

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA9068261

Date In: 27/05/2009 11:58	Job description	Date & Time Completed	Done by
Ref No: NA9068261/1	SAS e-filing		
Veh No: SLT 64229	E-mail (24hrs, A/C 2hrs)		
D.O.A: 27/05/2009 02:30	I-Motor Claims Form	NA1/1046/35-001	27/05/2009
OD: TH: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:21
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: UNKNOWN CAR	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 In: ()	Time: ()

NA903813	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Available Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Cal 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idao Mobile	
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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	27/05/2019 11:58
Date Of Accident	27/05/2019 02:30
Exact Location Of Accident	JB CUSTOM TOWARDS S'PORE WOODLANDS CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6422G
Insured/Policyholder	
Name Of Registered Owner	HUANG SHE THONG
NRIC No	S7789224I
Email Address	YANNI.HUANG1979@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83183141
Alternative Phone No	OTHERS-96446487

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	COMING BACK FROM JB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5086760166-02
Cover Note Number	

Driver

Name of Driver	YANNI HUANG @ ROYANI
NRIC No	S8086491D
Date Of Birth	31/07/1980
Occupation	INDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83183141
Fax Number	
Contact Number	OTHERS-96446487
Email Address	YANNI.HUANG1979@GMAIL.COM

Address	329 RIVER VALLEY ROAD #20-01
Postcode	238361
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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

PLEASE REFER TO SKETCH PLAN

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94899241
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

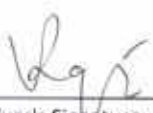
IMPORTANT NOTICE

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



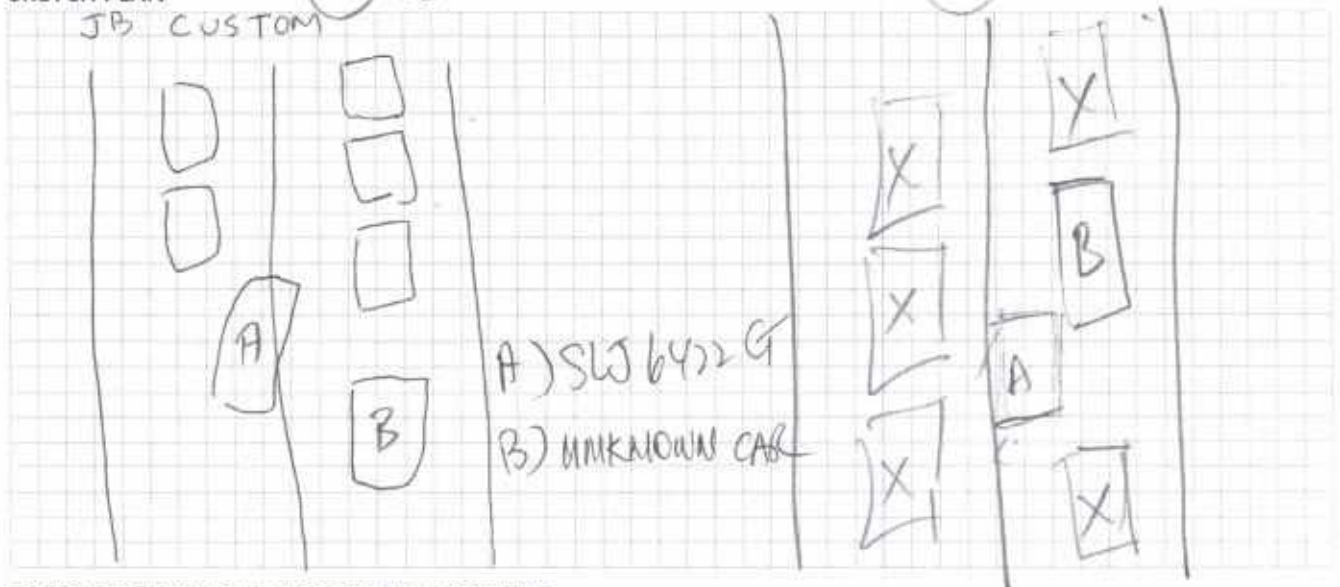
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

JB CUSTOM

① JB custom towards SPARK ②



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was putting right signal to go to the right lane, but the B vehicle didn't let me in. I couldn't go back to my previous lane as it has other car so my bumper touched & scratched B bumper and tyre rim. OWNER OF CAR (B) WAS QUITE AGGRESSIVE

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.: _____

Claim Handling

Accident MT/1046135

Policy No.	5085760166-02	Vehicle No.	SLJ6422G	GST Registration No.	
Certificate No.				Policyholder NRIC	S7789224I
Policyholder Name	HUANG SHE THONG	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	81183141	Special Remarks		eCode	No *
Email Address		TCA		eCode Reason	
KPI	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	Yes				
Accident Details					
Report Date	27/05/2019 12:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/05/2019	Time of Accident hh:mm	02:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JB CUSTOM TOWARDS SPORE WOODLANDS CUSTOM				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	9999999.99		
Excess Waiver					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	329 RIVER VALLEY ROAD	Address 2	#20-01 YONG AN PARK	Address 3	SINGAPORE 238361
Address 4		Address Type	Singapore address	Post Code	238361
Unit No.	20-01	Related Policy Number	5085760166-02		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/07/1990
Unnamed driver Name	YANNI HUANG @ ROYAN	Driver NRIC	S8086491D	Driving Experience	8
Register Date of Driver License	25/04/2011	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)	96446487	Contact No. (Office)		Address 1	SINGAPORE 238361
Address 1	329 RIVER VALLEY ROAD	Address 2	#20-01 YONG AN PARK	Address 3	SINGAPORE 238361
Address 4		Address Type	Foreign address	Post Code	238361
Unit No.	20-02				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLJ6422G	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001 New

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Finalisation

Date Registered

Report Taken By

Print All letter

OD-MX	Injured Name	HUANG SHE THONG	Injured NRIC	S7789224I
81183141	Contact No. (Home)		Contact No. (Office)	87020888
HUANG_ST@ICLOUD.COM	01 Vehicle Number	SLJ6422G	TP Vehicle Number	UNKNOWN CAR
SLJ6422G / UNKNOWN CAR ON 27 May 2019			Name of Preferred Workshop	
27/05/2019 12:20	Claim Close Date		Date Received	27/05/2019 00:00
RIZALI WAHAB				

Save Submit

Attachment

ACCIDENT No.	MT/1046135	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/05/2019 12:21
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
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Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:22	Photos	Normal
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	Photos	Normal

Send Message

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	Photos	Normal	Photos 2019-5-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	Photos	Normal	Photos 2019-5-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	Photos	Normal	Photos 2019-5-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	Photos	Normal	Photos 2019-5-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	Photos	Normal	Photos 2019-5-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	SAS	Normal	SAS 2019-5-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 May 2019 12:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 27/09/2019 (DD/MM/YYYY), TIME: 02:30 (HH:MM)

LOCATION: JB CUSTOM TOWARDS SLIP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT6422G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 086760166-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ESTIMA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: COMING BACK FROM JB
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: HUANG SHE THONG (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S7789224I CONTACT: 83183141
C) ADDRESS: 329 River valley Rd #20-01
S238361

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YANNI HUANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8086491D CONTACT: 96446487
c) ADDRESS: 329 River valley Rd #20-01
S238361

*d) DATE OF BIRTH: 31/07/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25/04/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 94899241

9. THIRD PARTY VEHICLE

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

email = yanni.huang1979@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8086491D



Name

YANNI HUANG
@ROYANI

Race

CHINESE

Date of birth

31-07-1980

Country/Place of birth

INDONESIA

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S8086491D

YANNI HUANG
@ROYANI

Birth Date: 31 Jul 1980

Issue Date: 23 Nov 2015



002495814B

SG
50

9367101



NRIC No. S8086491D



Nationality

INDONESIAN

Date of issue

22-09-2015

Address

329 RIVER VALLEY ROAD
#20-01
SINGAPORE 238361

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 25 Apr 2011

NP 428A



Licence No: S8086491D

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="27/05/2019 10:56"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ6422G"/>	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"/>	5086760166-02		HUANG SHE THONG	577892241	GPC	drive CLASSIC	SLJ6422G	SLJ6422G	20/12/2018	19/12/2019