

<b>NATIONAL Assessment Centre Services</b> (wef: 1 Jan 05) <b>NA1805628</b>			
Date In: <b>04/09/2018 16:59</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1805628</b>	SAS e-filing		
Veh No: <b>SFF 6MR</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>04/09/2018 07:50</b>	i-Motor Claim Form	<b>17/10/2018 001</b>	<b>04/09/2018</b>
OD / TP: <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>17:17</b>
	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: <b>SFL 2117C</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: ( )

<b>Remarks:-</b> (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

<b>NA1805628</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	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:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	*N9: TP (N/A INC) against INC \$20			
	9) N12: Idac Mobile 30			
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged		
<b>Auditors' Comments:-</b>	Invoice dated	Fee Charged		
<b>Cat 1:</b>				
<b>Cat 2/3:</b>				

## 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	04/09/2018 16:59
Date Of Accident	04/09/2018 07:50
Exact Location Of Accident	AYE (BEFORE ALEXANDRA ROAD EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF6211R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YIP PENG HON
NRIC No	S1618335J
Email Address	PHYIP99@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90123110
Alternative Phone No	OTHERS-90123110

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO OFFICE
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	5051363882-06
Cover Note Number	

### Driver

Name of Driver	YIP PENG HON
NRIC No	S1618335J
Date Of Birth	14/07/1963
Occupation	INDOOR
Date Of Driving Pass	18/12/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90123110
Fax Number	
Contact Number	OTHERS-90123110
Email Address	PHYIP99@GMAIL.COM



Address	339 CHOA CHU KANG AVENUE 3 #03-18
Postcode	689873
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)	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 SKETCH PLAN

#### 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	SJL2117C
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMARRUL'AIN BIN KAMARUDZAMAN
NRIC/Passport Number	S7538991D
Contact Number	97792958
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

## 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: 4 Sep 18  
4.30pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN

AYE (BEFORE ALEXANDRA ROAD EXIT)



A) SFF 6211R  
B) SJL 2117C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

left most

My car was on the <sup>left most</sup> lane on AYE to exit to Alexandra Road when the car SJL 2117C on my right swerved into my lane and hit the front right of my car, causing dents and scratches on the body works. There is no injury. The other driver asked for a private settlement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Ng Pong Hui*

Policyholder's Signature

Date & Time: 4 Sep 18  
4.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*04/09/2018*  
*Resti Wanto*



## Claim Handling

Accident MT/1010130

Policy No.	S051363882-06	Vehicle No.	SFF6211R	GST Registration No.	
Certificate No.					
Policyholder Name	YIP PENG HON	Cover Type	drive CLASSIC	Policyholder NRIC	S16181351
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	90123110	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No *
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## ▼ Accident Details

Report Date	04/09/2018 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/09/2018	Time of Accident hh:mm	02:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYB (BEFORE ALEXANDRA ROAD CHIT)				

## ▼ Excess

Own Damage Excess	600.00	Additional Excess	0	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		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	339 CHOA CHU KANG AVENUE 7	Address 2	#03-18 THE RAINFOREST	Address 3	SINGAPORE 699873
Address 4		Address Type	Singapore address	Post Code	699873
Unit No.		Related Policy Number	S051363882-07		

## ▼ OI Driver Info

Driver Name	YIP PENG HON	Driver Type	Main Driver	Driver DOB	14/07/1963
Unnamed driver Name		Driver NRIC	S16183351	Driving Experience	19
Register Date of Driver License	01/01/1999	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	90123110	Contact No.(Office)		Address 3	SINGAPORE 699873
Address 1	339 CHOA CHU KANG AVENUE 7	Address 2	#03-18 THE RAINFOREST	Post Code	699873
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SFF6211R	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No

## Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	YIP PENG HON	Insured NRIC	S16181351
Contact No.(Mobile)	90123110	Contact No. (Home)		Contact No. (Office)	
Email Address	ghyip98@gmail.com	Vehicle Number	SFF6211R	Vehicle Number	SFF6211R
Claim Description	SFF6211R / S16181351 ON 4 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No. Finalisation	Yes	Report Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/09/2018 17:15	Claim Close Date		Date Received	04/09/2018
Report Taken By	ROSLI WAHAB				

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1010130	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/09/2018 17:17
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Photo
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17		Photos	Normal	Photos 2018-9-4	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:17	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:16	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:16	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:16	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:16	Photos	Normal	Photos 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:16	SAS	Normal	SAS 2018-9-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Sep 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 04/09/2010 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: AYE (before Alexandra Road exit)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFF6211R  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5051363882-06  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA Altis  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to office  
 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: YIP PENG HON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1610335J CONTACT: 90123110  
 c) ADDRESS: 339 Choa Chu Kang Avenue 3  
#03-18 S689873

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

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

\* d) DATE OF BIRTH: 14/07/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1985

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

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: SJL2117C MODEL: Honda Fit  
 b) DRIVER'S NAME: Kamarrul'ain bin Kamrudzaman  
 c) NRIC/FIN/PASSPORT: S7530991D CONTACT: 97792958

## 9. THIRD PARTY VEHICLE

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

EMAIL = phyip99@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1618335J



Name  
YIP PENG HON  
叶炳汉  
Race  
CHINESE  
Date of Birth  
14-07-1963  
Sex  
M  
Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identification Number S1618335J  
Name  
YIP PENG HON  
Birth Date 14 Jul 1963  
Issue Date 16 Dec 2002



0838809



NRIC No. S1618335J



Block Letter B\*  
Date of Issue 18-03-1993

339 CHOA CHU KANG AVENUE 3 #03-18  
SINGAPORE 689873  
NRIC No: S1618335J Date: 27/08/2015

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

CLASS DATE  
Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms 18 Dec 1996







NP 428A



Licence No: S1618335J

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="04/09/2018 16:58"/>							
Vehicle No. (For Motor)	<input type="text" value="SFF6211R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5051363882-06		YIP PENG HON	S1618335J	GPC	drive CLASSIC	SFF6211R	SFF6211R	09/09/2017	08/09/2018
<input type="button" value="Continue"/>										