policyholder)
Date & Time:

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

Date of Accident : 13/01/21 Accident Time: 09:06 (24-HR-Format)
 Accident Place : KPE TUNDS ECP BEFORE AIRPORT RD EXIT.
 Vehicle No. (Car Plate No.) : SLE1564P Make/Model: LANDROVER DISCOVERY SPORT.
 Insurance Company : NTUC Policy No: 5117186674
 Owner or Company Name /IC No. : KNANG TIEN LI / S79017678D
 Owner or Company Contact No. : _____ Owner's Hp 96237101 Company Tel _____
 DRIVER'S Name / IC No. : POON HOR YUEN
 DRIVER'S Date Of Birth : 22/01/1974 DRIVER'S License Pass Date 25/05/1998
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: Friend.
 DRIVER'S Address : 45 SIMZ1 RISE #01-32. S(528786)
 DRIVER'S Contact No./ Alt No. : 1) 91297996 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Viantpoon@yahoo.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): _____ 01

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>SMA 1246 S</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

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: 5117186674

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLE1564P |
| Chassis Number | : SALCA2AGXGH625723 |
| 2. Name of Policyholder | : KWANG TIEN LI |
| 3. Effective Date of Insurance | : 22 Apr 2020 |
| 4. Expiry Date of Insurance | : 21 Apr 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	: KWANG TIEN LI
NAMED DRIVER (1)	: TAN JIA LI, GLADYS (CHEN JIALI, GLADYS)
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 : SPEEDO CAPITAL PTE. LTD. (00000615301)
Date of Issue : 22 Apr 2020 10:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MF/1117321

Policy No.	5117186674	Vehicle No.	SLE1564P	GST Registration No.	
Certificate No.					
Policyholder Name	KWANG TIEN LI			Policyholder NRIC	S7817678D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96237101	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/01/2021 10:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	13/01/2021	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS ECP B4 AIRPORT RD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	500.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Accessory	2000

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	28 FLORA DRIVE	Address 2	#01-52 FERRARIA PARK CONDI	Address 3	SINGAPORE 50691
Address 4		Address Type	Singapore address	Post Code	506951
Unit No.	01-52	Related Policy Number	5117186674		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	POON HOR YUEN(PAN KEYUAN)	Driver NRIC	S7400740F	Driver DOB	22/01/1974
Register Date of Driver License	25/05/1998	Driver Age	46	Driving Experience	22
Contact No.(Mobile)	91297996	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	45 SIMEI RISE	Address 2	SAVANNAH CONDOPARK	Address 3	SINGAPORE 52877
Address 4		Address Type	Singapore address	Post Code	528786
Unit No.	#01-32				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	KWANG TIEN LI	Insured NRIC	
Contact No.(Mobile)	96237101	Contact No. (Home)	65145990	Contact No. (Office)	
Email Address	Joyce_Kwang@pub.gov.sg	Vehicle Number	SLE1564P	TP Vehicle Number	
Claim Description	SLE1564P / SMA1246S ON 13 Jan 2021				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Estimate No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	14/01/2021 10:43
Report Taken By				Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

Attachment

Accident No.	MT/1117321	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2021 00:00

Path *	Category *	Confidential	Urgency *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Message Send"/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:43	SAS		Normal	SAS 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:43	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:42	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:42	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:42	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:42	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:42	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 10:42	Photos		Normal	Photos 2021-1-14

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				