

# NATIONAL Assessment Centre Services

[Part 1 of 2]

MNA 118075772.

Date In	11/6/18 16:59	Job description	Date & Time Completed	Done by
Ref No	NA/INC 18010610/h4	SAS e-filing		
Veh No	SGL 3803J	E-mail (within 5hrs, A/C 2hrs)		
D.O.A	10/6/18 22:30.	i-Motor Claim Form	MT/0998228 <sup>001</sup>	11/6/18 19:42.
OD: (P) 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: SLH 43805.	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

NA1803666	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI: Idac Mobile		
Auditors' Comments:-	10) NI: Idac Mobile		
at 1:	11) NI: Idac Mobile		
at 2/3:	12) NI: Idac Mobile		
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## 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	11/06/2018 16:59
Date Of Accident	10/06/2018 22:30
Exact Location Of Accident	JLN LINGKARAN DALAM JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL3803J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN ZIYANG, TIMOTHY
NRIC No	S8929323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96807708
Alternative Phone No	OFFICE-96807708

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 MT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094240502
Cover Note Number	-

### Driver

Name of Driver	HAN CHAI HENG
NRIC No	S1383728G
Date Of Birth	15/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1977
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96807708
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 63 TAMPINES AVE 1 #02-01
Postcode	529777
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

#### 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 ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4380S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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

Please Refer to Sketch

## 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.:



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Johor

Find Businesses, Addresses or Products & Services Location or Company

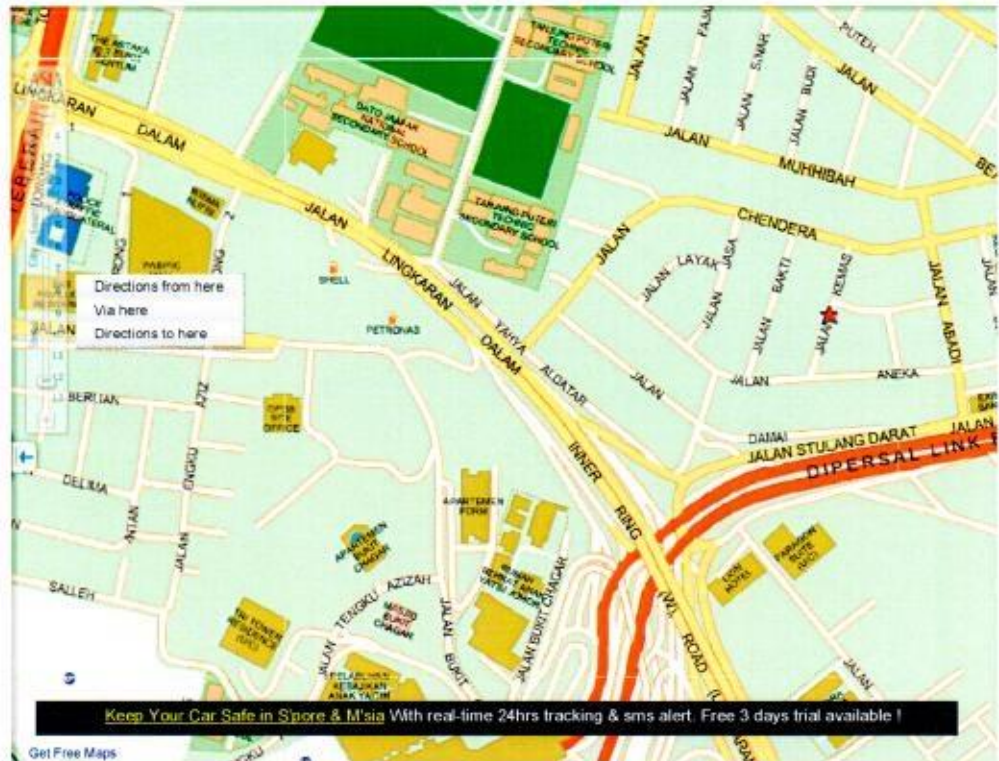
Johor

Choose a district

Malaysia Directory

NETA

Directions



A = PGL 3803 J

B = SLH 4380 S

*[Handwritten signature]*

towards Johor Customs



Jalan Lingkaran Dalam

### **Accident Statement**

On 10th June 2018 around 2230Hrs, I was driving my vehicle (SGL3803J) along Jalan Lingkaran Dalam. Suddenly a vehicle (SLH4380S) cut into my lane and hit onto the left side of my vehicle. I'm making a third party claim.

A handwritten signature in blue ink, appearing to read 'Han Chai Heng', is written over a horizontal line.

Name: Han Chai Heng

NRIC: S1383728G

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1383728G**  
Name: **HAN CHAI HENG**

Birth Date: **15 Sep 1959**  
Issue Date: **10 Feb 2003**

000183786E



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO: **S1383728G**



Name: **HAN CHAI HENG**  
**韓再昇**

Race: **CHINESE**  
Date of birth: **15-09-1959**  
Country/Place of birth: **SINGAPORE**

Sex: **M**

S1383728G

5892596



NRIC No. **S1383728G**



Date of issue: **16-03-2018**


Address: **BLK 63 TAMPINES AVENUE 1  
#02-01  
SINGAPORE 529777**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Sep 1977
Class 2A	Motorcycles between 201 cc and 400 cc	27 Sep 1977
Class 2	Motorcycles exceeding 400 cc	27 Sep 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Mar 1977

NP 428A

Licence No: **S1383728G**





## 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: 5094240502

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SGL3803J  
Chassis Number : JSAE2C21500160944
2. Name of Policyholder : HAN ZIYANG, TIMOTHY
3. Effective Date of Insurance : 22 Sep 2017
4. Expiry Date of Insurance : 21 Sep 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 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: HAN ZIYANG TIMOTHY
NAMED DRIVER (1)	: HAN CHAI HENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : HO SEET PENG (00000573621)  
Date of Issue : 13 Sep 2017 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

## Claim Handling

Accident MT/0998228

Policy No.	5094240502	Vehicle No.	SGL3803J	GST Registration No.	
Policyholder Name	HAN ZIYANG, TIMOTHY			Policyholder NRIC	S8929323E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96807708	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	11/06/2018 19:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	10/06/2018	Time of Accident hh:mm	22:30	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN LINGKARAN DALAM 2B				

## Benefits

## Excess

Own damage Excess	*	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00		
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	63 TAMPINES AVENUE 1	Address 2	#02-01 THE TROPICA	Address 3	SINGAPORE 529777
Address 4		Address Type	Singapore address	Post Code	529777
Unit No.		Related Policy Number	5094240502		

## OI Driver Info

Driver Name	HAN CHAI HENG	Driver Type	Named Driver	Driver DOB	15/09/1959
Unnamed driver Name		Driver NRIC	S1383728G	Driving Experience	41
Register Date of Driver License	10/03/1977	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	96807708	Contact No.(Office)		Address 3	SINGAPORE 529777
Address 1	63 TAMPINES AVENUE 1	Address 2	#02-01 THE TROPICA	Post Code	529777
Address 4		Address Type	Singapore address		
Unit No.	02-01				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HAN ZIYANG, TIMOTHY	Insured NRIC	S8929323E
Contact No.(Mobile)	94751182	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGL3803J	TP Vehicle Number	SLH43805
Claim Description	SGL3803J / SLH43805 ON 10 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/06/2018 00:00
Date Registered	11/06/2018 19:41	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0998228	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2018 19:42		
Path *		Category *	Confidential	Urgency *	Descr
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Message Read

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:42	SAS	Normal	SAS 2018-6-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:42	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:42	Photos	Normal	Photos 2018-6-11
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:41	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:41	Photos	Normal	Photos 2018-6-11

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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