

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MNA119037271

|  |  |                       |               |
|--|--|-----------------------|---------------|
| Date In: 21/3/19 10:46                                 | Job description                          | Date & Time Completed | Done by       |
| Ref No: MNA11MC19005109164                             | SAS e-filing                             |                       |               |
| Veh No: SMC 4566M                                      | E-mail (within 3hrs, AIC 2hrs)           |                       |               |
| D.O.A: 2013/19 16:30                                   | I-Motor Claim Form                       | MT/1036877-001        | 21/3/19 15:37 |
| OD: <input checked="" type="checkbox"/> 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/Whsp |                       |               |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: SMG 3906B   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:  |                       |
| Policy No: (                             | Period: (   | Cover Type: (         |
| Confirmed by: (                          | Date:   | Time:                 |
| Insured/Driver Liability: (              | % [Note-1st 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: ( )

|   |                       |                       |         |
|---|-----------------------|-----------------------|---------|
| Remarks:  | INC ( ) / Non-INC ( ) | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |   |             |           |
|---------------------------------|--|---|-------------|-----------|
| MNA1902089                      |  | Invoice/Repairation Checklist                   | Am't (\$)   | STAB (\$) |
| Claimant's Particulars:         |  | 1) AR: Accident Reporting (\$30)                | 30.00       |           |
| Driver/Owner:                   |  | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |           |
| Contact No:                     |  | 3) TP: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                |  | 4) PT: Follow-Through Survey \$120              |             |           |
|                                 |  | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |           |
|                                 |  | For claiming against INC Only (wef 10 Jan 2003) |             |           |
|                                 |  | 6) TR: Re-Inspection \$75                       |             |           |
|                                 |  | 7) NI: Idan DA + SMRT Survey \$160              |             |           |
|                                 |  | 8) NTUC Additional Services:                    |             |           |
|                                 |  | ON:   |             |           |
|                                 |  | *N3: Courtesy Car / Tpt Allowance \$5           |             |           |
|                                 |  | *N6: Repair Co-ordination \$10                  |             |           |
|                                 |  | *N7: Post Repair Inspection \$25                |             |           |
|                                 |  | *N8: DV / Collect Receipts Coordination \$5     |             |           |
|                                 |  | TP (NI1): TP (On INC) against INC \$20          |             |           |
|                                 |  | 9) NI2: Idan Mobile \$0                         |             |           |
| QC Checked by (Engr-In-Charge): |  | Invoice dated                                   | Fee Charged |           |
| Auditors' Comments:             |  | Invoice dated                                   | Fee Charged |           |
| Ref 1:                          |  |   |             |           |
| Ref 2 / 3:                      |  |   |             |           |



## 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             | 21/03/2019 10:46                        |
| Date Of Accident           | 20/03/2019 16:30                        |
| Exact Location Of Accident | AFTER JUNC OF CHANGI RD & JLN KEMBANGAN |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMC4566M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | BONG NYET LAN        |
| NRIC No                     | S2615006Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96170683 |
| Alternative Phone No        | OFFICE-96170683      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | MITSUBISHI  |
| Model  | LANCER EX   |
| 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             | 5102379541                             |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | BONG NYET LAN         |
| NRIC No              | S2615006Z             |
| Date Of Birth        | 27/04/1966            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 16/03/1996            |
| Driving Experience   | 23 YEARS AND 0 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-96170683  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96170683       |
| Email Address        | NOEMAIL               |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 191 PUNGGOL CENTRAL #11-305 |
| Postcode  | 820191                          |
| 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?  |     |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

I WAS TRAVELLING ALONG CHANGI RD AFTER CROSS THE TRAFFIC JUNCTION OF CHANGI RD & JLN KEMBANGAN, SUDDENLY I FELT AM IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SMG3906B) FROM BEHIND COLLIDED ONTO MY VEH RIGHT REAR PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMG3906B    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      | 91872450    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |



## 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.



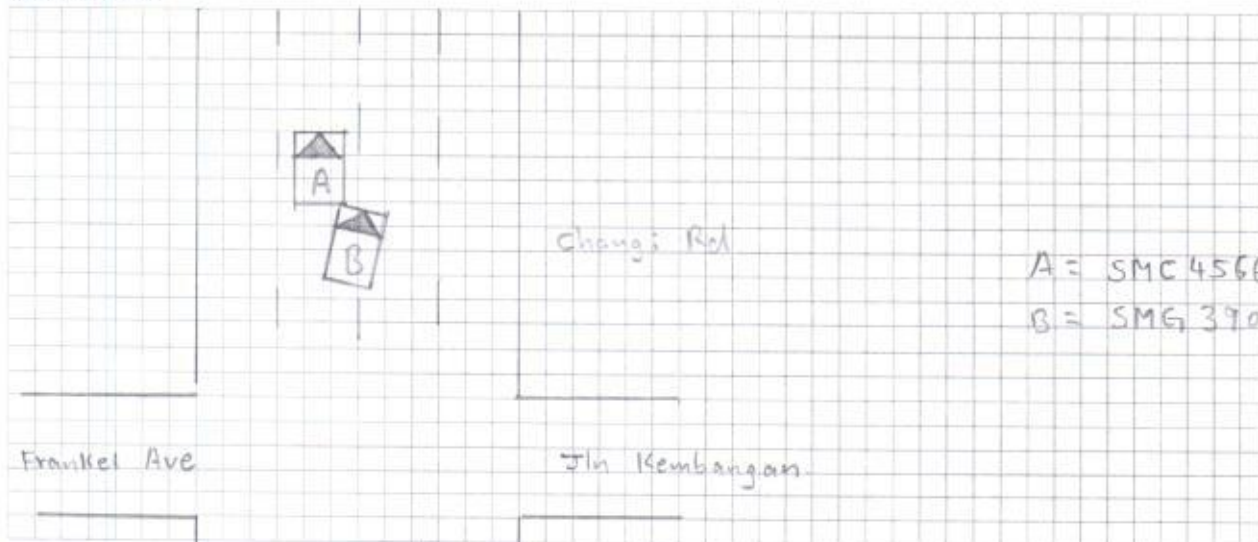
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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

*My Ngel Lee*

Policyholder's Signature  
Date & Time:

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

*[Signature]*

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2615006Z



BONG NYET LAN  
王钰嵐  
CHINESE  
Date of Birth: 27-04-1966 F  
Country of Birth: MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2615006Z  
Name: BONG NYET LAN



Birth Date: 27 Apr 1966  
Issue Date: 21 Feb 2003



2586276



NPIC No: S2615006Z



Binocular Grade: B+ Date of Issue: 27-02-1995

APT BLK 191 PUNGGOL CENTRAL #11-305  
SINGAPORE 820191  
NPIC No: S2615006Z Date: 02/11/2017

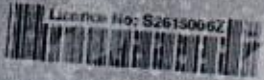
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

VALID DATE: 15 Mar 1996

NP 428A

License No: S2615006Z



Hello, NAC\_PAYA\_UBI\_800601

[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="20/03/2019 10:38"/> |
| Vehicle No.(For Motor)                | <input type="text" value="SMC4566M"/> | 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 checked="" type="radio"/> | 5102379541 |                    | BONG NYET LAN     | S2615006Z         | GPC     | drivo CLASSIC | SMC4566M    | SMC4566M       | 16/07/2018    | 14/07/2019  |

## Claim Handling

Accident MT/1036877

|                     |   |                     |   |                      |        |
|---------------------|---|---------------------|---|----------------------|--------|
| Policy No.          | 5102379541  | Vehicle No.         | SMC4566M  | GST Registration No. |        |
| Certificate No.     |   |                     |   |                      |        |
| Policyholder Name   | BONG NYET LAN   |                     |   | Policyholder NRIC    | S26151 |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive CLASSIC   | Loading              | 0      |
| Contact No.(Mobile) | 96170683  | Contact No.(Office) |   | Contact No.(Home)    |        |
| Email Address       |   | Special Remark      |   | eCode                | No     |
| 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         | No     |

## ▼ Accident Details

|                   |   |                               |       |                     |          |
|-------------------|---|-------------------------------|-------|---------------------|----------|
| Report Date       | 21/03/2019 15:32                        | Accident Report Within 24 hrs | Yes   | Accident Type       | Collisio |
| Date of Accident  | 20/03/2019                              | Time of Accident hh:mm        | 16:30 | Country of Accident | Singap   |
| Reporting Centre  |   | Orange Force                  |       | ICM No.             |          |
| Accident Location | AFTER JUNC OF CHANGI RD & JLN KEMBANGAN |                               |       |                     |          |

## ▼ Excess

|                       |        |                             |        |                   |        |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess     | 600.00 | Additional Excess           | 0      | Windscreen Excess | 100.00 |
| 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 191 #11-305 | Address 2             | PUNGGOL CENTRAL   | Address 3 | SINGA |
| Address 4 |                 | Address Type          | Singapore address | Post Code | 82019 |
| Unit No.  | 04-976          | Related Policy Number | 5102379541        |           |       |

## ▼ OI Driver Info

|   |   |                     |                   |                        |        |
|---|---|---------------------|-------------------|------------------------|--------|
| Driver Name                             | BONG NYET LAN   | Driver Type         | Main Driver       |                        |        |
| Unnamed driver Name                     |   | Driver NRIC         | S2615006Z         | Driver DOB             | 27/04/ |
| Register Date of Driver License         | 15/03/1976  | Driver Age          | 52                | Driving Experience     | 43     |
| Contact No.(Mobile)                     | 96170683  | Contact No.(Office) |                   | Contact No.(Home)      |        |
| Address 1                               | BLK 191 #11-305   | Address 2           | PUNGGOL CENTRAL   | Address 3              | SINGA  |
| Address 4                               |   | Address Type        | Singapore address | Post Code              | 82019  |
| Unit No.                                | 04-976  |                     |                   |                        |        |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |        |

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

Modification History

Claim 001 New

|   |                                    |                         |                                  |
|---|------------------------------------|-------------------------|----------------------------------|
| Claim Type *  | OD-MX                              | Insured Name            | BONG NYET LAN                    |
| Contact No.(Mobile)                                 | 96170683                           | Contact No.(Home)       | NIL                              |
| Email Address                                       |                                    | OI Vehicle Number       | SMC4566M                         |
| Claim Description                                   | SMC4566M / SMG39068 ON 20 Mar 2019 |                         |                                  |
| Preferred Workshop                                  | 0                                  | Insured Liability       | Not at Fault                     |
| Rebate No. Finalisation                             | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered                                     |                                    | GIA report              | Received                         |
| Report Taken By                                     |                                    | Claim Close Date        | 21/03/2019 15:34                 |
|   |                                    |                         | LEW SHAN HUI                     |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |

Save Submit

## Attachment

|              |            |           |     |
|--------------|------------|-----------|-----|
| Accident No. | MT/1036877 | Claim No. | 001 |
|--------------|------------|-----------|-----|



Last Doc. Received

☒ Yes ☐ No

Upload Date

21/03/2019 15:37

Path \*

[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](#)

Category \*

Confidential

Urgency \*

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## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     |
|------------|--|-----------------------|---------|---------------------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:37 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-3-21 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:37 | SAS                   | Normal  | SAS 2019-3-21                   |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:37 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:37 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:37 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:37 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:34 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:34 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:34 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:34 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:34 | Photos                | Normal  | Photos 2019-3-21                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Mar 2019 15:34 | Photos                | Normal  | Photos 2019-3-21                |

## Video List

| Uploaded By/Date | Folder Date | File Name                             | Source                             |
|------------------|-------------|---------------------------------------|------------------------------------|
|                  |             | <a href="#">Display in New Window</a> | <a href="#">Scan and uploading</a> |