

NATIONAL Assessment Centre Services

Post 1 Jan 2005

MMA 118131423.

Date In	10/10/18 11:52	Job description	Date & Time Completed	Done by
Ref No:	MA1 INC 180183 65144	SAS e-filing		
Veh No:	SJU 3338 C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A:	10/10/18 08:35.	i-Motor Claim Form	MT/1015125 ⁰⁰¹	10/10/18 15:32.
OD <input checked="" type="checkbox"/> Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		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:

5736 S.

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%. P: 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 1806470

Invoice Preparation Checklist

And (\$) In Bill

And (\$) Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against UNC Only (ref 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QJ*

*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 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 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. 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	10/10/2018 11:52
Date Of Accident	10/10/2018 08:35
Exact Location Of Accident	BLK 44 TELOK BLANGAH DR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3338C
Insured/Policyholder	
Name Of Registered Owner	ANG PENG WHATT
NRIC No	S0149323Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98589001
Alternative Phone No	OFFICE-98589001

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102613093
Cover Note Number	-

Driver

Name of Driver	ANG PENG WHATT
NRIC No	S0149323Z
Date Of Birth	10/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98589001
Fax Number	
Contact Number	OFFICE-98589001
Email Address	NOEMAIL

Address	BLK 107 TOWNER RD #11-378
Postcode	321107
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 - MAJOR/MINOR RD
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)	2
Passenger 1	
	NAME: : WIN MIN
	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

AFTER PICKUP MY PASSENGER AT THE BLK 44 TELOK BLANGAH DR, WHILE DRIVING AT THE DRIVE WAY TO THE EXIT, SUDDENLY VEH B (BEARING NO ST36S) WHICH WAS PARKED AT THE NON PARKING LOT AREA AND REVERSING WITHOUT CHECK THE BLIND SPOT AND HIT ONTO MY VEH LEFT REAR PORTION.

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 Witness 1

Name	WIN MIN
Phone Number	91087234
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	ST36S
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)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

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:

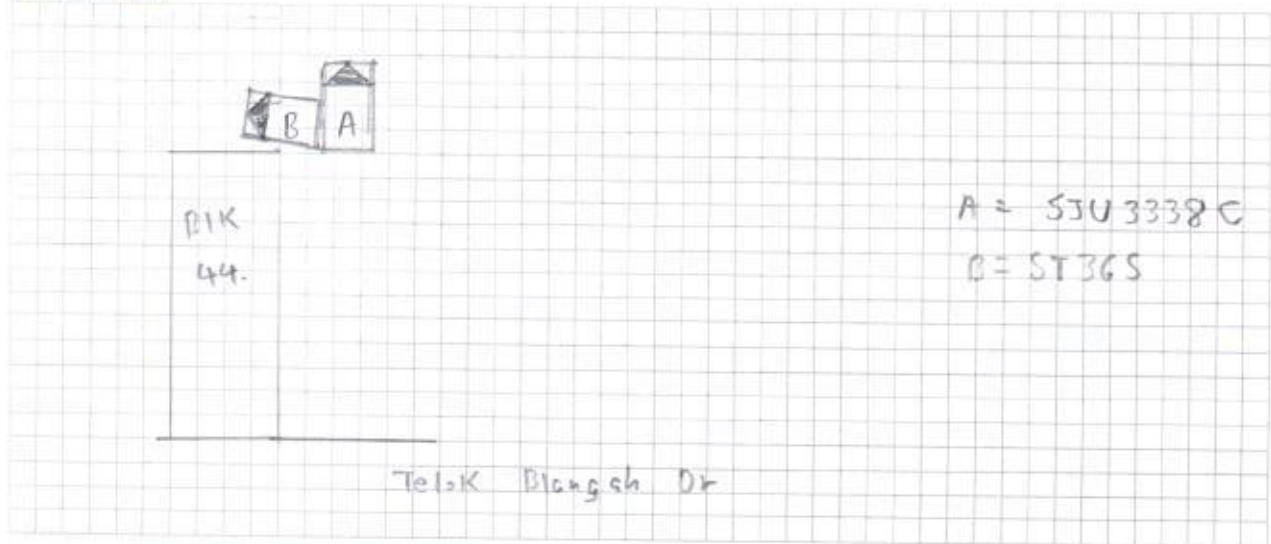
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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.:

Land Transport Authority



VOCATIONAL LICENCE
Licence No : S0149323Z
Name : ANG PENG WHATT


Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	24/08/2018
03	BUS VL	20/05/2013
04	BUS ATTENDANT	20/05/2013



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0149323Z



Name
 ANG PENG WHATT


翁 炳 發

Race
 CHINESE


Date of birth
 10-11-1950

Sex
 M

Country of birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number S0149323Z

Name
 ANG PENG WHATT

Birth Date 10 Nov 1950

Issue Date 16 Dec 2011




4909715

NRIC No. S0149323Z



Date of issue
 30-11-2012


Address
 APT BLK 107 TOWNER ROAD
 #11-378
 SINGAPORE 321107

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
 16 Dec 2011

NP 426A



License No. S0149323Z

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

10/10/2018 11:50

Vehicle No.(For Motor)

SJU3338C

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102613093		ANG PENG WHATT	S0149323Z	GPC	drivo CLASSIC	SJU3338C	SJU3338C	26/07/2018	07/09/2019

Claim Handling

Accident MT/1015125

Policy No.	5102613093	Vehicle No.	SJU3338C	GST Registration No.	
Certificate No.					
Policyholder Name	ANG PENG WHATT			Policyholder NRIC	S01493
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98589001	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	10/10/2018 15:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	10/10/2018	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 44 TELOK BLANGAH DR CARPARK				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 107 #11-378	Address 2	TOWNER ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	321101
Unit No.	11-378	Related Policy Number	5102613093		
OI Driver Info					
Driver Name	ANG PENG WHATT	Driver Type	Main Driver	Driver DOB	10/11/
Unnamed driver Name		Driver NRIC	S01493232	Driving Experience	6
Register Date of Driver License	16/12/2011	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	98589001	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 107 #11-378	Address 2	TOWNER ROAD	Post Code	321101
Address 4		Address Type	Singapore address		
Unit No.	11-378				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANG PENG WHATT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SJU3338C
Claim Description	SJU3338C / ST36S ON 10 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Excess No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/10/2018 15:31
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1015125 Claim No. 001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

10/10/2018 15:32

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

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NO

Normal

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Please Select

NO

Normal

Clear

Please Select

NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:32	SAS	Normal	SAS 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:31	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:31	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:31	Photos	Normal	Photos 2018-10-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:31	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 15:31	Photos	Normal	Photos 2018-10-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
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