

NATIONAL Assessment Centre Services. [wof 1 Jan 2003] **MNA 419036023**

Date In: 18/03/2019 16:49	Job description	Date & Time Completed	Done by
Ref No: N881/201900882/4	SAS e-filing		
Veh No: SJA 6058X	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 15/03/2019 09:05	I-Motor Claim Form	M/11036390-001	18/03/2019
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:14
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tolt () Fax: ()

TP Particulars: Vch No: **FBW 9454Z** 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: _____

MNA 19036023			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/245		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Appointer's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	Forfeiting against INC Only (wof 10 Jan 2003)		
2/2:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Courtesy Car / TP Allowance \$5		
	10) NI: Repair Coordination \$10		
	11) NI: Post Repair Inspection \$25		
	12) NI: DV / Collect Excess Coordination \$5		
	13) NI: TP (Non-INC) \$20		
	14) NI: 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 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	18/03/2019 16:49
Date Of Accident	15/03/2019 09:05
Exact Location Of Accident	AYE (CITY) AFTER JURONG TOWN HALL FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6058X
Insured/Policyholder	
Name Of Registered Owner	ANG BOON AIK
NRIC No	S7323599E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96261687
Alternative Phone No	OFFICE-96261687
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE US
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	5106639511
Cover Note Number	
Driver	
Name of Driver	ANG BOON AIK
NRIC No	S7323599E
Date Of Birth	03/07/1973
Occupation	INDOOR
Date Of Driving Pass	05/08/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96261687
Fax Number	
Contact Number	OFFICE-96261687
EMail Address	NOEMAIL

Address BLK 856 JURONG WEST STREET 81
 #02-546
 Postcode
 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 3
 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? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190315/2093

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 FBN9454S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver AIDOL
 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

SJV8199Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE

NRIC/Passport Number

Contact Number

84842052

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

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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:

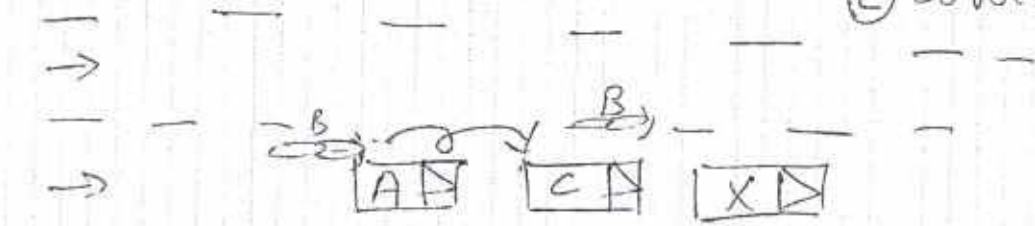
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

- Ⓐ SJAG0582
- Ⓑ FBN6454 S
- Ⓒ SJV8199 Z



AYE (left) after Jurong Town Hall Flyover

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/20196315/2093

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 18/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. *[Signature]*



**SINGAPORE
POLICE FORCE**



T/20190315/2093

2 of 3

Report No. T/20190315/2093

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA6058X	NTUC Income Insurance Co-Operative Limited	5106639511	26/12/2018	13/12/2019

Brief Details.

On 15/03/2019 at about 0905hrs, I was driving a vehicle bearing registration SJA6058X along AYE (After Jurong Town Hall). I was at the first lane of four lane road. I was travelling behind vehicle bearing registration number SJV8199Z. The front vehicle slowed down and as such I slowed down my vehicle as well. Suddenly, I felt an impact from the rear portion and I saw a motorcycle bearing registration number FBN9454S lost control and collided into rear left portion of vehicle SJV8199Z.

After the accident, the motorcyclist was conveyed by ambulance and Traffic Police came down to scene and I was given a police case card reference to incident D/20190315/0039. I was advised by the police to lodge a police report.

I wish to state that my vehicle sustained dents and scratches at the rear left bumper, front passenger door and front left bumper (near to the front passenger door).



**SINGAPORE
POLICE FORCE**



T/20190315/2093

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3


Report No. T/20190315/2093

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 TAN WEI REN 

Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
15/03/2019 14:45

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN
Contact No.: 65476236

Classification Of Case:

IN 085

Authentication Stamp
NP168

Singapore Police Force

Claim Handling

Accident NT/1038390

Policy No.	2206239111	Vehicle No.	SJ460588	GST Regulator No.	
Certificate No.					
Policyholder Name	ANG SOON AN	Driver Type	Drive CLASSIC	Policyholder NRIC	S73225992
Product Code	PRIVATE-CAR INSURANCE	Contact No.(Office)		Leasing	0
Contact No.(Mobile)	96261687	Special Remarks		Contact No.(Home)	
Email Address		TOR	No Yes	eCode	Nil
KFK	No Yes	NCD (claimant's %)	0%	eCode Reason	
NCD Protection	Yes			Rebate Hrs	0
Accident Details					
Report Date	18/03/2019 17:14	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	13/03/2019	Time of Accident (h:m)	09:00	Country of Accident	Singapore
Reporting Centre		Grande Force		IDM No.	
Accident Location	A02 (CITY) AFTER JURONG TOWN HALL FLYOVER				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Regulator	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 856 #02-046	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640856
Address 4		Address Type	Singapore address	Post Code	640856
Unit No.		Related Policy Number	5106679511		

01 Driver Info

Driver Name	ANG SOON AN	Driver Type	Main Driver	Driver DOB	03/05/1973
Uninsured driver Name		Driver NRIC	S73225992	Driving Experience	22
Register Date of Driver License	01/01/1993	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	96261687	Contact No.(Office)		Address 1	SINGAPORE 640856
Address 1	BLK 856 #02-046	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640856
Address 4		Address Type	Singapore address	Post Code	640856
Unit No.		Driver Vehicle No.	SJ460588	Driver Insurer Company	NISC
Does he own a Singapore Registered car?	Yes / No				

Declaration

Significant or Road Tax Ready? Yes No

Any injury? Yes No

Modification History

Claim 001 [New](#)

Claim Type *

Contact No.(Mobile)	96261687	Insured Name	ANG SOON AN	Insured NRIC	S73225992
Email Address	searung2403@yahoo.com.sg	Contact No.(Home)	96261687	Contact No.(Office)	92851307
Claim Description	SJ460588 / FB049493 ON 15 Mar 2019		TP	Vehicle Number	FB049493
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No.		Insured Repair Option	Preferred Workshop, Name unknown	USA report	Received
Date Registered		Claim Create Date	18/03/2019 17:14	Date Received	18/03/2019 00:00
Report Taken By			BODI WANAB		

[Print Air letter](#)

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

Attachment

Accident No.	HT1038390	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	18/03/2019 17:14

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 Text

Category *	Confidential	Urgency *	Description *
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUNUT_MERAH_850676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 18 Mar 2019 17:14	Photos	Normal	Photos 2019-3-18	
	NAC_BUNUT_MERAH_800478 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 18 Mar 2019 17:14	Photos	Normal	Photos 2019-3-18	
	NAC_BUNUT_MERAH_880676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 18 Mar 2019 17:14	Photos	Normal	Photos 2019-3-18	

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/03/2019 (dd/mm/yy) Time of Accident: 09:05 (24-HR-FORMAT)

Vehicle No.: SJA6058X Vehicle Make & Model: Honda Stream 1.8A

Exact location of Accident: AYE (City) after Jurong Town Hall Flyover

Policyholder's Name / IC No.: Ang Boon Aik / 87323599E

Driver's Name / IC No.: _____ (As Above)

Driver's Contact No.: 96261687 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 856 Jurong West St 81 #02-546 S(640856)

Email address: _____ Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

*No. of Passengers (Including Driver): 1

*Passanger Name: _____
*Passanger Name: _____

Gender: Male / Female
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No from vehicle C

Any Injuries: Yes / No (IF YES) Injured Person's Name: _____

Injuries Sustain: Convey by ambulance Injured Person in Which Vehicle: FRN 9454S

Police Report filed: Yes / No (IF YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Aidel Vehicle No: FRN 9454S

Driver's Contact No: 96451735 Insurance Company: _____

2. Driver's Name / IC No (If Any): Lee Vehicle No: SJV8199Z

Driver's Contact No: 8448 2052 Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7323599E



Name

ANG BOON AIK
(HONG WENYI)

洪文益

Race

CHINESE

Date of birth

03-07-1973

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENSURE

License No. S7323599E

Name

ANG BOON AIK
(HONG WENYI)

Birth Date: 03 Jul 1973

Issue Date: 04 Aug 2003

900713078D

538054B

NRIC No. S7323599E

Date of issue
18-10-2014

Address
APT BLK 856 JURONG WEST STREET 81
#02-546
SINGAPORE 640856

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

CLASS DATE

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms 05 Aug 1996

License No. S7323599E

NP 428A

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: 5106639511

Cover : drivo CLASSIC

- | | |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle | : SJA6058X |
| Chassis Number | : RN61049226 |
| 2. Name of Policyholder | : ANG BOON AIK |
| 3. Effective Date of Insurance | : 26 Dec 2018 |
| 4. Expiry Date of Insurance | : 13 Dec 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.

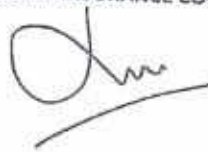
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG BOON AIK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SIJM 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 : VICOM LTD (00000612210)
Date of Issue : 26 Dec 2018 16:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive