

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

Date In: 08/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002280/13	SAS e-filing		
Veh No: SJF52876	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/02/19 1120	i-Motor Claim Form	MT/1031234-001	
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: (SM AUTOMOTIVE	Tel:	Fax:
TP Particulars:	Veh No: SFJ8993H	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

NA1901093

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	08/02/2019 17:05
Date Of Accident	02/02/2019 11:20
Exact Location Of Accident	JURONG WEST AVE 1 INFRT OF BLK 537
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5287G
Insured/Policyholder	
Name Of Registered Owner	WAN BOON HAN
NRIC No	S7905464Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97971221
Alternative Phone No	OTHERS-97971221

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	OTW FOR LUNCH
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	5103600223
Cover Note Number	

Driver

Name of Driver	WAN BOON HAN
NRIC No	S7905464Z
Date Of Birth	17/02/1979
Occupation	INDOOR
Date Of Driving Pass	28/09/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97971221
Fax Number	
Contact Number	OTHERS-97971221
EMail Address	NOEMAIL

Address	BLK 756 JURONG WEST ST 74 #08-70
Postcode	640756
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)	4
Passenger 1	NAME: : CHEN YEW LIN GENDER: : FEMALE
Passenger 2	NAME: : WAN JUNN YAN JOVAN GENDER: : MALE
Passenger 3	NAME: : WAN HUI QI CHERYL GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFJ8993H
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)

DETAILS OF INJURED PERSON 1

Name	WAN BOON HAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJF5287G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


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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:

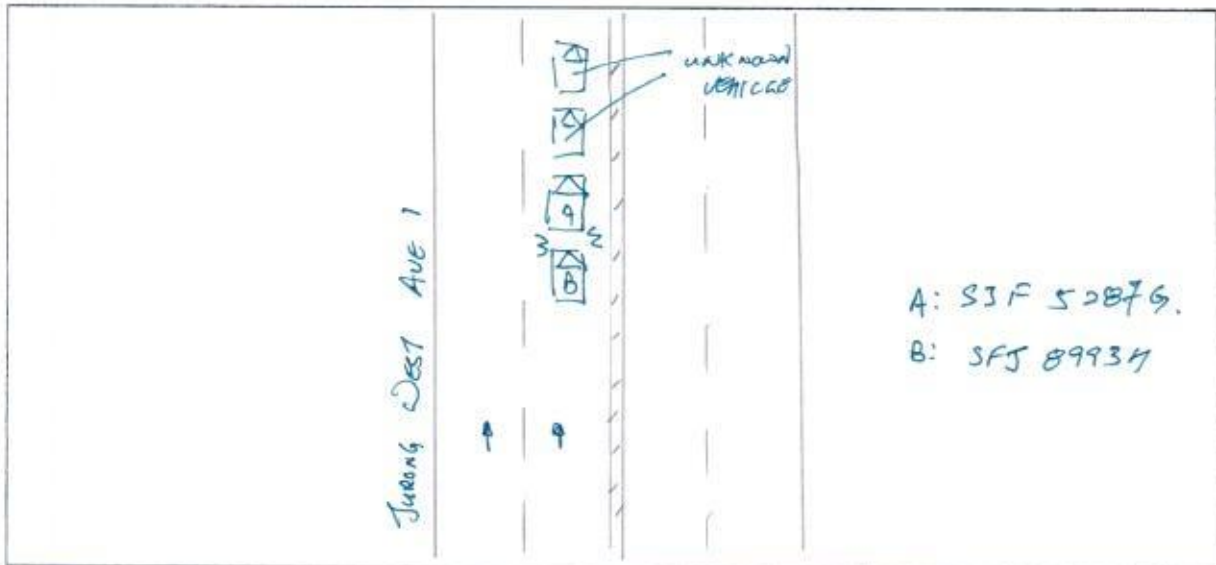
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 08/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS TRAVELLING ALONG JURONG WEST AVE 1 ON THE RIGHT LANE OF 2 LANES, WHEN I STOPPED BEHIND OTHER VEHICLE DUE TO TRAFFIC RED LIGHT AHEAD, WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, ONE M/CAR SFJ 89934 CAME FROM MY REAR AND COLLIDED ONTO MY STATIONARY STOP VEHICLE. AS THE RESULT OF THE ACCIDENT I SUSTAINED PAIN ON MY NECK AND BACK. I HAD 3 PASSENGER IN MY VEHICLE AT THE TIME OF ACCIDENT.

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:

 08/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO:	33F 52876	MAKE & MODEL:	HONDA STREAM
DATE OF ACCIDENT	02 / 02 / 2019		
TIME OF ACCIDENT	11.20 AM/PM		
LOCATION OF ACCIDENT	JURONG WEST AVE 1 INFRONT OF BLK 537.		
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY FOR HMO.		
NAME OF OWNER	WAN BOON HAN		
TEL NO	9797 1221		
NRIC	S7905464Z.		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
INSURANCE CO	NTHC		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	51036 00223		
NAME OF DRIVER	<u>As Above</u> / If No:		
NRIC	Any Passengers: 3		
DATE OF BIRTH	17 / 02 / 1979		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	28 / 09 / 1998		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Office: Home:		
ADDRESS	BLK 756 JURONG WEST ST 74 #08-70 S(640756).		
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	No / If <u>yes</u> : Who? WAN BOON HAN		
CONTACT NO.			
POLICE REPORT	<u>No</u> / If yes: Where?		
VEHICLE B NO.	SFJ 8993 H Any Passenger: 1		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
IN-CAR CAMERA	<u>YES</u> / NO		
PARTICULAR WORKSHOP	SM AUTOMOTIVE		
	1 Kaki Bukit Ave 6, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyi		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		

PASSENGER 1) CHEN YEO LIA (F)
 2) WAN JUNN YAN JOUAN (M)
 3) WAN HUI QI CHERY (F).

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7905464Z**



Name

WAN BOON HAN

范文汉

Race

CHINESE

Date of birth

17-02-1979

Sex

M

S7905464Z

Country of birth

SINGAPORE

4 3 5 7 6 5 2



NRIC No. **S7905464Z**

Date of issue

20-02-2009

Address

**APT BLK 756 JURONG WEST STREET 74 #08-70
SINGAPORE 640756
NRIC No: S7905464Z**

Date: **26/01/2010**

No: **6371420**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7905464Z**

Name:

**WAN BOON HAN (FAN
WENHAN)**

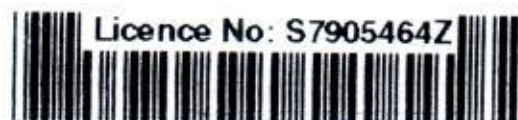
Birth Date: **17 Feb 1979**

Issue Date: **23 Jan 2003**



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 Feb 1998
Class 2A	Motorcycles between 201 cc and 400 cc	23 Mar 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Sep 1998
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 May 2000
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	06 Jun 2000



Certificate of Insurance

\$ 741.34

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: S103600223

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJF5287G**
Chassis Number : RN61059469
2. Name of Policyholder : WAN BOON HAN
3. Effective Date of Insurance : 13 Sep 2018
4. Expiry Date of Insurance : 12 Sep 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	: WAN BOON HAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A8 Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 13 Sep 2018 14:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1031234

Policy No.	5103600223	Vehicle No.	SJF5287G	GST Registration No.
Certificate No.				
Policyholder Name	WAN BOON HAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97971221	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	09/02/2019 15:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/02/2019	Time of Accident hh:mm	11:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG WEST AVE 1 INFRT OF BLK 537			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 756 #08-70	Address 2	JURONG WEST STREET 74	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103600223	

▼ OI Driver Info

Driver Name	WAN BOON HAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7905464Z	Driver DOB
Register Date of Driver License	28/09/1998	Driver Age	39	Driving Experience
Contact No.(Mobile)	97971221	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 756	Address 2	JURONG WEST STREET 74	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-70			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name WAN BOON HAN

97971221 Contact No. (Home) 639700

OI Vehicle Number SJF528

SJF5287G / SFJ8993H ON 2 Feb 2019

Preferred Workshop	Insured Liability	Not at Fault
Yes	Preferred Repair Option	Preferred Workshop (refer below)

GIA report

Received

09/02/2019 15:19 Claim Close Date

ROSLINDA Workshop Repairer

[Save](#) [Submit](#)

Attachment

Accident No. MT/1031234 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 09/02/2019 00:00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:19	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:18	Photos	Normal	Photos

Video List

Uploaded By/Date Folder Date File Name

[Display in New Window](#)[Scan and uploading](#)