

NATIONAL Assessment Centre Services

[Ref: 1 JAN 03]

MMA 118077242

Date In: 14/6/18 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010896/h4	SAS e-filing		
Veh No: SGX 5695	E-mail (within 3hrs, APC 2hrs)		
D.O.A: 13/6/18 14:20	i-Motor Claim Form	M7/0998741-021	14/6/18 19:27
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: JRK 2802. 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

NA1803776		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: 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 (we 10 Jan 2003)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD*			
		*N5: Courtesy Car / Tpt 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 \$0			
		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	14/06/2018 15:28
Date Of Accident	13/06/2018 14:20
Exact Location Of Accident	BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX569S
Insured/Policyholder	
Name Of Registered Owner	MACHCO BUSINESS SOLUTION PTE LTD
Co Reg No	201316772D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94241109

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094641303
Cover Note Number	-

Driver

Name of Driver	WANG YIRONG
NRIC No	S7060044G
Date Of Birth	26/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98998660
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	29 YISHUN ST 51 #12-17
Postcode	767989
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own 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?	YES
Foreign Vehicle Registration Number	JRK2802 (MOTORCYCLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	JRK2802
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MARDAN A/L SUBRAMANIAM
NRIC/Passport Number	F7279656W
Contact Number	94660274
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB1330K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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.
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 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.

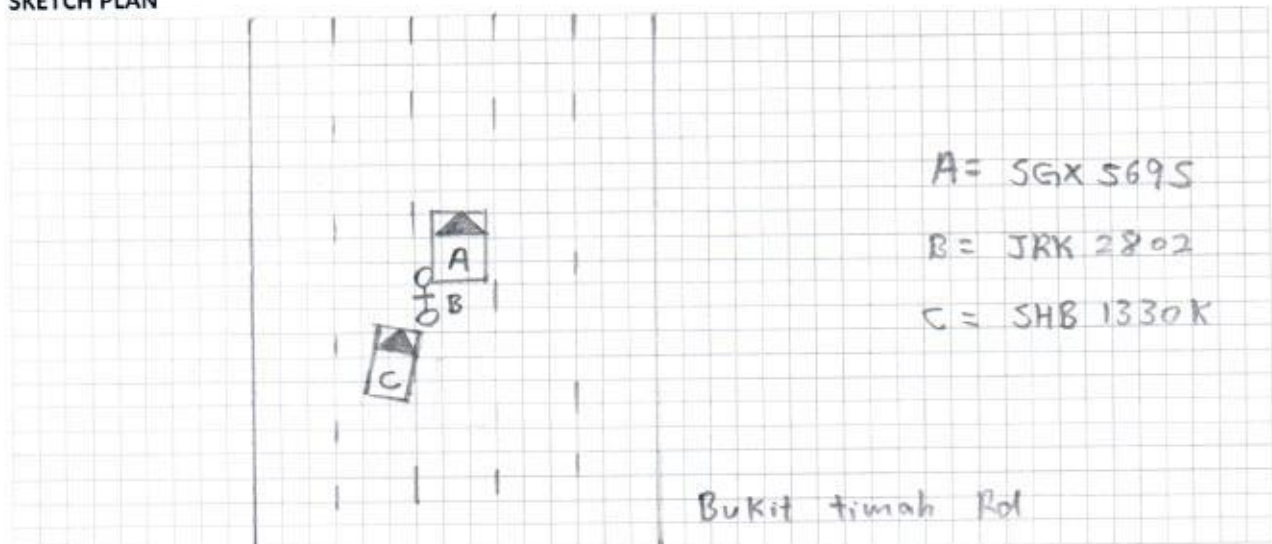


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A= SGX 569S
B= JRK 2802
C= SHB 1330K

Bukit Timah Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



**SINGAPORE
POLICE FORCE**



T/20180613/2122

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180613/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2018 17:45	Vide Report No.:	Station Diary No.: 137
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Informant's Particulars

Name of Informant: WANG YIRONG			Address: 29 YISHUN STREET 51 #12-17 SINGAPORE 767989	
ID Type / ID No.: NRIC NO / S7060044G			Contact No.:	Mobile: 98998660
Nationality: CHINESE			Home/Office:	
			Email:	
Sex: Female	Age: 47	Date of Birth: 26/10/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: accountant			Driving Licence Information: Class: 3A	Date of Expiry:

General information of the Accident

General information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/06/2018 14:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRK2802	Motorcycle				Slightly Damaged	0
SGX569S	Car				Slightly Damaged	0
SHB1330K	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180613/2122

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180613/2122

CONTINUATION OF REPORT

Rider			
Name	Mardan A/L Subramaniam	ID No.	F7279656W
Related Vehicle	JRK2802 (Motorcycle)	Contact No.	94660274
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WANG YIRONG	ID No.	S7060044G
Related Vehicle	SGX569S (Car)	Contact No.	98998660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/06/2018 at about 1340hrs I was driving my car(SGX569S) from Yishun towards Harbourfront.

At about 1420hrs, while I was driving along Bukit Timah Road, I suddenly felt an impact from the left side of my car. I then turned around and saw that a motorcycle(JRK2802) had collided into the side of my vehicle. I then got down to discuss about the repair claims with the motorcyclist.

Subsequently the motorcyclist then told me that a Taxi(SHB1330K) had knocked into his motorcycle and as such his motorcycle knocked into my car. However the taxi had already driven off.

As such I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20180613/2122

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20180613/2122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 HENG CHENG SOON, DESMOND

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

Date/Time:

13/06/2018 17:45

Classification Of Case:

Authentication Stamp

NP168

SN 12

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7060044G



Name
WANG YIRONG
王 怡 蓉
Race
CHINESE
Date of birth
26-10-1970
Country/Place of birth
CHINA

Sex
F

9443342



NRIC No. S7060044G



Nationality
CHINESE
Date of issue
03-05-2017

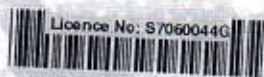
29 YISHUN STREET 51 #12-17
SINGAPORE 767989
NRIC No: S7060044G Date: 27/02/2018

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 04 Nov 2013
with =< 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals =< 2500kg

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Wang Yirong

License Number: S7060044G

Name: WANG YIRONG

Birth Date: 26 Oct 1970

Issue Date: 04 Nov 2013

0022413748

A standard 1D barcode representing the number 0022413748.

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094641303	MACHCO BUSINESS SOLUTION PTE LTD	201316772D	GPC	drive CLASSIC	SGX569S	SGX569S	05/10/2017	04/10/2018

Claim Handling

Accident MT/0998741

Policy No.	5094641303	Vehicle No.	SGX569S	GST Registration No.	
Policyholder Name	MACHCO BUSINESS SOLUTION PTE LTD			Policyholder NRIC	201316772D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94241109	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	14/06/2018 19:22	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/06/2018	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
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	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	11 YISHUN INDUSTRIAL STREET	Address 2	#03-99 NORTH SPRING BIZHUB	Address 3	SINGAPORE 768089
Address 4		Address Type	Singapore address	Post Code	768089
Unit No.	03-99	Related Policy Number	5094641303		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/10/1970
Unnamed driver Name	WANG YJRONG	Driver NRIC	S7060044G	Driving Experience	4
Register Date of Driver License	04/11/2013	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	98998660	Contact No.(Office)		Address 3	SINGAPORE 767989
Address 1	29 YISHUN STREET 51	Address 2	#12-17 SIGNATURE AT YISHUN	Post Code	767989
Address 4		Address Type	Singapore address		
Unit No.	12-17				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MACHCO BUSINESS SOLUTION	Insured NRIC	201316772D
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGX569S	TP Vehicle Number	JRK2802
Claim Description	SGX569S / JRK2802 ON 13 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	14/06/2018 00:00
Date Registered	14/06/2018 19:25	Claim Close Date			
Report Taken By	JEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0998741	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/06/2018 19:27		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read














ClearPlease SelectNONormal

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Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:27	SAS	Normal	SAS 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:26	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:26	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:26	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:26	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:26	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:26	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:25	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:25	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:25	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:25	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:25	Photos	Normal	Photos 2018-6-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 19:25	Photos	Normal	Photos 2018-6-14

Video List

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