

NATIONAL Assessment Centre Services (wef: 28/03) **MNA48124287**

Date In: 25/09/2018 12:51	Job description	Date & Time Completed	Done by
Ref No: NBA/2000017400/Y	SAS e-filing		
Vel No: SGK 8604P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/09/2018 13:55	i-Motor Claim Form	M.T/10/2953-001	25/09/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:58
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **SLT 1513H** 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/806156	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	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 For claiming against INC Only (wef 10 Jan 2005)		
	Auditors' Comments :-	6) TR: Re-inspection \$75		
	Dat 1:	7) NI: Idau DA + SMRT Survey \$160		
	Dat 2/3:	8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpl Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5		
		9) N11: TP (Non INC) against INC \$20 N12: Idau 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	25/09/2018 12:51
Date Of Accident	24/09/2018 13:55
Exact Location Of Accident	ALONG SCIENCE PARK 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8604P
Insured/Policyholder	
Name Of Registered Owner	WU HORNG JYH
NRIC No	S2627112F
Email Address	PAULHJW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86625430
Alternative Phone No	OTHERS-86625430

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5015824642-12
Cover Note Number	

Driver

Name of Driver	WU HORNG JYH
NRIC No	S2627112F
Date Of Birth	30/12/1958
Occupation	INDOOR
Date Of Driving Pass	08/05/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86625430
Fax Number	
Contact Number	OTHERS-86625430
EMail Address	PAULHJW@GMAIL.COM

Address	11E MOUNT SINAI LANE #02-22
Postcode	277054
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1513H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAN ZHIHUANG
NRIC/Passport Number	S8922521C
Contact Number	91097380
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

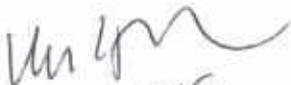
SKETCH PLAN

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)**

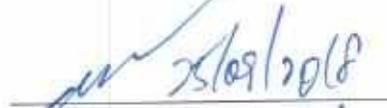
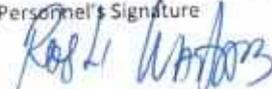
I understand, acknowledge, agree and consent that:

- (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.


24/09/18

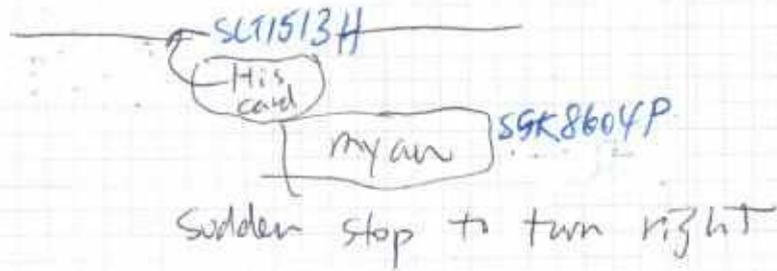
Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

Blow scratch Park I

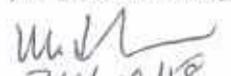


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was driving, in the same lane as the other party. He suddenly made a stop to turn right. I greatly brake and veer my car to the right, so there is a scratch on both his & my car.

DECLARATION

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


24/09/18

Policyholder's Signature
Date & Time:

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


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

Claim Handling

Accident #7/1012953

Policy No.	5015828642-12	Vehicle No.	SGK8604P	GST Registration No.	
Certificate No.				Policyholder NRIC	S2627112F
Policyholder Name	WU HORNG JIH	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	PRIVATE CAR (INSURANCE)	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	86625430	Special Remark		eCode	No
Email Address		TCA	- No Yes	eCode Reason	
KFK	- No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				

Accident Details

Report Date	25/09/2018 13:29	Accident Report Within 24 hrs	Yes	Accident Type	Sub Swipe
Date of Accident	24/09/2018	Time of Accident (h:mm)	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SCIENCE PARK 1				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	11E MOUNT SINAI LANE	Address 2	#02-22 GLENTREES	Address 3	SINGAPORE 277054
Address 4		Address Type	Singapore address	Post Code	277054
Unit No.		Related Policy Number	3015828642-12		

OT Driver Info

Driver Name	WU HORNG JIH	Driver Type	Main Driver	Driver DOB	30/12/1958
Unnamed driver Name		Driver NRIC	S2527112F	Driving Experience	27
Register Date of Driver License	01/01/1993	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	86625430	Contact No.(Office)		Address 3	SINGAPORE 277054
Address 1	11E MOUNT SINAI LANE	Address 2	#02-22 GLENTREES	Post Code	277054
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTLC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SGK8604P		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
-------------------------------------	------	-------------	----------

Modification History

Claim 001 OD-MX **Now**

Claim Type *	OD-MX	Insured Name	WU HORNG JIH	Insured NRIC	S2627112F
Contact No.(Mobile)	86625430	Contact No.(Home)	86612613	Contact No.(Office)	Nil
Email Address	gauh@wo@gmail.com	GI	TP	Vehicle Number	SLT1
Claim Description	SGK8604P / SLT1513H ON 24 Sept 2018				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Workshop No. / Registration	Yes	Preferred Workshop, Name unknown		Claim Close Date	25/09/2018 13:32
Gene Registered				Workshop Repairer	WDSL1 WAHAB
Report Taken By				Total Loss Out-Repaid	

Print AK letter

Attachment

Accident No.	MT/1012953	Claim No.	001	Category *	Confidential	Urgency *	Det
Last Doc. Received	Yes No	Upload Date	25/09/2018 13:53				
Path *							
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			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
Message Read				Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
------------	------------------	----------	---------	-------------



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:53	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:51	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:53	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	SAS	Normal	SAS 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 13:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25

Video List

Uploaded By/Date	Folder/Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24/01/2018 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: Science Park I

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 8604P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 501582 4662-12
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Priv. Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Wu Haring Jyh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2627112F CONTACT: 86625430
c) ADDRESS: 11E Mount Sinai Lane

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 30/12/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/05/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLT1573H MODEL: Hyundai

b) DRIVER'S NAME: Yan zhihuang

c) NRIC/FIN/PASSPORT: S8922521C CONTACT: 91047380

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)

No of passenger
(including driver)

EMAIL = paulhjw@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2627112F



Name

WU HORNG JYH
@PAUL

吴宏智

Race

CHINESE

Date of birth

30-12-1958

Sex

M

Country/Place of birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2627112F

Holder

WU HORNG JYH
@PAUL

Birth Date: 30 Dec 1958

Issue Date: 09 Dec 2017



9445660



NRIC No. S2627112F



Nationality

TAIWANESE

Date of issue

03-05-2017

Address

11E MOUNT SINAI LANE
#02-22
SINGAPORE 277054

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 08 May 1993



NP 428A

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: 5015824642-12 Cover : Third Party, Fire & Theft.

1. Index mark and Registration Number of Vehicle: : SGK8604P
 Chassis Number : ZNE100326038

2. Name of Policyholder : WU HORNG JYH

3. Effective Date of Insurance : 29 Aug 2018

4. Expiry Date of Insurance : 28 Aug 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.

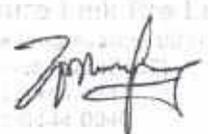
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: WU HORNG JYH
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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 23 Aug 2018 11:55 hrs

Income Link Pte Ltd
 100, North Bridge Road, #04-01
 Singapore 079404
 Tel: 6733 1444



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive