

# NATIONAL Assessment Centre Services

Date In: 14/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19004679/13	SAS e-filing		
Veh No: 52P25484	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/03/19 2020	i-Motor Claim Form	MT/1035969-001	
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: ( 1 RENE (NS) )	Tel:	Fax:
TP Particulars:	Veh No: 5MD3163T	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

NA/1901938	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	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:-			
	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			
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	14/03/2019 16:54
Date Of Accident	13/03/2019 20:20
Exact Location Of Accident	CHURCH ST TWDS COLLYER QUAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2548Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG WEE KIAN
NRIC No	S1831191G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93746616
Alternative Phone No	OTHERS-93746616

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV 4
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5105817940
Cover Note Number	

### Driver

Name of Driver	ANG WEE KEONG(HUANG WEIQIANG)
NRIC No	S7020842C
Date Of Birth	22/06/1970
Occupation	INDOOR
Date Of Driving Pass	08/09/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97317318
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 36 BEDOK SOUTH AVENUE 2 #10-395
Postcode	460036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	3
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD3163T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS9068D
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	ANG WEE KEONG(HUANG WEIQIANG)
Approximate Age	
Injuries Sustain	SORE PAIN AT THE BACK
Injured person in which vehicle?	SLP2548Y
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:

  
14/03/19

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



# SKETCH PLAN

COLLYER QUAY

A - SLP 2548Y

B - SMD 3163T

C - SLS 9068D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The date 13 Mar 2019 at about 2020 hrs I ~~traveling~~ <sup>driving</sup> my car SLP 2548Y with a passenger along church street. Traffic heavy due to Red Light. I stopped my car for few Second waiting for the Red Light. Suddenly I felt a strong impact from back portion, I alight my car to check, Realised that was a chain collision accident vehicle B's SMD 3163T had hit my back and the car was contact together with another car SLS 9068D.

Today morning when I wakeup, I felt some sore <sup>pain</sup> at my back, and I may proceed to see doctor for a checkup.

## 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:

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



<b>Vehicle No.</b>	SLP2548Y	Model / Make	TOYOTA RAV4
Date of Accident	13 Mar 2019		
Time of Accident	2020 HRS		
Location of Accident	Church Street Toward Collyer Quay.		
Exact purpose use during accident	Private Hirer		
<b>Name of Owner</b>	ANG WEE KIAN		
Telephone No.	H/P: 93746616 Home:	Office:	
NRIC	S1831191G		
Address	B1K 171, #10-401 Bedok South Rd S'46017		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft		
Policy No.	5105817740		
<b>Name of Driver</b>	As Above If No, ANG WEE KEONG		
NRIC	S7020842C	Any Passengers:	1 (m)
Date of birth	22 - 06 - 1970		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	08 Sept 1988		
Gender	(Male) / Female		
Contact No.	H/P: 97317318 Home:	Office:	
Address	B1K 36, Bedok South Ave 2 #10-395 S'460086		
Driver have any own vehicle	(No,) If yes, Reg No.		
Relationship	Employee, If no, state Brother		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, (If Yes, Who? Ang Wee Keong)		
Name And Contact No.	97317318		
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SMD 3163T	Any Passengers:	0
Name of Driver		Contact No.:	81718393
<b>Vehicle C No.</b>	SLS 90680	Any Passengers:	0 (not sure)
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	IRENELIUW1666@gmail.com		
<b>PARTICULAR WORKSHOP</b>			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7020842C



ANG WEE KEONG  
(HUANG WEIQIANG)  
黄伟强

CHINESE  
Date of Birth: 22-06-1970  
Sex: M  
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7020842C




ANG WEE KEONG  
(HUANG WEIQIANG)


Birth Date: 22 Jun 1970  
Issue Date: 13 Sep 2003



1197812



NRIC No. S7020842C



Short Group: O+ Date of issue: 17-08-1993

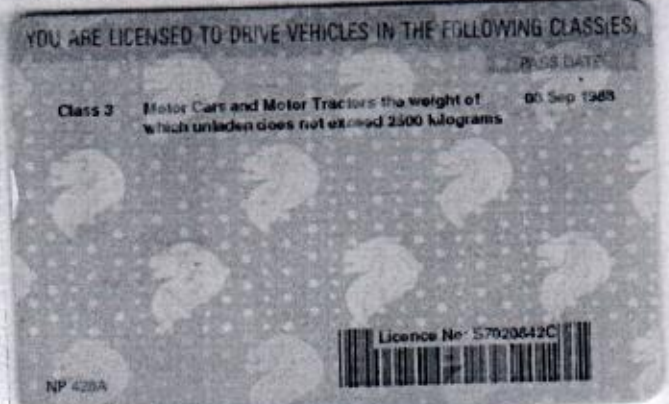
APT BLK 36 BEDOK SOUTH AVENUE 2 #10-395  
SINGAPORE 460036

NRIC No: S7020842C Date: 07/08/2016

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

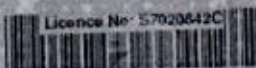
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date: 00 Sep 1983



NP 429A

License No: S7020842C





## 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: S105817940

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLP2548Y

Chassis Number

: ACA365023282

2. Name of Policyholder

: ANG WEE KIAN

3. Effective Date of Insurance

: 29 Nov 2018

4. Expiry Date of Insurance

: 28 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 or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000

EXCESS (SECTION 2)

: S\$1,500

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

WCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: ANG WEE KIAN

NAMED DRIVER (1)

: ANG WEE KEONG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: KENSO LEASING 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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 29 Nov 2018 11:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1035969

Policy No.	5105817940	Vehicle No.	SLP2548Y	GST Registration No.
Certificate No.				
Policyholder Name	ANG WEE KIAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93746616	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(%)	0	Private Hire
▼ Accident Details				
Report Date	14/03/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/03/2019	Time of Accident hh:mm	20:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CHURCH ST TWDS COLLYER QUAY			
▼ Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
▼ 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 171 #10-401	Address 2	BEDOK SOUTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106682816	
▼ OI Driver Info				
Driver Name	ANG WEE KEONG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7020842C	Driver DOB
Register Date of Driver License	08/09/1988	Driver Age	48	Driving Experience
Contact No.(Mobile)	97317318	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 36	Address 2	BEDOK SOUTH AVENUE 2	Address 3
Address 4	SINGAPORE 460036	Address Type	Singapore address	Post Code
Unit No.	#10-395			
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	
Modification History				

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ANG WI
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	SLP254
Claim Description	SLP2548Y / SMD3163T ON 13 Mar 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/03/2019 17:28
		Workshop Repairer	ROSLINDA
<input checked="" type="checkbox"/> Print AK letter			



Save Submit

Attachment



Accident No.	MT/1035969	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2019 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Message Read		Clear	Please Select <input type="text"/> NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 17:28	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading