

NATIONAL Assessment Centre Services

(Unit 1/2000)

MAH4806050

Date In: 16/05/2018 19:06
Ref No: NBA/ma18008942/y
Veh No: SKJ 86/23
D.O.A: 15/05/2018 22:10
OD / TP: Missing Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with sheet, AIO form)		
E-Motor Claim Form	MT10994572-001	17/05/2018 09:24
E-Motor VVO (if/when 00 sheet, VVO sheet)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Whse		

TP Insured:

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yeh No: **STV 4835Y** INC () / Non-INC ()
 Owner / Driver ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%, PI 21-79%, PI 80-100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
 () Work-in Question: Customer's information already Confidential & strictly NO refer of reporter.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: ()
 1) Apply for Transition Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
 Date/Time: ()
 Action: ()

Item	Amount	Unit	Remarks
1) AR Accident Reporting (\$20)			
2) DA Damage Assessment (\$100)			INC (20)
3) TP Towing Fee			
4) PT Follow Through Survey			
5) RT Follow Through Survey (Recovery)			
6) TR Bill of Lading			
7) NI/DA + SMRT Survey			
8) NTUC Additional Survey			
9) NI/DA + SMRT Survey			
10) NI/DA + SMRT Survey			
11) NI/DA + SMRT Survey			
12) NI/DA + SMRT Survey			
13) NI/DA + SMRT Survey			
14) NI/DA + SMRT Survey			
15) NI/DA + SMRT Survey			
16) NI/DA + SMRT Survey			
17) NI/DA + SMRT Survey			
18) NI/DA + SMRT Survey			
19) NI/DA + SMRT Survey			
20) NI/DA + SMRT Survey			

Checked by (Engi-In-Charge): ()
 Date/Time: ()
 Signature: ()

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	16/05/2018 19:06
Date Of Accident	15/05/2018 22:10
Exact Location Of Accident	ANCHORVALE ROAD TOWARDS SENGKANG EAST AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8612Z
Insured/Policyholder	
Name Of Registered Owner	WON YIDA (WEN YIDA)
NRIC No	S8623709A
Email Address	YITARIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98171592
Alternative Phone No	OTHERS-98171592

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085225793-01
Cover Note Number	

Driver

Name of Driver	WON YIDA (WEN YIDA)
NRIC No	S8623709A
Date Of Birth	12/08/1986
Occupation	INDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98171592
Fax Number	
Contact Number	OTHERS-98171592
Email Address	YITARIS@GMAIL.COM

Address	63 JALAN SONGKET
Postcode	537434
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : FRIEND 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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJV4835Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YEN SONG
NRIC/Passport Number	S7732700B
Contact Number	94565607
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

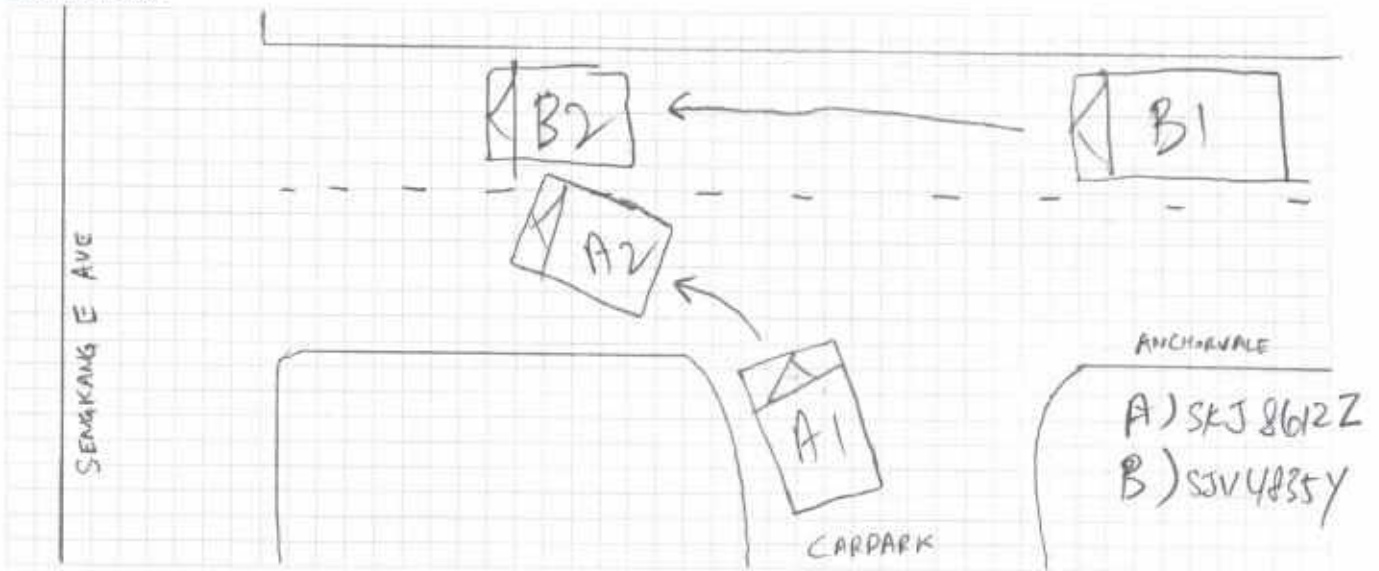
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

16/05/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning out from the carpark when I noticed an oncoming car on my right. The car's left turn signal was on and almost cutting into the inner lane, so it looked like he's turning into the carpark. I proceeded to make a left turn. However he continued straight and my car impacted with his left door. Nobody was injured.

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.:

Claim Handling

[Exit](#)

Accident NT/0994572

Policy No.	3085225793-01	Vehicle No.	SK086122	GST Registration No.	
Policyholder Name	WON YIDA			Policyholder NRIC	S8623709A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98171592	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	30	Private Hire	No

Accident Details

Report Date	17/05/2018 09:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/05/2018	Time of Accident hh:mm	22:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANCHORVALE ROAD TOWARDS SENGKANG EAST AVENUE				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	83 JALAN SONGKET	Address 2	CHARLTON PARK	Address 3	SINGAPORE 537434
Address 4		Address Type	Singapore address	Post Code	537434
Unit No.		Related Policy Number	3085225793-01		

Q1 Driver Info

Driver Name	WON YIDA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8623709A	Driver DOB	12/08/1988
Register Date of Driver License	01/01/2005	Driver Age	31	Driving Experience	13
Contact No.(Mobile)	98171592	Contact No.(Office)		Contact No.(Home)	
Address 1	83 JALAN SONGKET	Address 2	CHARLTON PARK	Address 3	SINGAPORE 537434
Address 4		Address Type	Singapore address	Post Code	537434
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SK086122	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Modification History

Claim 001 [New](#)




Claim Type *	OD-MX	Insured Name	WON YIDA	Insured NRIC	S8623709A
Contact No.(Mobile)	98171592	Contact No.(Home)	82951885	Contact No.(Office)	
Email Address	YITAKISIP@GMAIL.COM	OT Vehicle Number	SK086122	TP Vehicle Number	S2V4835V
Claim Description	SK086122 / S2V4835V ON 15 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/05/2018 09:23	Claim Close Date		Date Received	17/05/2018 09:00
Report Taken By	ROSLI WANAB				

☒ Print AK letter[Save](#) [Submit](#)

Attachment

Accident No.	NT/0994572	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/05/2018 09:24
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Send Message Upload			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req Sent? (CG)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:24	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:24	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:24	Photos	Normal	Photos 2018-5-17		Edit

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ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 05 / 2018) (DD/MM/YYYY), TIME: (22 : 07) (HH:MM)

LOCATION: Anchorvale Road towards Sengkang E Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 8612Z
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5085225792-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA 3
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WON YIDA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8623709A CONTACT: 98171592
c) ADDRESS: 63 JALAN SONGKET S537434

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (12 / 08 / 1986) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 11/09/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJV 4835 Y MODEL:
b) DRIVER'S NAME: TAN YEN SONG
c) NRIC/FIN/PASSPORT: S7732700B CONTACT: 9456 5607

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

(2)

NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL: yitaru@gmail.com

2) VIDEO:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8623709A



Name

WON YIDA
(WEN YIDA)

温 易 达

Race

CHINESE

Date of birth

12-08-1986

Country/Place of birth

SINGAPORE

Sex

M



5726612



NRIC No: S8623709A



Date of issue

08-04-2017

Address

63 JALAN SONGKET
SINGAPORE 537434

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8623709A

Name

WON YIDA
(WEN YIDA)

Birth Date: 12 Aug 1986

Issue Date: 11 Apr 2007



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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 11 Apr 2007

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/05/2018 09:18"/>						
Vehicle No.(For Motor)	<input type="text" value="SKJ8612Z"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085225793-01	WON YIDA	S8623709A	GPC	drive PREMIUM	SKJ8612Z	SKJ8612Z	27/10/2017	26/10/2018
<input type="button" value="Continue"/>									