

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MNA419017403

Date In: 08/02/2019 11:34	Job description	Date & Time Completed	Done by
Ref No: NBA/MUC/1900061/Y	SAS e-filing		
Veh No: SKR 4264D	E-mail P (w/John 8hrs, AIC 2hrs)		
D.O.A: 02/02/2019 15:50	I-Motor Claim Form	M11031015-001	08/02/2019
OID: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12/06
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLR 2486R	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time:	Location:

MNA41901027	Invoice Particulars	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: 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) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpl Allowance	\$5	
	*NG: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idao 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 willful 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	08/02/2019 11:34
Date Of Accident	02/02/2019 15:50
Exact Location Of Accident	ALONG SECOND LINK EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4264D
Insured/Policyholder	
Name Of Registered Owner	ANG ZI WEI (HONG ZIWEI)
NRIC No	S8841002E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81810009
Alternative Phone No	OTHERS-81810009

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 TSI (A)
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	5095593753-01
Cover Note Number	

Driver

Name of Driver	ANG ZI WEI (HONG ZIWEI)
NRIC No	S8841002E
Date Of Birth	16/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81810009
Fax Number	
Contact Number	OTHERS-81810009
Email Address	NOEMAIL

Address	BLK 251 BANGKIT ROAD #10-374
Postcode	670251
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 (including own vehicle) 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	SLA2436R
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)	

SKETCH PLAN

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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 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.
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.

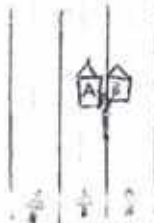
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Second link
express way



A-SKR4264D

B-SLA2436R

Describe Circumstances of the Accident

On 02/02/2019 @ 16:50 I was driving my car SKR4264D
along second link expressway when a car SLH2431R
swerve tuds my lane and swipe against my rear RH wheel area.

Declaration

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



Witnessed by Reporting Centre
Personnel

Claim Handling

Accident MT/1031019

Policy No.	5095593753-01	Vehicle No.	SKR4264D	GST Registration No.	
Certificate No.				Policyholder NRIC	S8B41002E
Policyholder Name	ANG ZI WEI (HONG ZIWEI)	Cover Type	drive CLASSIC	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	81810009	Special Remark		eCode	No Y
Email Address		TCA	Yes	eCode Reason	
KFY	Yes	NCD Settlement(%)	10	Private Reg	No
NCD Protection	No				
Accident Details					
Report Date	08/02/2019 11:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/02/2019	Time of Accident hh:mm	18:50	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ALONG SECOND LINK EXPRESSWAY				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 251 #10-374	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670251
Address 4		Address Type	Singapore address	Post Code	670251
Unit No.	10-374	Related Policy Number	5095593753-01		
OT Driver Info					
Driver Name	ANG ZI WEI (HONG ZIWEI)	Driver Type	Main Driver	Driver DOB	16/10/1988
Unnamed driver Name		Driver NRIC	S8B41002E	Driving Experience	8
Register Date of Driver License	25/05/2009	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	81810009	Contact No.(Office)		Address 1	SINGAPORE 670251
Address 1	BLK 251 #10-374	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670251
Address 4		Address Type	Singapore address	Post Code	670251
Unit No.	10-374				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SKR4264D	Driver Insurer Company	MYUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes	No	

Modification History

Claim 001 OD-MX

NEW

Claim Type *	OD-MX	Insured Name	ANG ZI WEI (HONG ZIWEI)	Insured NRIC	S8B41002E
Contact No.(Mobile)	83582399	Contact No.(Office)		Contact No.(Home)	
Email Address	to_senurance@hotmail.com	Vehicle Number	SKR4264D	Vehicle Number	SLA4264D
Claim Description	SKR4264D / SLA4264D ON 2 Feb 2019				
Preferred Workshop	Yes	Insured Liability	Not at Fault	IAA report	Received
Repaired	Repaired	Repaired Option	Preferred Workshop, Name unknown		
Date Registered	08/02/2019 11:46	Claim Close Date		Date Received	08/02/2019 11:47
Report Taken By	MOSEI WANAR	Workshop Repairer		Total Loss but Repaired	

Print All letter

Save Submit

Attachment

Accident No.	MT/1031019	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/02/2019 12:06
Post *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hsp Sent (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Feb 2019 12:06	SAS	Normal	SAS 2019-2-8	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Feb 2019 12:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-8	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Feb 2019 12:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-8	








NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 11:47	Photos	Normal	Photos 2019-2-8
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 11:47	Photos	Normal	Photos 2019-2-8
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 11:47	Photos	Normal	Photos 2019-2-8
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 11:47	Photos	Normal	Photos 2019-2-8
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 11:47	Photos	Normal	Photos 2019-2-8
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 11:47	Photos	Normal	Photos 2019-2-8

Video List

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

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes / no
if yes, veh number plate: _____
veh insurance co: _____

Relationship with insured: Owner
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SLA 2436R
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of Insured/Co: _____
Insurance co of third party vehicle: _____

Police report (if any): yes/no
Police report reported at which police station: _____
Any intended prosecution given: yes / no
if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only
No of Pax: 01

Connect3 client vehicle no: SKR 42 640
Owner contact no: 8181 0009
Date of accident: 02/02/2019
Location of accident: Seemulink expressway
Time of accident : 16:50
Any Injury: yes / no (if yes, must have police report)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8841002E



Name
ANG ZI WEI
(HONG ZIWEI)
洪 梓 維

Race
CHINESE

Date of Birth
16-10-1988

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8841002E



ANG ZI WEI
(HONG ZIWEI)

Birth Date: 16 Oct 1988

Issue Date: 25 May 2009

001745316

Land Transport Authority


VOCATIONAL LICENCE

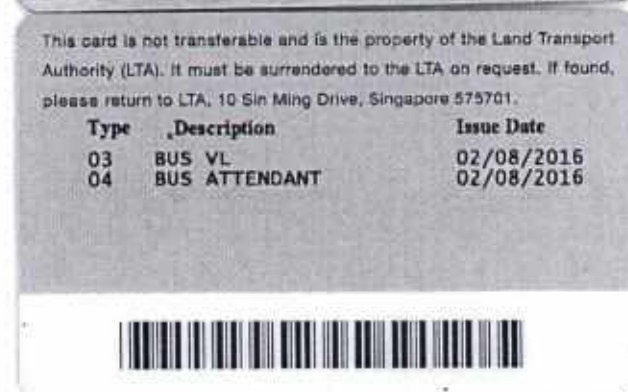
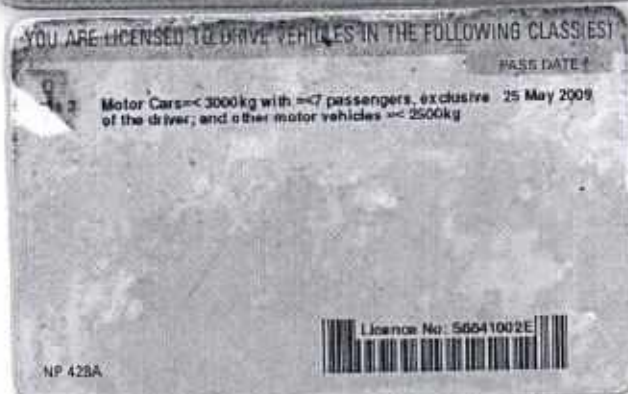
Licence No: S8841002E

Name: ANG ZI WEI

Issue Date: 2/8/2018

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





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: 5095593753-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SK14264D
Chassis Number : WVWZZZ13ZAV427979
 2. Name of Policyholder : ANG ZI WEI (HONG ZIWEI)
 3. Effective Date of Insurance : 11 Nov 2018
 4. Expiry Date of Insurance : 10 Nov 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)	: 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	: ANG ZI WEI (HONG ZIWEI)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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 : BENEFIT AUTO INSURANCE AGENCY (00000573333)
Date of Issue : 27 Oct 2018 11:57 hrs
Reprint : 27 Oct 2018 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 58841002E
Owner ID Type: Singapore NRIC
Owner Name: ANG ZI WEI (HONG ZIWEI)
Registered Address: APT BLK 251 BANGKIT ROAD #10-374 SINGAPORE 670251
Mailing Address: -
Birth Date: 16 Oct 1988

Vehicle Particulars

Vehicle No.: SKR4264D
Previous Vehicle No.: -
Effective Date of Ownership: 08 Nov 2017
Original Regn Date: 11 May 2010
Registration Date: 11 May 2010
Year of Manufacture: 2010
Vehicle Type: Passenger Motor Car
Vehicle Scheme: -
Vehicle Attachment 1: With Sun Roof
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: VOLKSWAGEN
Vehicle Model: SCIROCCO 1.4 TSI A
Primary Colour: White
Secondary Colour: -
Passenger Capacity: 3
Chassis No.: WVVZZZ13ZAV427979
Engine No.: CAV150067
Engine Capacity / Power Rating: 1390 cc / -
Maximum Power Output: 118.0 kW (158 bhp)
Propellant: Petrol
Max Unladen Weight: 1360 kg
Maximum Laden Weight: 1730 kg
Open Market Value: \$22,658.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 10 May 2020
Minimum PARF Benefit: \$11,329.00
No. of Transfers: 2
IU Label No.: 1123731837
COE No.: 2010020101001061W
COE Expiry Date: 10 May 2020
COE Category: A - Car (1600cc & below)
COE Registration Category: A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium: \$18,502.00 / -
Actual QP Paid: \$18,502.00
QP (Regn Cat): \$18,502.00
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$18,502.00
Additional Registration Fee Rate: 100.00 %
Actual ARF Paid: \$22,658.00
Vehicle Lifespan Expiry Date: No Lifespan
CO2 Emission: -
CO Emission: -
HC Emission: -
NOx Emission: -

Message: To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Print

OK

Save as PDF