

NATIONAL Assessment Centre Services

[NOT 1 JAN 05]

MMMA 118095325.

Date In: 24/1/18 10:31	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18013389/h4	E-mail (within 5hrs, A/C 2hrs)		
Veh No: YM 6288C	i-Motor Claim Form	MT/1004579-001	25/1/18 15:56
D.O.A: 23/1/18 18:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) 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: SKK 9668 B.	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

MA 1804712	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
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 (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	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 30			
	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	24/07/2018 10:31
Date Of Accident	23/07/2018 18:30
Exact Location Of Accident	NICOLL HIGHWAY (MERDEKA BRIDGE TWDS GUILLEMARD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6288C
Insured/Policyholder	
Name Of Registered Owner	BAN SOON HENG ENGINEERING PTE LTD
Co Reg No	199302272G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67430447

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092144463-01
Cover Note Number	-

Driver

Name of Driver	YANG JIHONG
NRIC No	G8371925M
Date Of Birth	01/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96787227
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	51 UBI AVE 1 #05-20
Postcode	408933
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	COLLISION - HEAD TO REAR
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)	20
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: : MALE
Passenger 10	NAME: : UNKNOWN GENDER: : MALE

Passenger 11	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 12	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 13	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 14	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 15	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 16	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 17	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 18	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 19	NAME: : UNKNOWN
	GENDER: : MALE

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	SKK9668B
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.
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

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:

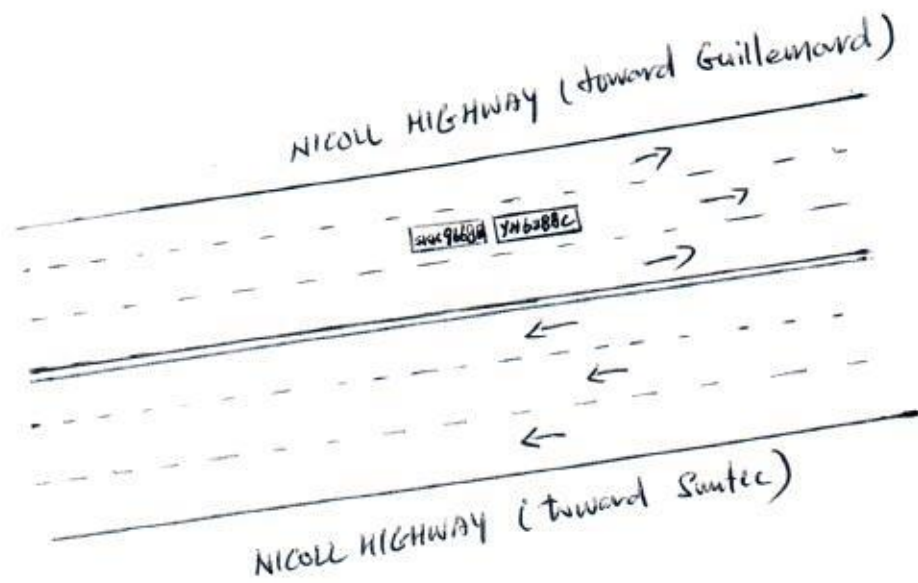
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Date: 23/07/2018 (mon)

Time: 18:30 pm.

Location: NICOLL HIGHWAY (Merdeka Bridge - toward Guillemard)



At the above time and place, ~~my~~ I driving my lorry YN 6288C .
Stopped due to traffic Jam , and vehicle SIC 9668B
directly hit the back of my lorry .

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8371925M**

Name: **YANG JI HONG**

Birth Date: **01 Feb 1979**

Issue Date: **07 Oct 2013**

Valid Till: **13 Oct 2018**

002232070A



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **BAN SOON HENG ENGRG PTE LTD**

Sector: **CONSTRUCTION**

Name: **YANG JIHONG**

Occupation: **ASSISTANT ELECTRICAL SUPERVISOR**

S Pass No.: **O 72829239**

Date of Application: **05-10-2017**

Date of Issue: **15-10-2017**

Date of Expiry: **14-10-2019**




LB439827



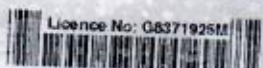
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

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

EFFECTIVE DATE 14 Oct 2008

NP 428A

Licence No: G8371925M



VISIT PASS
Immigration Regulations

Name: **YANG JIHONG**

Date of Birth: **01-02-1979** Sex: **M** Nationality: **CHINESE**

FIN: **G8371925M** Date of Issue: **10-11-2017** Date of Expiry: **14-10-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




Hello, NAC_PAYA_UBI_800601

[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="23/07/2018 10:27"/>
Vehicle No.(For Motor)	<input type="text" value="YN6288C"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092144463-01	BAN SOON HENG ENGINEERING PTE LTD	199302272G	GFT	Comprehensive	YN6288C	YN6288C	09/07/2018	

▼ Policy Information

Policy No.	5092144463-01	Policyholder Name	BAN SOON HENG ENGINEERING	Policyholder NRIC	199302272G
Address	51 UBI AVENUE 1 #03-22 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/06/2018	Effective Date	09/07/2018 00:00	Expiry Date	08/07/2019 23:59
Excess Type	Per Accident	All Claim Excess			
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	8416.62		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#03-22 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.		Related Policy Number	5092144463-01		

▶ Insured Object: YN6288C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1004579

Policy No.	509214463-01	Vehicle No.	YN5286C	GST Registration No.	199302272G
Policyholder Name	SAN SOON HENG ENGINEERING PTE LTD			Policyholder NRIC	199302272G
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	67430447	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	0	Private Hire	No

Accident Details

Report Date	25/07/2018 15:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/07/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NICOLL HIGHWAY (MERDEKA BRIDGE TWDS GUILLEMAR)				

Benefits

Excess

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	199302272G	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#03-22 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.		Related Policy Number	509214463-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/02/1979
Unnamed driver Name	YANG JIHONG	Driver NRIC	68371925H	Driving Experience	9
Register Date of Driver License	14/10/2008	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	96787227	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	51 UBI AVENUE 1	Address 2	PAYA UBI INDUSTRIAL PARK	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	05-20				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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	SAN SOON HENG ENGINEERING	Insured NRIC	199302272G
Contact No.(Mobile)	97559698	Contact No.(Home)		Contact No.(Office)	67430447
Email Address		OT Vehicle Number	YN5286C	TP Vehicle Number	SKK9668B
Claim Description	YN5286C / SKK9668B ON 23 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	25/07/2018 00:00
Date Registered	25/07/2018 15:55	Claim Close Date			
Report Taken By	JACKSON				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1004579	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2018 15:56			
Path *		Category *	Confidential	Urgency *	Description *	
	Browse...	Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
	Browse...	Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
	Browse...	Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
	Browse...	Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
		Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Please Select

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:56	SAS	Normal	SAS 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:55	Photos	Normal	Photos 2018-7-25		Edit

Video List

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