

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MWA 119054196

Date In: 26/4/19 16:52	Job description	Date & Time Completed	Done by
Ref No: MAI INC 19007426164	SAS e-filing		
Veh No: SMK 5040P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/4/19 15:30	I-Motor Claim Form	MT/1041899-001	26/4/19 17:31
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: YN 8626Y	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 reprior.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC Hotline: 6788 6016)	Date and Time of completion 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

MAI 1903036	Invoice Description	Amount (\$)	Amount (\$)
1) AIR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$40)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimant against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OIL:			
*N3: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Comments Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

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	26/04/2019 16:52
Date Of Accident	26/04/2019 15:30
Exact Location Of Accident	KIM CHUAN TERRACE T JUNG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5040P
Insured/Policyholder	
Name Of Registered Owner	RITZ AUTO
Co Reg No	53227581X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97227737

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5069348479-04
Cover Note Number	-

Driver

Name of Driver	OWYONG KIM HUAT
NRIC No	S1671307D
Date Of Birth	20/04/1964
Occupation	INDOOR
Date Of Driving Pass	08/08/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97227737
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 603 AMK AVE 5 #11-2663
Postcode	560603
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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)	0

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 WENT TO WEE HOE AUTO SERVICE ALONG KIM CHUAN TERRACE TO COLLECT BACK MY VEH (SMK5040P), WHEN I EXIT FROM THE WORKSHOP AND FOLLOW BEHIND A LORRY, SUDDENLY THE LORRY STOP AND I FOLLOW TO STOP BEHIND THE LORRY, AFTER MY VEH WAS STATIONARY A FEW MIN BEHIND THE LORRY, THE LORRY NEVER MOVE, I WENT DOWN FROM MY VEH AND MAKE A CHECK, I JUST REALIZED THE LORRY WAS WAITING HIS COMPANY GATE TO OPEN BEFORE ENTER TO HIS COMPANY, ALL OF A SUDDEN, I HEAR A BANG SOUND, I WENT BACK TO MY VEH AND REALIZED MY VEH HAD BEEN HIT BY ANOTHER LORRY (BEARING NO YN8626Y) WHILE REVERSING.

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	YN8626Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

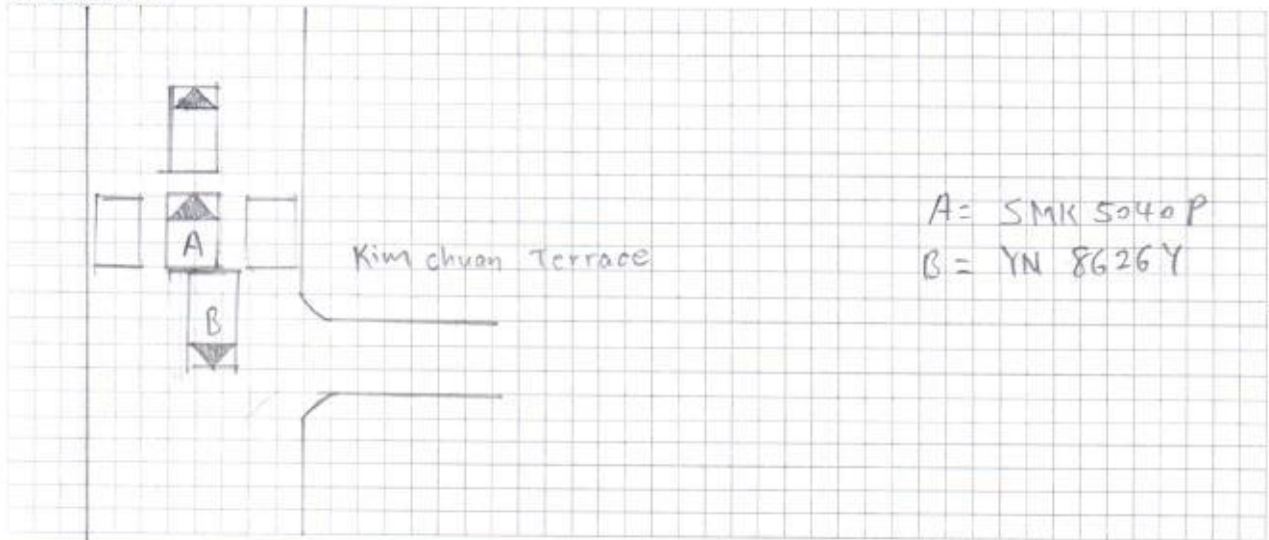


Policyholder's Signature
Date & Time:

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.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1671307D



OWYONG KIM HUAT
欧阳金发
Race
CHINESE
Date of Birth
20-04-1964 M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1671307D
Name
OWYONG KIM HUAT
Birth Date 20 Apr 1964
Issue Date 05 Aug 2003




000718294A



S1671307D



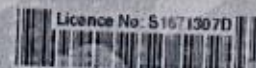
Hand Group Date of Issue
A+ 10-06-1994

APT BLK 803 ANG MO KIO AVENUE 5 911-2863
SINGAPORE 600603
NRIC No: S1671307D Date: 13/11/2015

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 06 Aug 1995

NP 428A



Licence No: S1671307D

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069348479-04		RITZ AUTO	53227581X	GMT	Third Party		OWYONG KIM HUAT/S1671307D_TAN KENG BOON (CHEN JINGWEN)/S7609715A	26/12/2018	25/12/2019

Claim Handling

Accident MT/1041899

Policy No.	5069348479-04	Vehicle No.	GST Registration No.		
Certificate No.					
Policyholder Name	RITZ AUTO	Policyholder NRIC	53227581X		
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SMK5040P	Motor Trade Driver Name	OWYONG KIM HUAT	Motor Trade Driver NRIC	S1671307D
Contact No.(Mobile)	97227737	Contact No.(Office)			
Email Address	Special Remark		eCode	<div>No</div>	
KPK	<div>No</div> <div>Yes</div>	TCA	<div>No</div> <div>Yes</div>	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	26/04/2019 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	26/04/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre	Orange Force		ICM No.		
Accident Location	KIM CHUAN TERRACE T JUNC				

Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2015
GST Registration No.	53227581X	GST Status Verified	Yes
Modification History	26/04/2019 17:29:43 System changed GST Registered from No to Yes 26/04/2019 17:29:43 System changed GST Registration No. from null to 53227581X 26/04/2019 17:29:43 System changed GST Registration Date from null to 01/09/2015		

Policyholder Mailing Address

Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-31 NORTH SPRING BIZHUB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	768160
Unit No.	01-31	Related Policy Number	5069348479-04		

OI Driver Info

Driver Name	OWYONG KIM HUAT	Driver Type	Named Driver	Driver DOB	20/04/1985
Unnamed driver Name		Driver NRIC	S1671307D	Driving Experience	33
Register Date of Driver License	08/08/1985	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	97227737	Contact No.(Office)		Address 3	Y10 CH
Address 1	BLK 603 #11-2663	Address 2	ANG MO KIO AVENUE 5	Post Code	560603
Address 4	SINGAPORE 560603	Address Type	Singapore address		
Unit No.	11-2663				
Does he own a Singapore Registered car?	<div>Yes</div> <div>No</div>	Driver Vehicle No.	Driver Insurer Company		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>Yes</div> <div>No</div>
-------------------------------------	------	-------------	------------------------------

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RITZ AUTO
Contact No.(Mobile)	97113211	Contact No.(Home)	
Email Address		OI Vehicle Number	
Claim Description	/ YN8626Y ON 26 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	26/04/2019 17:30	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<div>Print AK letter</div>			
<div>Save</div> <div>Submit</div>			

Attachment

Accident No.

MT/1041899

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

26/04/2019 17:31

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

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Category *

Confidential

Urgency *

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal





NO

Normal

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:31	SAS	Normal	SAS 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:31	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:31	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:30	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:30	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:30	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:30	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:30	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 17:30	Photos	Normal	Photos 2019-4-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>