

NATIONAL Assessment Centre Services

Print 1 Jan 2015

MNA 118036134

Date In: 16/13/18 14:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC180050241h4	SAS e-filing		
Veh No: SLW 4346 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/13/18 15:10	i-Motor Claim Form	M710986315	16/13/18 15:05
OD: <input checked="" type="checkbox"/> 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:

SKX 8664 A

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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Actions

NA1801697		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		30.00	
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 2015)			
Dat. 1:		6) TR: Re-inspection \$75			
Dat. 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services -			
		9) N12: Idac Mobile		30	
		*N5: Courtesy Car / Tpt Allowance		\$3	
		*N6: Repair Co-ordination		\$10	
		*N7: Post Repair Inspection		\$25	
		*N8: DV / Collect Excess Coordination		\$3	
		TP (N11): TP (Non INC) against INC		\$20	
		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 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	16/03/2018 14:28
Date Of Accident	15/03/2018 15:10
Exact Location Of Accident	JUNC OF BEACH RD & RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4346M
Insured/Policyholder	
Name Of Registered Owner	DANIEL YANG EXPRESS
Co Reg No	53373052W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97988837

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	5098057183
Cover Note Number	-

Driver

Name of Driver	YANG SUAN HOW
NRIC No	S1386712G
Date Of Birth	22/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97988837
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 174A HOUGANG AVE 1 #06-1521
Postcode	531174
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TRAVELLING ALONG BEACH RD WHILE APPROACHING TRAFFIC JUNCTION OF BEACH RD & RAFFLES BLVD ON THE EXTREME RIGHT LANE, WHILE TURNING LEFT INTO RAFFLES BLVD, VEH B (BEARING NO SKX8664A) FROM THE CENTER LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT REAR PORTION.

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	SKX8664A
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUNILKUMAR SINGH
NRIC/Passport Number	S8225902C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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.

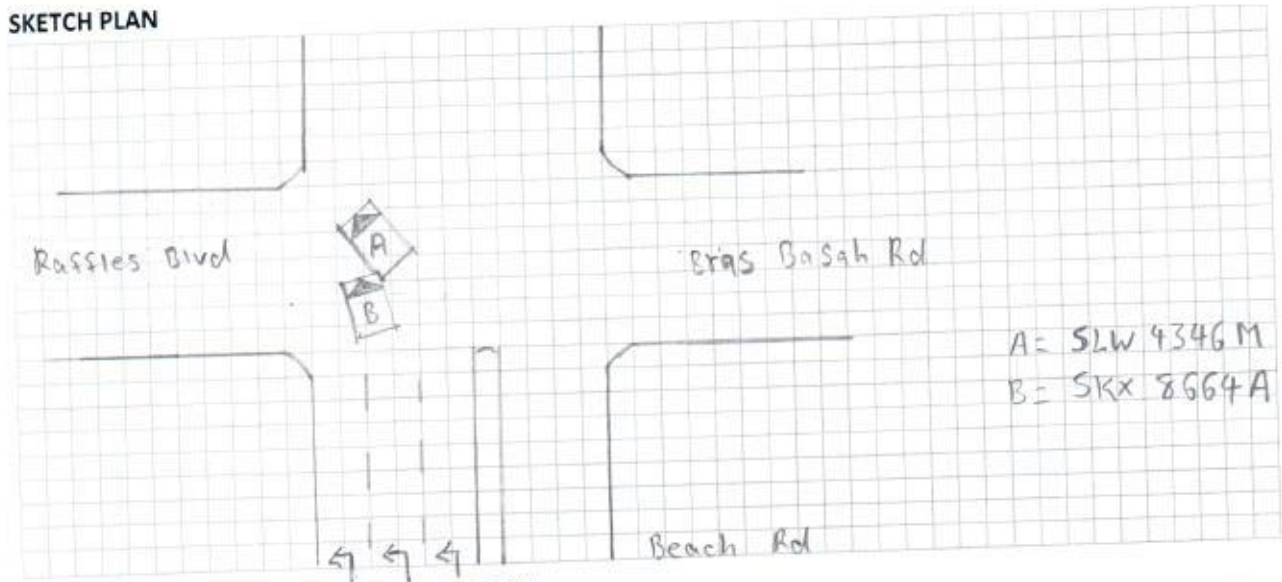


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1386712G**
Name
YANG SUAN HOW

Birth Date: **22 Jun 1959**
Issue Date: **17 Nov 2004**

001299355J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1386712G**



Name
YANG SUAN HOW
楊荃皓

Place
CHINESE

Date of birth
22-06-1959

Country/Place of birth
SINGAPORE

Sex
M




Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S1386712G**
Name : **YANG SUAN HOW**

Issue Date : **24/1/2017**

Please visit www.lta.gov.sg to check the status of this vocational licence



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

Class 2B Motorcycles =< 200 cc
Class 3 Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver and motor tractors
vehicles =< 2500 kg

PASS DATE

26 Jul 1990
14 Jul 1979



Licence No: S1386712G

NP 428A

5782997



NRIC No: S1386712G



Date of Issue
11-08-2017

Address

APT BLK 174A HOUGANG AVENUE 1
#06-1521
SINGAPORE 531174

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

Type	Description	Issue Date
02	TAXI VL	13/12/2010
03	BUS VL	24/01/2017
04	BUS ATTENDANT	24/01/2017



Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

15/03/2018 14:16

Vehicle No.(For Motor)

SLW4346M

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098057183	DANIEL YANG EXPRESS	53373052W	GPC	drive CLASSIC	SLW4346M	SLW4346M	09/02/2018	08/02/2019

Continue

3/16/2018

Claim Handling

Accident MT/0986315

Policy No.	5098057183	Vehicle No.	SLW4346M	GST Registration No.	
Policyholder Name	DANIEL YANG EXPRESS	Cover Type	drive CLASSIC	Policyholder NRIC	53373052W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97988837	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Report Date	16/03/2018 15:01	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Date of Accident	15/03/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	JUNC OF BEACH RD & RAFFLES BLVD				

Benefits		Sum Insured	
Coverage		1000	
Accessory			

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

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

Policyholder Mailing Address

Address 1	BLK 174A #05-1521	Address 2	HOUANG AVENUE 1	Address 3	PAYA LEBAR LODGE
Address 4	SINGAPORE 531174	Address Type	Singapore address	Post Code	531174
Unit No.	06-1521	Related Policy Number	5098057183		

OT Driver Info		Driver Type	Unnamed Driver	Driver DOB	22/06/1959
Driver Name	Unnamed Driver	Driver NRIC	S1386712G	Driving Experience	7
Unnamed driver Name	YANG SUAN HOW	Driver Age	58	Contact No.(Home)	
Register Date of Driver License	13/12/2010	Contact No.(Office)		Address 3	PAYA LEBAR LODGE
Contact No.(Mobile)	97988837	Address 2	HOUANG AVENUE 1	Post Code	531174
Address 1	BLK 174A #05-1521	Address Type	Singapore address		
Address 4	SINGAPORE 531174				
Unit No.	06-1521	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>				

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☐ Yes ☒ No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	DANIEL YANG EXPRESS	Insured NRIC	53373052W
Contact No.(Mobile)	97988837	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SLW4346M	TP Vehicle Number	SKX8664A
Claim Description	SLW4346M / SKX8664A ON 15 Mar 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/03/2018 15:04	Claim Close Date		Date Received	16/03/2018 00:00
Report Taken By	LIU SHAN HUI				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0986315	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2018 15:05
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal
		Descr	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:05	SAS	Normal	SAS 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:05	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:05	Photos	Normal	Photos 2018-3-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:04	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:04	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:04	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:04	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:04	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:04	Photos	Normal	Photos 2018-3-16

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			