

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MYA48733528

Date In: 15/10/2018 11:54	Job description	Date & Time Completed	Done by:
Ref No: NBA/INC/8618615/V	SAS e-filing		
Veh No: 9Y 1619 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/10/2018 19:15	I-Motor Claim Form	MT/10/5010-001	15/10/2018 12:19
OD TP: 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:

SMA 7852C

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

MYA806627

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

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) TF: Towing Fee \$40/\$45
- 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
- TP (N11): TP (N-in INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am't (\$)

Am't (\$)

## 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	15/10/2018 11:54
Date Of Accident	12/10/2018 19:15
Exact Location Of Accident	ALONG BALESTIER ROAD TOWARDS SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1619U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOME CLEANZ CLEANING & LAUNDRY SERVICES PTE. LTD.
Co Reg No	201130544H
Email Address	RYKPANG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96818208
Alternative Phone No	OFFICE-96818208

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME FROM WORK
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	COMMERCIAL VEHICLE

### 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	5053322165-06
Cover Note Number	

### Driver

Name of Driver	PANG YUK KWEI RICHARD
NRIC No	S0154880H
Date Of Birth	22/11/1953
Occupation	INDOOR
Date Of Driving Pass	22/06/1975
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96818208
Fax Number	
Contact Number	OTHERS-96818208
Email Address	RYKPANG@YAHOO.COM



Address	BLK 476 ANG MO KIO AVENUE 10 #11-816
Postcode	560476
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

#### 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	SMA7852C
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7028675J
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.

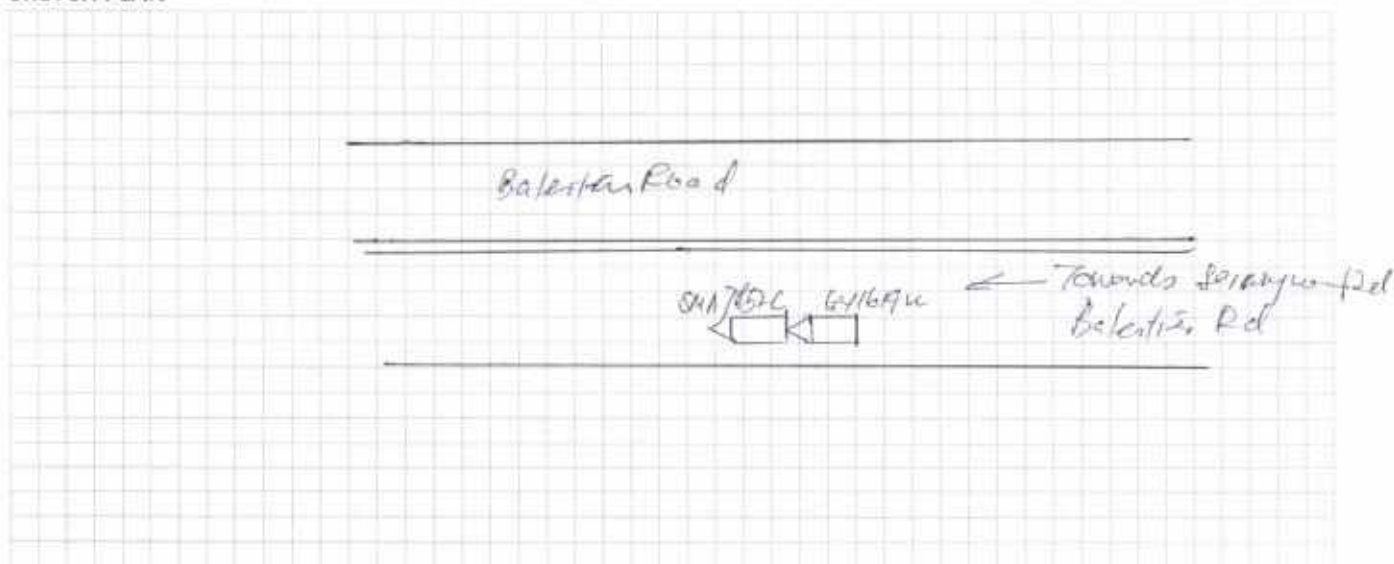
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12-10-2018 (Friday), around 19:17hrs, while driving along Balerton road towards Serangoon Road, I was driving a Nissan (Red) Reg No SMA 7852C, suddenly stepped on his brake. Upon noticing it, I applied my brake too, but, due to heavy rain, my vehicle W169W still slid towards SMA 7852C and slightly hit the rear of his vehicle. Photos were taken to show no serious damage to vehicle SMA 7852C.

Both parties exchanged particulars and left immediately, to avoid traffic jam to other users.

That's all

Thy Jay L

Richard Pong Yik Kwei

60154880H

## 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.:



12/10/2018  
Roshli Haniffa



## Claim Handling

Accident MT/1015610

Policy No.	505232169-06	Vehicle No.	GY1619U	GST Registration No.	201130544H
Certificate No.					
Policyholder Name	HOME CLEANZ CLEANING & LAUNDRY SERVICES PTE. LTD.			Policyholder NRIC	201130544H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96818208	Contact No.(Office)		Contact No.(Home)	0
Email Address		Special Remarks		eCode	No
KPI	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
<b>Accident Details</b>					
Report Date	15/10/2018 12:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/10/2018	Time of Accident (h:min)	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	ALONG BALESTIER ROAD TOWARDS SERANGOON ROAD				
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/01/2012		
GST Registration No.	201130544H	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	7 JALAN SAUDARA KUI	Address 2	SEASIDE PARK	Address 3	SINGAPORE 457444
Address 4		Address Type	Singapore address	Post Code	457444
Unit No.		Related Policy Number	5104197216		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/11/1953
Unnamed driver Name	PANG YUK KWEL RICHARD	Driver NRIC	SD184880H	Driving Experience	43
Register Date of Driver License	22/06/1975	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	96818208	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 475 #11-016	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
Address 4	SINGAPORE 360476	Address Type	Foreign address	Post Code	360476
Unit No.	11-016				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GY1619U	Driver Insurer Company	MTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	DO-HX	Insured Name	HOME CLEANZ CLEANING & LAUNDRY	Insured NRIC	201130544H
Contact No.(Mobile)	97970582	Contact No. (Home)		Contact No. (Office)	64406
Email Address	PHUENH@HOMECLEANZ.COM	DI Vehicle Number	GY1619U	TP Vehicle Number	SMAT8
Claim Description	GY1619U / SMAT82C ON 13 Oct 2018				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred Ins. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2018 12:13	Claim Close Date		Date Received	15/10/2018
Report Taken By	ROSLI WAHAB				

Print All letter













Save Submit

## Attachment

Accident No.	MT/1015610	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/10/2018 12:19
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Dest
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	#
NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 15 Oct 2018 12:19		Photos	Normal	Photos 2018-10-15	1

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	SAS	Normal	SAS 2018-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-15

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 12/10/2018 (DD/MM/YYYY), TIME: 19:17 (HH:MM)

LOCATION: Along Balestier Road, near Gifford Mansion

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY1619 L  
 b) INSURANCE COMPANY: Nine Incom  
 c) POLICY NUMBER: 5053322165-06  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN URVAN  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: A GRAB RIDE HOME A/F WORK  
 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: Hornekhanz Chetmye Laundry Service PL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: 5 Jalan Sandana Kin

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

### DRIVER

- a) NAME: Pang Yuk Kwai Richard (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 50548804 CONTACT: 981 8208  
 c) ADDRESS: At 476 Ang Mo Kio Ave 10 # 11-816  
51560476

\* d) DATE OF BIRTH: 22/11/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: as above

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING  
 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: SMA 7852 C MODEL: NISSAN  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: 57028671 J CONTACT: Ken

## 9. THIRD PARTY VEHICLE

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

EMAIL = rykpong@yahoo.com

VIDEO = N/C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0154880H



Name  
PANG YUK KWEI RICHARD

彭一貴

Race  
CHINESE

Date of Birth  
22-11-1953

Place of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Number: S0154880H

Name  
PANG YUK KWEI RICHARD

Birth Date: 22 Nov 1953

Issue Date: 12 Apr 2003





AP236284



License No. S0154880H



Valid Until: 15-10-2002


Address  
APT BLK 476 ANG MO KIO AVENUE 10  
#11-818  
SINGAPORE 560476

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date: 22 Jun 1979

License No. S0154880H



NP 128A

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="12/10/2018 10:16"/>
Vehicle No.(For Motor)	<input type="text" value="GY1619U"/>	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 checked="" type="radio"/>	5053322165-06		HOME CLEANZ CLEANING & LAUNDRY SERVICES PTE. LTD.	201130544H	GCV	Third Party, Fire & Theft	GY1619U	GY1619U	13/01/2018	12/01/2019