

NATIONAL Assessment Centre Services

Date In: 12/06/2019 17:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010436/KK			
Veh No: SKV524J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/06/2019 19:50	i-Motor Claim Form	MT/1048844-001	13/6/19
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:2
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksj		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMF1630P	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

NA1904240

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	12/06/2019 17:52
Date Of Accident	11/06/2019 19:50
Exact Location Of Accident	CAVENAGH / SLIP RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV524J
Insured/Policyholder	
Name Of Registered Owner	RAYMOND PHANG LEI MING (PENG LEIMING)
NRIC No	S8416325B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92386325
Alternative Phone No	OTHERS-92386325
Vehicle Particulars	
Manufacturer	MAZDA
Model	BIANTE 5-DOOR WAGON 2.0L SP.6EAT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103119227
Cover Note Number	
Driver	
Name of Driver	RAYMOND PHANG LEI MING (PENG LEIMING)
NRIC No	S8416325B
Date Of Birth	05/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92386325
Fax Number	
Contact Number	OTHERS-92386325
Email Address	NOEMAIL

Address	8 LORONG 7 GEYLANG #07-11
Postcode	388792
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	AFTER RAIN
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?	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)	7
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE
Passenger 4	NAME: : NIL GENDER: : MALE
Passenger 5	NAME: : NIL GENDER: : MALE
Passenger 6	NAME: : NIL 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

SMF1630P

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)

SKETCH PLAN

IMPORTANT NOTICE

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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.

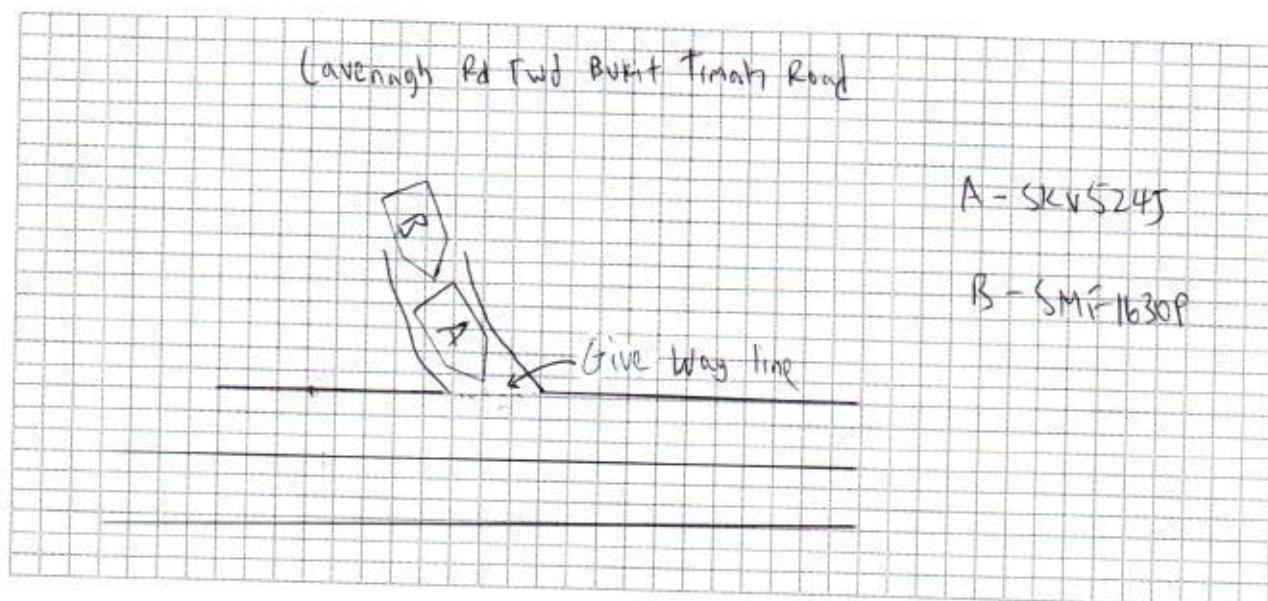
Policyholder's Signature
Date & Time:

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

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

12/6/2019

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CAVENAGH SLIP ROAD TOWARDS BUKIT TIMAH ROAD. I STOP AT THE GIVE WAY LINE BEFORE PROCEEDING ONTO BUKIT TIMAH ROAD, SUDDENLY VEHICLE B REAR ENDED MY VHICLE.

DECLARATION

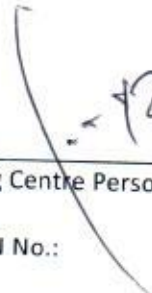
I/ We declare the foregoing particulars are true in every respect.



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.:

Given on 12/6/2019
@ 1605 Hrs.

Accident Reporting Draft

VEHICLE NO: SKV524J

MODEL: MAZDA BIANTE

DATE OF ACCIDENT	11/6/2019		
TIME OF ACCIDENT	1950HRS	HRS	AM/PM
LOCATION OF ACCIDENT	CAVENAGH SLIP ROAD TOWARDS BUKIT TIMAH ROAD		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	RAYMOND PHANG LEI MING (PENG LEIMING)		
CONTACT NO.	92386325		
NRIC	S8416325B		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	SAME AS ABOVE AS ABOVE / IF NO:		
NRIC	S8416325B	ANY PASSENGER: (AM) 2 ✓	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	92386325	OFFICE:	HOME:
ADDRESS	8 LORONG 7 GEYLANG #07-11 S(388792)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: AFTER RAIN		
ROAD SURFACE	DRY / WET/ OTHER: WET		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SMF1630P	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

Land Transport Authority



VOCATIONAL LICENCE

Licence No. S8416325B

Name RAYMOND PHANG LEI MING

Card Issue Date 12/02/2018

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	12/02/2018



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8416325B



Name

RAYMOND PHANG LEI MING
(PENG LEIMING)

彭 蕾 鳴

Race

CHINESE

Date of birth

05-06-1984

Sex

M

Country of birth

SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8416325B

Name

RAYMOND PHANG LEI MING
(PENG LEIMING)

Birth Date: 05 Jun 1984

Issue Date: 03 Jun 2008



For LKK/NAC Use Only



4227165

NRIC No. S8416325B



Date of issue

02-06-2008

8 LORONG 7 GEYLANG #07-11
SINGAPORE 388792

NRIC No. S8416325B

Date:

20/04/2017

For LKK/NAC Use Only

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

PASS DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg
Class 5 Motor vehicles $>$ 7200 kg not constructed to carry any load

11 Mar 2004

82 Nov 2017

23 Nov 2017

9000275853

Licence No. S8416325B

For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/06/2019 19:50"/>
Vehicle No. (For Motor)	<input type="text" value="SKV524J"/>	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"/>	5103119227		RAYMOND PHANG LEI MING (PENG LEIMING)	S8416325B	GPC	drive CLASSIC	SKV524J	SKV524J	17/08/2018	26/08/2019

▼ Policy Information

Policy No.	5103119227	Policyholder Name	RAYMOND PHANG LEI MING (PE	Policyholder NRIC	S8416325B
Certificate No.					
Address	8 LORONG 7 GEYLANG #07-11 CENTRA RESIDENCE SINGAPORE 388792				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/08/2018	Effective Date	17/08/2018 00:00	Expiry Date	26/08/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 LORONG 7 GEYLANG	Address 2	#07-11 CENTRA RESIDENCE	Address 3	SINGAPORE 388792
Address 4		Address Type	Singapore address	Post Code	388792
Unit No.		Related Policy Number	5103119227		

▶ Insured Object: SKV524J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	17/08/2018 00:00	NCD Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 0% and not 50% as declared in your policy application. As the NCD protection is only offered to policyholders with at least 30% NCD, we are unable to offer you this benefit. In view of the reduction of NCD, an additional premium of \$1,424.42 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on

Claim Handling

Accident MT/1048844

Policy No.	5103119227	Vehicle No.	SKV5243	GST Registration No.
Certificate No.				
Policyholder Name	RAYMOND PHANG LEI MING (PENG LEIMING)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92386325	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	13/06/2019 11:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/06/2019	Time of Accident hh:mm	19:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CAVENAGH / SLIP RD TWDS BUKIT TIMAH RD			

▼ 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	8 LORONG 7 GEYLANG	Address 2	#07-11 CENTRA RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103119227	

▼ OI Driver Info

Driver Name	RAYMOND PHANG LEI MING	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S84163258	Driving Experience
Register Date of Driver License	21/03/2004	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	92386325	Contact No.(Office)	0	Address 3
Address 1	8 LORONG 7 GEYLANG	Address 2	# CENTRA RESIDENCE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair Option

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

Report Taken By

Print AX letter

OD-MX	Insured Name	RAYMOND PHANG LEI MING
92386325	Contact No. (Home)	
contactme@raymondphang.com	Vehicle Number	SKV5243
SKV5243 / SMF1630P ON 11 Jun 2019		
13/06/2019 11:22	Claim Close Date	
	Workshop Repairer	

Save Submit

001

13/06/2019 11:20

Confidential

NO _____

Des.

NRIC/ Driving I

SAS 2

Photos

Photos

Photos

notes

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