

# NATIONAL Assessment Centre Services

MNA 117168494

Date In: 23/12/17 10:35	Job description: SAS e-filing	Date & Time Completed: 23/12/17 15:17	Done by:
Ref No: NAL/INC17024321/h4	E-mail: (Vince, Bob, Alf, etc)		
Veh No: SJV 2634 Z	i-Motor Claim Form: MT/0974945		
D/OA: 22/12/17 14:25	i-Motor W/O (with/without TP form)		
OD: <input checked="" type="radio"/> Reporting Only	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: SLD 9181 M	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-10%, 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

Claimant's Particulars:-	MA1707922	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)	30.00	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:		3) TF: Towing Fee \$40 \$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey) \$20		
		For claiming against INC Only (up to 10 Jan 2018)		
		6) TR: Re-inspection \$75		
		7) NI: Ideal DA - SMRT Survey \$160		
		8) NTUC Additional Services-		
		OD2		
		*N4: Courtesy Car / Tpl Allowance	\$5	
		*N6: Repair Co-ordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DV: Collect Excess Coordination	\$5	
		TP (N11) TP (N12) INC against INC	\$10	
		9) N12: Max Mobile	\$5	
		Invoice dated	Fax Charged	
		Invoice dated	Fax 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	23/12/2017 10:35
Date Of Accident	22/12/2017 14:25
Exact Location Of Accident	CTE TWDS AYE SLIP RD INTO PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2634Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KIM THYE
NRIC No	S0032573B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98505678
Alternative Phone No	OFFICE-97582002

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AUTO ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095907757
Cover Note Number	-

### Driver

Name of Driver	ANG KIM THYE
NRIC No	S0032573B
Date Of Birth	04/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1972
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98505678
Fax Number	
Contact Number	OFFICE-97582002
Email Address	NOEMAIL



## 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.
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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:

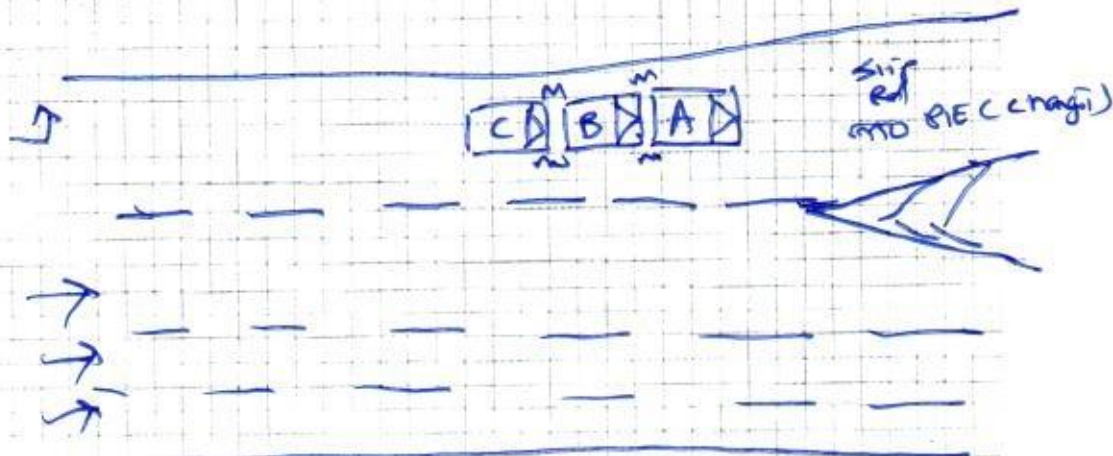
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

A - SJV 2634 Z  
B - SLD 9181 M  
C - SGW 8939 T

CTE → AGE



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE towards AGE on the extreme left lane of a 4 lanes, expressway. Somewhere entering into PIE (Changi), vehicles ahead of slowed down and stopped due to heavy traffic flow. As such, I opened brake and stopped accordingly. Out of the sudden, veh (B) came from the rear and collided directly onto the rear portion of my vehicle. After the accident, I observed and realised a total of 3-vehicles were involved in this accident.

A - SJV 2634 Z  
B - SLD 9181 M  
C - SGW 8939 T

## 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.:



<b>Vehicle No.</b>	SV 2634 Z		<b>Model / Make</b>	Hyundai Avante
<b>Date of Accident</b>	22/12/17			
<b>Time of Accident</b>	2:25 pm HRS			
<b>Location of Accident</b>	CTE towards AGE Sig Road into AE (change)			
<b>Exact purpose use during accident</b>	From Private Motor use			
<b>Name of Owner</b>	Ang Kim Thye			
<b>Telephone No.</b>	H/P: 98505678	<b>Home :</b>	<b>Office :</b> 97582002	
<b>NRIC</b>	S0032513B			
<b>Address</b>	Bik 49, Ang Mo Kio Ave 10, #01-1037, SCS604191			
<b>Claim type</b>	OD (THIRD PARTY) REPORTING ONLY			
<b>Insurance Company</b>	NRIC			
<b>Type of Coverage</b>	(Comprehensive) Third Party Third Party / Fire / Theft			
<b>Policy No.</b>	5095907757			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers : 03 - 2 female - 1 male.			
<b>Date of birth</b>	04/11/52			
<b>Occupation</b>	(Outdoor) / Indoor			
<b>Driving License Pass Date</b>	20/10/1972			
<b>Gender</b>	(Male) / Female			
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>				
<b>Driver have own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state			
<b>Weather condition</b>	(Clear) Raining Other			
<b>Road Surface</b>	(Dry) Wet Other			
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>	Ang Kim Thye (male)			
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	SLD 9181M		<b>Any Passengers :</b>	-
<b>Name of Driver</b>			<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SGN 5939T		<b>Any Passengers :</b>	-
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	(Yes) / No			
<b>Email Address</b>	angkimthye@gmail.com			
<b>PARTICULAR WORKSHOP</b>	TANAR AAMOTIC			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Husin			
<b>FAX NO</b>	6741 0510			



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S0032573B**

Name: **ANG KIM THYE**

Birth Date: **04 Sep 1952**

Issue Date: **11 Aug 2012**

002095267B




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S0032573B**

Name: **ANG KIM THYE**

Race: **CHINESE**

Date of Birth: **04-09-1952**

Country of Birth: **SINGAPORE**

Sex: **M**





**Land Transport Authority**


**VOCATIONAL LICENCE**

Licence No: **S0032573B**

Name: **ANG KIM THYE**

Issue Date: **24/6/2005**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 cc	19 Jul 1974
Class 2A Motorcycles between 201 cc and 400 cc	19 Jul 1974
Class 2 Motorcycles > 400 cc	19 Jul 1974
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	20 Oct 1972
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	21 Jul 1975
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	25 Feb 1978
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	



NP 428A

**A0229940**

**S0032573B**

NRIC No: **S0032573B**

Date of issue: **03-10-2002**

Blood Group: **-**

Address: **APT BLK 419 ANG MO KIO AVENUE 10 #07-1087 SINGAPORE 560419**





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	20/07/1981



## 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:** 5095907757 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV2634Z**  
Chassis Number : **KMHOU41BMAU864612**

2. Name of Policyholder : **ANG KIM THYE**

3. Effective Date of Insurance : **16 Nov 2017**

4. Expiry Date of Insurance : **18 Jan 2019**

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	: ANG KIM THYE
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 : TELESales-DIRECT MARKETING (00000601661)  
Date of Issue : 15 Nov 2017 16:33 hrs  
Reprint : 15 Nov 2017 16:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Accident MT/0974945

#### Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANG KIM THYE	Insured NRJC
Contact No.(Mobile)	98505678	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SJV2634Z	TP Vehicle Number
Claim Description	SJV2634Z / SLD9181M ON 22 Dec 2017			Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	23/12/2017 15:16	Claim Close Date		Date Received
Report Taken By	LIEW SHAN HUI			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

## Attachment

Accident No.	MT/0974945	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/12/2017 15:17
Path *		Category *	Confidential
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="text" value="Please Select"/> <input type="button" value="NO"/>	<input type="button" value="Normal"/>



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 15:17	Photos	Normal	Photos

Video List

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