

**NATIONAL Assessment Centre Services** [ver: 1 Jan 2005]

Date In: 17/08/2018 16:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18015009/14	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SGP5291B	i-Motor Claim Form: MT/1007711-001	17/8/18 17:35	
D.O.A: 16/08/2018 20:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wkst:		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLD29.28 Y 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)

Remarks	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

NA1805216

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) Inc. Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2/3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idno 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 willful 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	17/08/2018 16:36
Date Of Accident	16/08/2018 20:00
Exact Location Of Accident	ENTERANCE OF JB CUSTOMS TWDS SINGAPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP5291B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANNY ANG CHONG SHENG
NRIC No	S8441453J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90064351
Alternative Phone No	OTHERS-90064351

### Vehicle Particulars

Manufacturer	KIA
Model	RIO 1.4M HB
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	5080082832-02
Cover Note Number	

### Driver

Name of Driver	DANNY ANG CHONG SHENG
NRIC No	S8441453J
Date Of Birth	22/12/1984
Occupation	INDOOR
Date Of Driving Pass	05/06/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90064351
Fax Number	
Contact Number	OTHERS-90064351
Email Address	NOEMAIL

Address	BLK 12 NORTH BRIDGE ROAD #25-3958
Postcode	190012
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	
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: : NIL 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

PLS REFER TO THE 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	SLD2928Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG FOOK MING
NRIC/Passport Number	S2590498B
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:

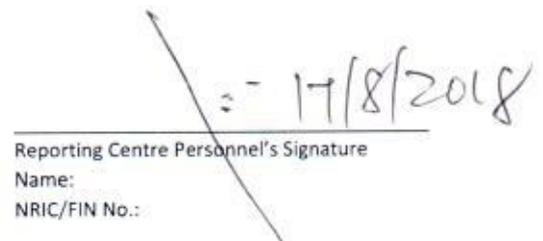
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

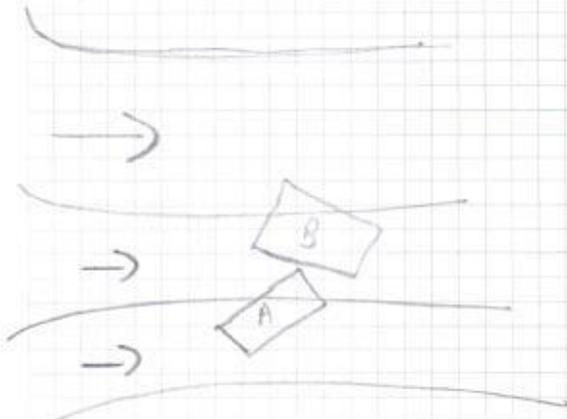


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Entrance of JB Customs towards Singapore.



A - SGP5291B

B - SLD2928Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 August 2018 at about 2000hrs, I was driving my vehicle (SGP5291B) towards JB customs for my journey back to Singapore. As it was peak period, there were many vehicles entering the checkpoint. Many cars were cutting queue and switching lanes so that they would be able to clear immigration fast.

While I was changing lane

Just then, Another vehicle (SLD2928Y) came in from my left after cutting from another lane. I was aware of its presence and stop my vehicle so that the other vehicle could pass through. To my horror I heard a scratch sound as the other vehicle pass through.

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:

= 17/8/2018

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

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S8441453J**



Name  
**DANNY ANG CHONG SHENG**  
**(DANNY HONG ZHONGXIAN)**  
 洪仲賢

Race  
**CHINESE**

Date of birth  
**22-12-1984**

Country/Place of birth  
**SINGAPORE**

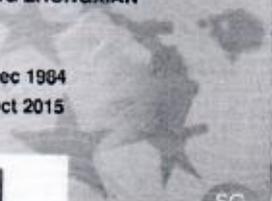
Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8441453J**  
 Name:  
**DANNY ANG CHONG SHENG**  
**DANNY HONG ZHONGXIAN**

Birth Date: **22 Dec 1984**  
 Issue Date: **12 Oct 2015**

002482202E



SG  
50

5359683



NRIC No. **S8441453J**



Date of issue  
**10-09-2015**

Address  
**APT BLK 12 NORTH BRIDGE ROAD**  
**#25-3958**  
**SINGAPORE 190012**

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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Jun 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	26 Sep 2012

NP 423A

Licence No: S8441453J



## 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)

<b>Certificate Number:</b> 5080082832-02	<b>Cover :</b> drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SGP5291B
Chassis Number	: KNADE241266139339
2. Name of Policyholder	: DANNY ANG CHONG SHENG
3. Effective Date of Insurance	: 19 Jun 2018
4. Expiry Date of Insurance	: 18 Jun 2019
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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DANNY ANG CHONG SHENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

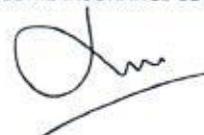
Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 18 Jun 2018 16:51 hrs  
 Reprint : 18 Jun 2018 16:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

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="16/06/2018 20:00"/>
Vehicle No.(For Motor)	<input type="text" value="SGP5291B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080082832-02		DANNY ANG CHONG SHENG	S8441453J	GPC	drive CLASSIC	SGP5291B	SGP5291B	19/06/2018	18/06/2019

▼ **Policy Information**

Policy No.	5080082832-02	Policyholder Name	DANNY ANG CHONG SHENG	Policyholder NRIC	S8441453J
Certificate No.					
Address	BLK 12 #25-3958 NORTH BRIDGE ROAD SINGAPORE 190012				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/06/2018	Effective Date	19/06/2018 00:00	Expiry Date	18/06/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 12 #25-3958	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190012
Address 4		Address Type	Singapore address	Post Code	190012
Unit No.		Related Policy Number	5080082832-02		

▶ **Insured Object: SGP5291B**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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**Claim Handling**

**Accident MT/1007711**

Policy No.	5080082832-02	Vehicle No.	SGP52918	GST Registration No.	
Certificate No.					
Policyholder Name	DANNY ANG CHONG SHENG			Policyholder NRIC	S844
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	90064351	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	No
KFK	<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 Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	17/08/2018 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	16/08/2018	Time of Accident hh:mm	20:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENTRANCE OF JB CUSTOMS TWDS SINGAPORE				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 12 #25-3958	Address 2	NORTH BRIDGE ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	1900
Unit No.		Related Policy Number	5080082832-02		

**O1 Driver Info**

Driver Name	DANNY ANG CHONG SHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8441453J	Driver DOB	22/1
Register Date of Driver License	05/06/2009	Driver Age	33	Driving Experience	9
Contact No. (Mobile)	90064351	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 12	Address 2	NORTH BRIDGE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	1900
Unit No.	#25-3958				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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 OD-MX** **New**

Claim Type *	OD-MX	Insured Name	DANNY ANG CHONG SHENG	Insured NRIC	S844
Contact No. (Mobile)	90064351	Contact No. (Home)	62928395	Contact No. (Office)	
Email Address	blur_fool_guy3459@live.com	O1 Vehicle Number	SGP52918	TP Vehicle Number	SLD2
Claim Description	SGP52918 / SLD2928Y ON 16 Aug 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	Rece
Date Registered	17/08/2018 17:34	Claim Close Date		Date Received	17/0
Report Taken By	KRJSHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

**Save** **Submit**

**Attachment**

Accident No. MT/1007711 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

17/08/2018 17:35

Path \*

Category \*

Confidential

Urgency \*

	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:32	SAS	Normal	SAS 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:32	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:32	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:32	Photos	Normal	Photos 2018-8-17
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 17:31	Photos	Normal	Photos 2018-8-17

Video List

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