

NATIONAL Assessment Centre Services.

Print 1 Jan 2009

NA 19019006

Date In: 11/02/2009 17:03	Job description	Date & Time Completed	Done by
Ref No: N/A/NA/19002408/Y	SAS e-filing		
Veh No: SKA 588 Y	E-mail P (Within 8hrs, AIC 2hrs)		
D.O.A: 10/02/2009 11:05	I-Motor Claim Form	MT1031433-001	11/02/2009 17:23
OID (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: SGF 6013 J	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: ()

Comments:	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:	Location:

NA 19019006	Invoice No: NA 19019006	Invoice Date: 11/02/2009	Invoice Time: 17:23	Invoice By: [Signature]
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
Auditor's Comments:	Forfeiting against INC Only (over 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) NI: Idaho DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	9) NI: Idaho Mobile			
	10) NI: Idaho Mobile			
	11) NI: Idaho Mobile			
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	13) NI: Idaho Mobile			
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	100) NI: Idaho Mobile			

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	11/02/2019 17:03
Date Of Accident	10/02/2019 11:05
Exact Location Of Accident	BUYONG ROAD TOWARDS KRAMAT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5878Y
Insured/Policyholder	
Name Of Registered Owner	WANG YUELEI
NRIC No	S8976987F
Email Address	RAYMONDS@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-92275663
Alternative Phone No	OFFICE-66703647

Vehicle Particulars

Manufacturer	LEXUS
Model	ES300H-2.5 LUXURY (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	5106883466
Cover Note Number	

Driver

Name of Driver	WANG YUELEI
NRIC No	S8976987F
Date Of Birth	29/06/1989
Occupation	INDOOR
Date Of Driving Pass	28/10/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92275663
Fax Number	
Contact Number	OFFICE-66703647
EMail Address	RAYMONDS@OUTLOOK.COM

Address	BLK 354D ADMIRALTY DRIVE
	#09-308
Postcode	754354
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)	4
Passenger 1	NAME: : YANG ZHONGXIU GENDER: : FEMALE
Passenger 2	NAME: : XING JINLONG GENDER: : MALE
Passenger 3	NAME: : ZHU SHIMO 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

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	SGF6013J
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

Veh A: SKH 5878Y

Veh B: SGF 6013J

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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.

"I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS"

Policyholder's Signature

Date & Time: 11-Feb-2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

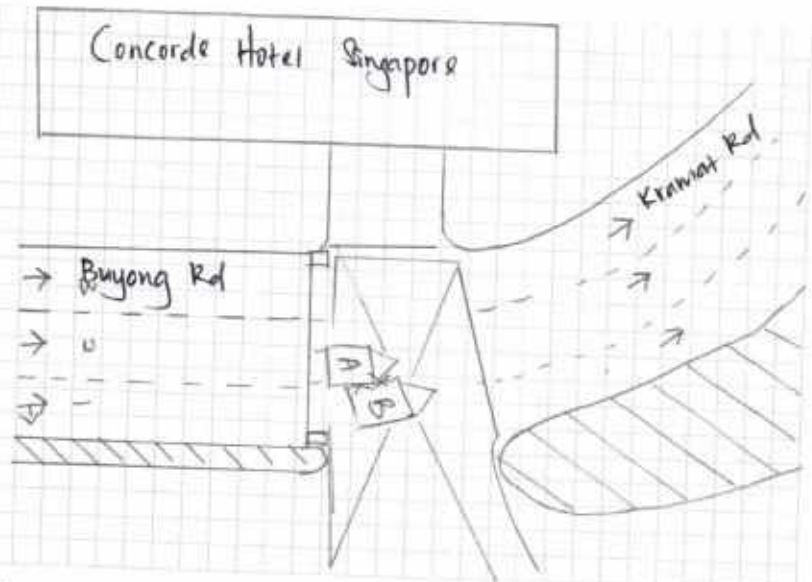
NRIC/FIN No.:

Rashid

SKETCH PLAN

Veh A: SKN 5898Y

Veh B: 86F 6013J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I travelling along Buyong Rd, In crossing the traffic Junction, Vehicle B at lane 1 suddenly sideswipe onto my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 11-Feb-2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/02/2019

Reza Wahab

Claim Handling

Accident MT/1031433

Policy No.	510683466	Vehicle No.	SKNS878Y	GST Registration No.	
Certificate No.					
Policyholder Name	WANG YUELEI				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Policyholder NRIC	S8976987F
Contact No.(Mobile)	92275653	Contact No.(Office)	66703647	Loading	0
Email Address		Special Remarks		Contact No.(Home)	
KPI	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Private Hire			No		

Accident Details

Report Date	11/02/2019 17:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/02/2019	Time of Accident (hh:mm)	11:05	Country of Accident	Singapore
Reporting Centre		Orange Floor		ICM No.	
Accident Location	BUYONG ROAD TOWARDS KRAHAT ROAD				
Own damage Excess	000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification History			

Policyholder Mailing Address

Address 1	BLK 354D #09-308	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 754354
Address 4		Address Type	Singapore address	Post Code	754354
Unit No.		Related Policy Number	510683466		

OT Driver Info

Driver Name	Wang Yuelei	Driver Type	Main Driver	Driver DOB	19/06/1989
Unnamed driver Name		Driver NRIC	S8976987F	Driving Experience	9
Register Date of Driver License	01/01/2010	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	92275653	Contact No.(Office)	66703647	Contact No.(Home)	
Address 1	BLK 354D #09-308	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 754354
Address 4		Address Type	Singapore address	Post Code	754354
Unit No.		Driver Vehicle No.	SKNS878Y	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>				

Declaration		Any Injury?	Yes <input type="radio"/> No <input type="radio"/>
Breathalyzer or Blood Test Reading?	0 mg		

Modification History

Claim 001 BSM

Claim Type *

Contact No.(Mobile)	92275653	Insured Name	WANG YUELEI	Insured NRIC	S8976987F
Email Address		Contact No. (Home)		Contact No. (Office)	
Claim Description	EYEMOUNTS@OUTLOOK.COM				
Preferred Workshop		Vehicle Number	SKNS878Y	TP Vehicle Number	SGF00133
Preferred Workshop		SKNS878Y / SGF00133 ON 10 Feb 2019	Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Date Registered		Claim Close Date	11/02/2019 17:23	Date Received	11/02/2019 00:00
Report Taken By		ROSLI WAHAB			

Print All letter

Attachment

Accident No.	MT/1031433	Claim No.	301
Last Doc. Received	Yes <input type="radio"/> No <input type="radio"/>	Upload Date	11/02/2019 17:23
Path			
Choose File	No file chosen	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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CC)
NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:23		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-11	
NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:23		SAS	Normal	SAS 2019-2-11	
NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:23		Photos	Normal	Photos 2019-2-11	

Send Message



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:23	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:22	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:22	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:22	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:22	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:22	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:22	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:21	Photos	Normal	Photos 2019-2-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:21	Photos	Normal	Photos 2019-2-11
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2019 17:21	Photos	Normal	Photos 2019-2-11

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 10-Feb-2019

Time of Accident: ~ 11:05 PM

*Accident Location: Buyong Rd towards kramat Rd.

Vehicle Details

*Vehicle Number: SKN 5878Y

*Make & Model: Lexus ES300h Luxury CVT

Insured / Policyholder

*Owner Name: WANG YUELEI

*NRIC: S8976987F

*Address: Admiralty Drive Block 354D #09-308

*Email: raymonds@outlook.com

*HP: 92275663

*Occupation: Engineer (Indoor / Outdoor)

*Tel / H / Other: 66703647

Driver ☒ same as above

*Driver Name: _____

*NRIC: _____

*Address: _____

*Date of Birth: _____

*Driving Pass Date: 28/10/2018

*HP: _____

*Email: _____

*Gender: Male / Female

*Occupation: _____

(Indoor / Outdoor)

*Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: YANG ZHONGXIU

(Male/Female) ☒

*P/Name: XING JINLONG

(Male/Female) ☒

*P/Name: ZHU SHIMO

(Male/Female) ☒

*P/Name: _____

(Male/Female)

Insurance Company

*Insurer: NTUC income

*Coverage: C / TPFT / TPO

*Policy No: 5106883466

Detail of other vehicle / Property 1

Vehicle No.: SGF6013J

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : 9782 8128

No. of Passengers (Including Driver): 4

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____

NRIC: _____

HP: _____)

*Accident reported to police: Yes / No

*Summon against whom: _____

*Injured party: Yes / No

*No. of passengers (include driver): _____

-I/Name: _____

*Fasten seat belt: Yes / No

*Conveyed by Ambulance: Yes / No

-I/Name: _____

*Fasten seat belt: Yes / No

*Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

WANG YUELEI

Date: 29 Jun 1989
Expiry Date: 28 Oct 2018

002862114E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8976987F

WANG YUELEI

王月雷

Race: CHINESE
Date of Birth: 29-06-1989
Country/Place of Birth: CHINA

Sex: M

5935093

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE

28 Oct 2018



NP 428A

5935093

NRIC No: S8976987F

Date of Issue: 11-05-2018

APT BLK 354D ADMIRALTY DRIVE #09-308
SINGAPORE 754354
NRIC No: S8976987F Date: 14/01/2019

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: 5106883466

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKN5878Y**
Chassis Number : **JTHBW1GG502068555**
2. Name of Policyholder : **WANG YUELEI**
3. Effective Date of Insurance : **09 Jan 2019**
4. Expiry Date of Insurance : **10 Jan 2020**
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	: WANG YUELEI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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)

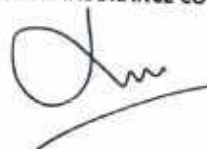
Agency : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 09 Jan 2019 17:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive