

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MMA 119014923.

Date In: 31/1/19 15:50	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19002076164	SAS e-filing		
Veh No: SLV 6409H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/19 17:15	I-Motor Claim Form	MT/1030388-001	31/1/19 17:28
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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:	Veh No: YP 9485 U	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	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

NA1900871	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors Comments:	Invoice dated	Fee Charged	
Ref 1:			
Ref 2/3:			

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	31/01/2019 15:50
Date Of Accident	30/01/2019 17:15
Exact Location Of Accident	SIMEI AVE BESIDE CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV6409H
Insured/Policyholder	
Name Of Registered Owner	ANG LEE YONG JULIANER
NRIC No	S1750776A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91446693
Alternative Phone No	OTHERS-91091096
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.5 CVT
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	THIRD PARTY
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	5106671135
Cover Note Number	-
Driver	
Name of Driver	ANG LEE YONG JULIANER
NRIC No	S1750776A
Date Of Birth	09/12/1966
Occupation	INDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91446693
Fax Number	
Contact Number	OTHERS-91091096
EMail Address	NOEMAIL

Address	BLK 142 TAMPINES ST 12 #09-310
Postcode	521142
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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

I WAS TRAVELLING ALONG SIMEI AVE ON THE CENTER LANE, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO YP9485U) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9485U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HAFIZH RIZQI BIN ROSTAN
NRIC/Passport Number	S9419240D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG LEE YONG JULIANER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLV6409H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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.:

Changi General Hospital

A

B

Simei Ave

A = SLV 6409 H

B = YP 9485 U

Please Refer to statement

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1750776A



Name
ANG LEE YONG JULIANER

汪丽蓉

Race
CHINESE

Date of birth 09-12-1966 Sex F

Country of Birth
SINGAPORE



S1750776A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1750776A

Name
ANG LEE YONG JULIANER

Birth Date: 09 Dec 1966

Issue Date: 02 May 2003




0356068



NRIC No. S1750776A



Blood Group: O+ Date of issue: 25-05-1992

APT. 112 142 TAMPINES STREET 12 809-210
SINGAPORE 521142

NRIC No: S1750776A Date: 11-03-1997 No: 2089792

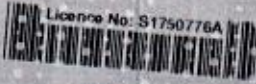
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE
11 May 1992

NP 128A

License No: S1750776A



Hello, NAC_PAYA_UBI_800601

[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="30/01/2019 15:41"/>
Vehicle No.(For Motor)	<input type="text" value="SLV6409H"/>	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"/>	5106671135		ANG LEE YONG JULIANER	S1750776A	GPC	drivo CLASSIC	SLV6409H	SLV6409H	08/01/2019	07/01/2020

Claim Handling

Accident MT/1030388

Policy No.	S106671135	Vehicle No.	SLV6409H	GST Registration No.	
Certificate No.					
Policyholder Name	ANG LEE YONG JULIANER			Policyholder NRIC	S1750776A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91091096	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	31/01/2019 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	30/01/2019	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMEI AVE BESIDE CHANGI GENERAL HOSPITAL				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.0
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	BLK 142 #09-310	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	521111
Unit No.		Related Policy Number	S106671135		
OI Driver Info					
Driver Name	ANG LEE YONG JULIANER	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1750776A	Driver DOB	09/12/1976
Register Date of Driver License	01/01/2000	Driver Age	52	Driving Experience	19
Contact No.(Mobile)	91091096	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 142 #09-310	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	521111
Unit No.					
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 Handling

Accident MT/1030388

Policy No.	S106671135	Vehicle No.	SLV6409H	GST Registration No.	
Certificate No.					
Policyholder Name	ANG LEE YONG JULIANER			Policyholder NRIC	S1750776A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91091096	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	31/01/2019 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	30/01/2019	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMEI AVE BESIDE CHANGI GENERAL HOSPITAL				
Excess					
Total Excess Applicable					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		

1/31/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

0.00

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1

BLK 142 #09-310

Address 2

TAMPINES STREET 12

Address 3

SING

Address 4

Address Type

Singapore address

Post Code

5211

Unit No.

Related Policy Number

S106671135

OI Driver Info

Driver Name

ANG LEE YONG JULIANER

Driver Type

Main Driver

Unnamed driver Name

Driver NRIC

S1750776A

Driver DOB

09/11

Register Date of Driver License

01/01/2000

Driver Age

52

Driving Experience

19

Contact No.(Mobile)

91091096

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 142 #09-310

Address 2

TAMPINES STREET 12

Address 3

SING

Address 4

Address Type

Singapore address

Post Code

5211

Unit No.

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 OD-MX New

Claim Type *

OD-MX

Insured Name

ANG LEE YONG JULIANER

Contact No.(Mobile)

91446693

Contact No.(Home)

67876273

Email Address

julianerang@yahoo.com.sg

OI Vehicle Number

SLV6409H

Claim Description

SLV6409H / YP9485U ON 30 Jan 2019

Preferred Workshop

0

Insured Liability

Not at Fault

Repair Option

Preferred

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

31/01/2019 17:27

Claim Close Date

Report Taken By

LIEW SHAN HUI

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.

MT/1030388

Claim No.

001

Last Doc. Received

Yes No

Upload Date

31/01/2019 17:28

Path *

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

Choose File

No file chosen

Message Read

Category *

Confidential

Urgency *

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:28

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-1-31

[illegible]

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