

NATIONAL Assessment Centre Services

(Ref: 2005)

Date In: 19/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023989/13	SAS e-filing		
Veh No: 54M8578X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/12/17 1345	i-Motor Claim Form	12/0974250	
OD: <input checked="" type="radio"/> 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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SHF413R	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:- (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

NA 1707793	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpl 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: 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 ability.
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 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	19/12/2017 09:22
Date Of Accident	18/12/2017 13:45
Exact Location Of Accident	CTE TWDS AYE AFT MOUNTBATTEN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM8578X
Insured/Policyholder	
Name Of Registered Owner	ANG
Co Reg No	53339298E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82821103
Alternative Phone No	OFFICE-82821103

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081309341-01
Cover Note Number	

Driver

Name of Driver	ANG TOW HEE
NRIC No	S2624628H
Date Of Birth	28/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1977
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82821103
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 697A JURONG WEST CENTRAL 3
#17-09
Postcode 641697
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 -
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
Was any body injured in the Accident? YES
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) 3

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH WORKSHOP
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF413R
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFP6666J
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	ANG TOW HEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGM8578X
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

Ang ou hee ANG
Policyholder's Signature
Date & Time:

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

Sym 19/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTE Toward AYE After Mountbatten Exit.



A - SGM 8578X

B - SHF 413 R

C - SFP 6666 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along CTE toward AYE on the 1 lane of a 4 lanes express way. Somewhere after mountbatten exit, vehicle C (SFP 6666 J) ahead of me slowed down and stopped due to heavy flow. As such I applied brake and stopped completely behind vehicle C (SFP 6666 J). Out of the sudden vehicle B (SHF 413 R) came from the rear and collided directly onto the rear portion of my vehicle. Upon the impact, my vehicle surged forward and collided onto the rear portion of vehicle C (SFP 6666 J). After the accident, I alighted and realised that I was involved in a chain accident of 3 vehicle.

A - SGM 8578X

B - SHF 413 R

C - SFP 6666 J

DECLARATION

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

Ang oirice
Policyholder's Signature
Date & Time:

ANG

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

Ang oirice 19/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SGM 8578X	Model / Make	Toyota Vios
Date of Accident	18/12/17		
Time of Accident	13.45	HRS	
Location of Accident	CTE Toward AYE After Mountbatten Exit		
Exact purpose use during accident	Work Use		
Name of Owner	ANG		
Telephone No.	H/P : 8282 1103	Home :	Office :
NRIC	53339298E		
Address	Blk 697A Jurong West Central 3 #17-09 S(641697)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5081309341-01		
Name of Driver	As Above (If No, Any Tow Hee		
NRIC	52624628H	Any Passengers : 2	
Date of birth	28/3/1955		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	25 Nov 1477		
Gender	Male / Female		
Contact No.	H/P : 8282 1103	Home :	Office :
Address	Blk 697A Jurong West Central 3 #17-09 S(641697)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHF 413 R	Any Passengers : 1	
Name of Driver		Contact No. :	
Vehicle C No.	SFP 6666 J	Any Passengers : Nil	
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	Front And Rear		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2624628H



Name
ANG TOW HEE

洪 道 喜

Race
CHINESE

Date of birth
28-03-1955 M

Country of birth
MALAYSIA

S2624628H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2624628H

Name:

ANG TOW HEE

Birth Date: 28 Mar 1955

Issue Date: 07 Oct 2003



1000915364G



4311106

NRIC No: S2624628H



Date of issue
21-11-2008

APT BLK 697A JURONG WEST CENTRAL 3 #17-09
SINGAPORE 641697

NRIC No: S2624628H

Date: 30/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	25 Nov 1977
Class 2A	Motorcycles between 201 cc and 400 cc	25 Nov 1977
Class 2	Motorcycles exceeding 400 cc	25 Nov 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Nov 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Nov 1977

NP 428A



Licence No: S2624628H

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5081309341-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SGM8578X

Chassis Number

: MR053HY4204208074

2. Name of Policyholder

: ANG

3. Effective Date of Insurance

: 30 Oct 2017

4. Expiry Date of Insurance

: 29 Oct 2018

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 22 Sep 2017 10:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0974250

Policy No.	5081309341-01	Vehicle No.	SGM8578X	GST Registration No.	
Policyholder Name	ANG	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	82821103	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	19/12/2017 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/12/2017	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE AFT MOUNTBATTEN EXIT				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 697A #17-09	Address 2	JURONG WEST CENTRAL 3	Address 3	
Address 4	SINGAPORE 641697	Address Type	Singapore address	Post Code	
Unit No.	06-675	Related Policy Number	5081309341-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	ANG TOW HEE	Driver NRIC	S2624628H	Driving Experience	
Register Date of Driver License	25/11/1977	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	82821103	Contact No.(Office)	0	Address 3	
Address 1	BLK 697A	Address 2	JURONG WEST CENTRAL 3	Post Code	
Address 4	SINGAPORE 641697	Address Type	Singapore address		
Unit No.	#17-09				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	ANG	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGM8578X	TP Vehicle Number	
Claim Description	SGM8578X / SHF413R ON 18 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	19/12/2017 09:50	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0974250	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2017 00:00
Path *		Category *	Confidential
	Browse...		Urgency
	Clear	Please Select	Normal

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:49	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 09:49	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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