

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMAY18/24/46

Date In: 25/09/2018 10:09	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/MC/80/7385/4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SW 569 H	i-Motor Claim Form	MM/10/1476-002	25/09/2018
D.O.A: 27/08/2018 11:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10/47
OD TP: 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: SW 3220 H	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

NA/806/45	<b>Invoice Preparation Checklist</b>		Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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			
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:-			
	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 (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice date/	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	25/09/2018 10:09
Date Of Accident	27/08/2018 11:20
Exact Location Of Accident	CROSS STREET TOWARDS UPPER CROSS STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5169A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHOON HO RAYMOND (HUANG JUNHAO RAYMOND)
NRIC No	S7125190Z
Email Address	RAYMOND.WONG@EMAIL.COM
Mobile Phone No	(LOCAL) +65-93809515
Alternative Phone No	OTHERS-93809515

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5092406780
Cover Note Number	

### Driver

Name of Driver	WONG CHOON HO RAYMOND (HUANG JUNHAO RAYMOND)
NRIC No	S7125190Z
Date Of Birth	23/06/1971
Occupation	INDOOR
Date Of Driving Pass	01/07/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93809515
Fax Number	
Contact Number	OTHERS-93809515
Email Address	RAYMOND.WONG@EMAIL.COM



Address	BLK 1 DELTA AVENUE #19-37
Postcode	160001
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	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	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	SGV3320H
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KENG YEW
NRIC/Passport Number	S7237399E
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:

24/09/2018

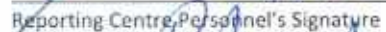


Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/09/2018



Reporting Centre Personnel's Signature

Name:

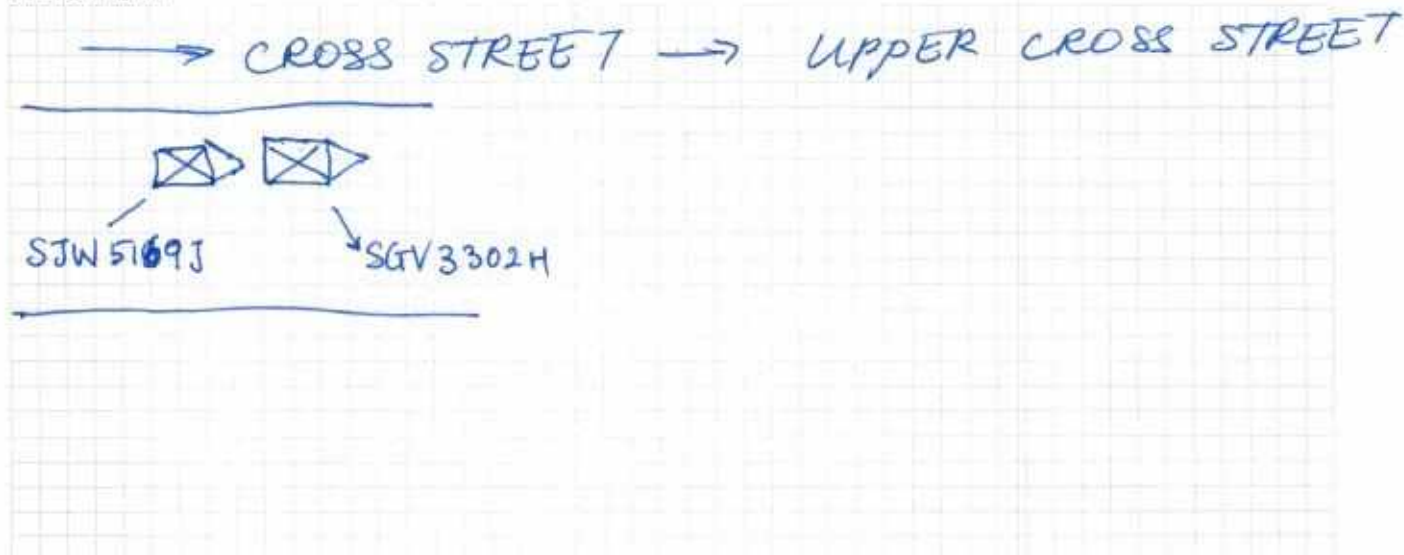
NRIC/FIN No.:

25/09/2018





# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were all stopped along the road waiting for the traffic in front to move because of a red traffic light. Traffic was heavy and movement was slow.

When the light changed and the cars surrounding had started to move, I started moving my vehicle as well.

The vehicle in front of me SGV 3302H was slow to start to move for unknown reason. That is when the accident happened.

My front had knocked into the back of his vehicle.

## DECLARATION

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

*Raywong*  
 Policyholder's Signature  
 Date & Time:  
 24/09/2018

*Raywong*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 24/09/2018

*an* 25/09/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
*Roshi*

## Claim Handling

Accident MT/1011476

Policy No.	5092406780	Vehicle No.	SJWS169A	GST Registration No.	
Certificate No.					
Policyholder Name	WONG CHOON HO RAYMOND (HUANG JUNHAO RAYMOND)			Policyholder NRIC	S71251902
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	N/A	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		aCode	No *
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Not available
<b>Accident Details</b>					
Report Date	14/09/2018 11:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head-to-Rear
Date of Accident	27/08/2018	Time of Accident (hh:mm)	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	CROSS ST				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	400.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 1, #19-37	Address 2	DELTA AVENUE	Address 3	DELTA AVENUE ESTATE
Address 4	SINGAPORE 160001	Address Type	Singapore address	Post Code	160001
Unit No.	19-37	Related Policy Number	5092406780		
<b>OT Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **NEW**

Claim Type *	OD-MX *	Insured Name	WONG CHOON HO RAYMOND	Insured NRIC	S7125
Contact No.(Mobile)	93800513	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	RAYMOND.WONG@EMAIL.COM	CI	SJWS169A	TP	SQV33
Claim Description	SJWS169A / SQV3320H ON 27 Aug 2018				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered	25/09/2018 10:35	Claim Close Date		Date Received	25/09
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment


Accident No.	MT/1011476	Claim No.	002
Last Doc. Received	Yes No	Upload Date	25/09/2018 10:47
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Sep 2018 10:47	SAS	Normal	SAS 2018-9-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Sep 2018 10:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25	

9/25/2018

## Claim Handling( Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 10:27	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 10:27	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 10:27	Photos	Normal	Photos 2018-9-25
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Video List

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

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/08/2018 (DD/MM/YYYY), TIME: 11:20 (HH:MM)

LOCATION: CROSS STREET toward UPP CROSS STREET

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STW 5169 A  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5092406780  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VW GOLF  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
 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: WONG CHOON HO RAYMOND (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7125190Z CONTACT: 93809515  
 c) ADDRESS: 1 DELTA AVE #19-37  
S 160001

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

## DRIVER

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

\* d) DATE OF BIRTH: 23/06/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01071991

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

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: SGV 3320 H MODEL: TOYOTA WIST

b) DRIVER'S NAME: LOW KENG YEW

c) NRIC/FIN/PASSPORT: S7237399E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = raymond.wong@email.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7125190Z



Name

WONG CHOON HO RAYMOND  
(HUANG JUNHAO RAYMOND)

黄俊豪

Race

CHINESE

Date of birth

23-06-1971

Country/Place of birth

SINGAPORE

Sex

M



5599279



NRIC No. S7125190Z



Date of issue

26-04-2016

Address

APT BLK 1 DELTA AVENUE  
#19-37  
SINGAPORE 160001

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7125190Z

WONG CHOON HO RAYMOND  
(HUANG JUNHAO RAYMOND)

Birth Date: 23 Jun 1971

Issue Date: 01 Jul 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

01 Jul 1991

NP 423A



## 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:** 5092406780

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJWS169A**  
 Chassis Number : **WVWZZZ1KZAW015267**
2. Name of Policyholder : **WONG CHOON HO RAYMOND (HUANG JUNHAO RAYMOND)**
3. Effective Date of Insurance : **09 Jul 2017**
4. Expiry Date of Insurance : **28 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	: WONG CHOON HO RAYMOND (HUANG JUNHAO RAYMOND)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : **DICKSON AUTO AGENCY (00000614645)**  
 Date of Issue : **07 Jul 2017 16:55 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

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



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