

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MAIA 49033452

Date In: 12/03/2009 17:37	Job description	Date & Time Completed	Done by
Ref No: XBA/INC19004506/4	SAS e-filing		
Veh No: SFC 5400 L	E-mail (e-filing 2hrs, AIC 2hrs)		
D.O.A: 05/03/2009	I-Motor Claim Form	mt/1035645-001	12/03/2009
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:08
	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: SFC 2096M	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	Assessment

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$10/\$45	
	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC Additional Services:	

QC Checked by (Engr-In-Charge):	ON:	
	*NS: Courtesy Car / Transport Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI) : TP (N+INC) against INC \$20	
	9) NI: Idao Mobile	
	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	12/03/2019 17:37
Date Of Accident	12/03/2019 09:05
Exact Location Of Accident	ALONG MOULMEIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC5400L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WOO KONG YEN BRYAN LEE
NRIC No	S7631151Z
Email Address	BRYANWOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91007284
Alternative Phone No	OFFICE-91007284

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5072117255-03
Cover Note Number	

### Driver

Name of Driver	WOO KONG YEN BRYAN LEE
NRIC No	S7631151Z
Date Of Birth	24/09/1976
Occupation	INDOOR
Date Of Driving Pass	10/02/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91007284
Fax Number	
Contact Number	OFFICE-91007284
EMail Address	BRYANWOO@GMAIL.COM

Address	54 NAMLY AVENUE
Postcode	267625
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?	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)	2
Passenger 1	NAME: : WAN CHUAY POH 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH2096M
Vehicle Make/Model/Colour	LEXUS RX270
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHOI FONG
NRIC/Passport Number	S2504910A
Contact Number	97339745
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 12/03/2019

1729

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

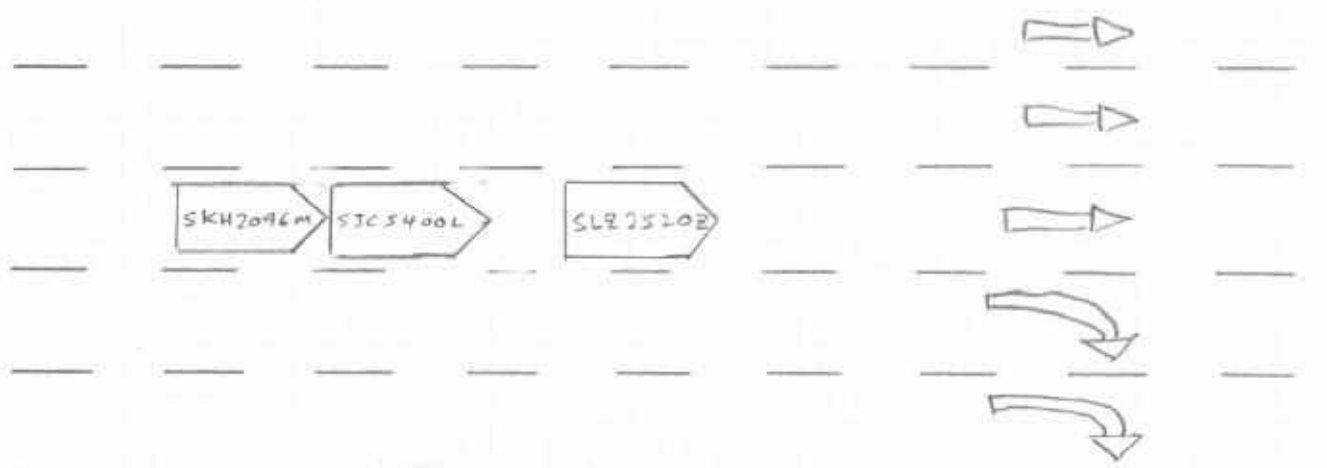
Name:

NRIC/FIN No.:



## SKETCH PLAN

Moulmein Road





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the centre lane at Moulmein Road coming from Newton Road in the direction of Balestiar Road when the car <sup>SLZ2520Z</sup> of me came to an abrupt stop along the stretch of Moulmein Road between <sup>the junction with</sup> ~~the entrance of~~ Mandalay Road and the entrance of CDC. It came to a complete stop and a few moments later felt my car get hit from behind. I checked the safety of my passenger and then got out to check on the driver of the car behind, ~~the~~ Melin Wong Choi Fong, driving Lexus RX270 car number SKH2096M. ~~After car~~ The front bumper of her car hit the rear bumper and rear hatch of my car Volkswagen Touran SJC5400L.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 12/3/2019  
 17.51

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

 13/03/2019  
 Reporting Centre Personnel's Signature  
 Name:   
 NRIC/FIN No.:

## Claim Handling

Accident MT/1025645

Policy No.	5022117255-09	Vehicle No.	50254001	Self Registration No.	
Certificate No.					
Policyholder Name	BRYAN WOO KONG YEN	Cover Type	drive PREMIUM	Policyholder NRIC	576311512
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	91007384	Special Remark		Contact No.(Home)	
Email Address				eCode	No
ATK	No / Yes	TCA	No / Yes	eCode Reason	
WCD Protection	Yes	WCD (Interim/Fly)	No	Private RfR	No
<b>Accident Details</b>					
Report Date	12/03/2019 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/03/2019	Time of Accident (H:M:S)	00:05	Country of Accident	Singapore
Reporting Centre		Grange Force		DRN No.	
Accident Location	ALONG HOULIMEN ROAD				
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Insured Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification history					
<b>Policyholder Mailing Address</b>					
Address 3	14 NANYANG AVENUE	Address 2	SINGAPORE 267625	Address 1	
Address 4		Address Type	Singapore address	Post Code	267625
Unit No.		Related Policy Number	5079117755-03		
<b>GT Driver Info</b>					
Driver Name	BRYAN WOO KONG YEN	Driver Type	Non Driver	Driver DOB	14/08/1978
Insured driver Name		Driver NRIC	576311512	Driving Experience	24
Register Date of Driver License	11/02/1995	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	91007384	Contact No.(Office)		Address 3	
Address 1	14 NANYANG AVENUE	Address 2	SINGAPORE 267625	Post Code	267625
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	50254001	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes / No				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes / No		

Modification History

Claim 001 **NEW**

Claim Type	OD-MX	Insured Name	BRYAN WOO KONG YEN	Insured NRIC	576311512		
Contact No.(Mobile)	91007384	Contact No.(Home)	91007384	Contact No.(Office)			
Email Address		GT	Vehicle Number	50254001	Vehicle Number	50254001	
Claim Description	50254001 - 50254001 ON 12 Mar 2019					Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault	GA report	Received			
Report No.	Report Option	Preferred Workshop, Name unknown					
Date Registered	12/03/2019 17:54	Close Date		Date Received	12/03/2019 00:00		
Report Taken By	ROSIE WANG						

Post Ad letter

Save Submit

## Attachment

Accident No.	MT/1025645	Claim No.	001
Last Doc. Received	yes / no	Upload Date	12/03/2019 18:08
File *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (GDI)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 18:08	NAC/ Driving License	Normal	NAC/ Driving License 2019-3-12	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 18:08	SAS	Normal	SAS 2019-3-12	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 18:07	Photos	Normal	Photos 2019-3-12	

# ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 02 / 2019 (DD/MM/YYYY), TIME: 09 : 04 (HH:MM)

LOCATION: Moulmein Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIC 5400L  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5072117255-03  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volkswagen Touran  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: Woo Kong Yan Bryan Lee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S76711512 CONTACT: 91007289  
 c) ADDRESS: 54 Namly Avenue, S 267625

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

### DRIVER

- a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 24 / 09 / 1976 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 10/02/1995

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 \_\_\_\_\_

b) ROAD SURFACE: DRY / WET / OTHERS Damp

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKH 2096M MODEL: Lexus RX270  
 b) DRIVER'S NAME: Wong Choi Fong  
 c) NRIC/FIN/PASSPORT: S2504910A CONTACT: 9233 9745

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)

(02)

Wan Chuay Poh

(F)

\* No of passenger  
 (Including driver)

(01)

\* No of passenger  
 (Including driver)

( )

Email = bryan.woo@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7631151Z



Name

WOO KONG YEN BRYAN LEE

胡光恩

Race

CHINESE

Date of birth

24-09-1975 M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7631151Z

WOO KONG YEN BRYAN LEE

Birth Date 24 Sep 1975

Issue Date 18 Mar 2003



4075060

NRIC No. S7631151Z



Date of issue

20-07-2007

Address

54 NAMLY AVENUE  
SINGAPORE 267625

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

PASS DATE

Class 2B Motorcycles <= 200 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

21 Sep 2007  
10 Feb 1995

S7631151Z

S / No. 9000068858



NP 427A



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="12/03/2019 17:36"/>							
Vehicle No. (For Motor)	<input type="text" value="SJC5400L"/>	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"/>	5072117255-03		BRYAN WOO KONG YEN	S7631151Z	GPC	drive PREMIUM	SJC5400L	SJC5400L	06/06/2018	05/06/2019
<input type="button" value="Continue"/>										

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MMA419033453 Vehicle Registration No : SJC546002

Name (as shown in NRIC) : Woo Kenes Yau Beylene Luke NRIC/FIN/Passport No : \_\_\_\_\_

(\*) Vehicle Driver / Vehicle Owner (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 91007284

Email Address : \_\_\_\_\_

Date of Accident : 12/03/2019 Time of Accident : 09:05

Place of Accident : ALONG MOUNTAIN ROAD

Insurance Company : ANIC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 12/03/2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.:  
Date: 12/03/2019