

NATIONAL Assessment Centre Services (2011 - Jan 2015) **MANA/9082828**

Date In: 25/06/2019 17:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1901/251/4	SAS e-filing		
Veh No: GV 1116U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/06/2019 10:30	i-Motor Claim Form	M711049967002	25/06/2019
OD: TP (Reporting Only)	i-Motor W/O (Within OD Thru TP 4hrs)		17:43
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

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

TP Particulars: Veh No: **SFE 3149R** 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

NA/9082828

Client's Particulars	Invoice Preparation Checklist	Am't (\$) in 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		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	(21):		
	*N3: Courtesy Car / Tpl 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: Idno Mobile \$0		
	Invoice dated	For Charged	
		For 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	25/06/2019 17:19
Date Of Accident	14/06/2019 10:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV1116U
Insured/Policyholder	
Name Of Registered Owner	PROVENANCE ASIA PTE. LTD.
Co Reg No	200904384E
Email Address	JONATHAN.NG@PROVENANCE.ASIA.COM
Mobile Phone No	(LOCAL) +65-98784616
Alternative Phone No	OFFICE-98784616

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5052579400-07
Cover Note Number	

Driver

Name of Driver	JONATHAN NG YEOW CHING
NRIC No	S7218576E
Date Of Birth	01/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98784616
Fax Number	
Contact Number	OTHERS-98784616
E-Mail Address	JONATHAN.NG@PROVENANCE.ASIA.COM

Address	BLK 175C PUNGGOL FIELD #16-543
Postcode	823175
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	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	SJE3149R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRENDA
NRIC/Passport Number	
Contact Number	84544356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

16:23
25/6/2019



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

16:23 25/6/2019



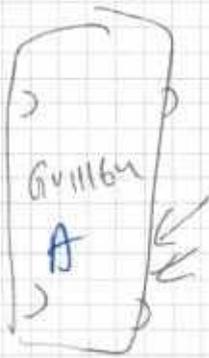
25/06/2019
Keshu

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

SKETCH PLAN

Along Commonwealth Ave.

Commonwealth Avenue



JUNCTION ROAD

- A) GTV 1116U
- B) SJE 3149R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Commonwealth Avenue (from Queenstown -> Commonwealth MRT direction) and approaching near Shell station on my left.

I was in middle lane driving approximately 40-50 km/hr. The driver of SJE 3149R was on my right. The driver tried to cut into my lane, but did not keep a proper lookout and hit my van.

We stopped at Commonwealth Drive for a discussion. Brenda, the driver of SJE 3149R admitted to cutting into my lane without keeping a proper lookout.

It was agreed verbally that we will do a private settlement and she will check with her own vehicle repair shop and give me an indicative price of repair, which I will do on my own.

On 14 June 2019, 3:14pm Brenda and a male friend called and gave \$300 - estimated cost of repair to my van. I replied to say I will confirm with my own repair shop.

DECLARATION On 18 June I gave my estimated cost via WhatsApp and they failed to respond thereafter.
 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: Koshi Wotho
 NRIC/FIN No.:

Claim Handling

Accident MT/104967

Policy No.	5052579400-07	Vehicle No.	GV1118U	GST Registration No.	200904384E
Carplate No.					
Policyholder Name	PROVENANCE ASIA PTE. LTD.	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	200904384E
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/06/2019 13:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/06/2019	Time of Accident (hr:min)	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		IDR No.	
Accident Location	FARRER ROAD TRDS HOLLAND ROAD				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreens Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	11/05/2009
GST Registration No.	200904384E	GST Status Verified	Yes
Modification History	21/06/2019 13:28:27 System changed GST Registered from No to Yes 21/06/2019 13:28:27 System changed GST Registration No. from null to 200904384E 21/06/2019 13:28:27 System changed GST Registration Date from null to 11/05/2009		

Policyholder Mailing Address

Address 1	113A COMMONWEALTH DRIVE	Address 2	#05-28 TANGLIN HALL INDUSTRIAL	Address 3	SINGAPORE 140396
Address 4		Address Type	Singapore address	Post Code	149596
Unit No.		Related Policy Number	5052579400-07		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Regular Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2	Foreign address	Address 2	
Address 4		Address Type		Post Code	
Unit No.					
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **None**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Excess No. Finalisation

Date Registered

Report Taken By

Print Ack letter

Insured Name	PROVENANCE ASIA PTE. LTD.	Insured NRIC	200904384E
Contact No. (Home)		Contact No. (Office)	64722886
OT Vehicle Number	GV1118U	TP Vehicle Number	SE21498
GV1118U / SE21498 On 14 Jun 2019		Name of Preferred Workshop	

Insured Liability: Insured Not at Fault

Excess Option: Excess Preferred Workshop, Name unknown

GIA report: Received

Claim Close Date: 25/06/2019 17:25

Date Received: 25/06/2019 00:00

Report Taken By: ROSLI WANAB

Save Submit

Attachment

Accident No.	MT/104967	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload date	26/06/2019 17:43

Path *

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

Attachment List

attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 17:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-25		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 17:43	SAS	Normal	SAS 2019-6-25		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 17:25	Photos	Normal	Photos 2019-6-25		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 17:26	Photos	Normal	Photos 2019-6-25		

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 17:26	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 17:26	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 17:26	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 17:26	Photos	Normal	Photos 2019-6-25
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 17:26	Photos	Normal	Photos 2019-6-25

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

ACCIDENT STATEMENT

ACCIDENT DATE: 14/06/2019 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: Commonwealth Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GV11164
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: Provenance Asia Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jonathan Ng Yew Chye (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S71836 CONTACT: 9779 4616
c) ADDRESS: 115A Commonwealth Drive #05-28
5149596

* d) DATE OF BIRTH: 01/06/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24 April 1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SJE 3149R MODEL: _____
b) DRIVER'S NAME: Brenda
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8454 4356

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = jonathan.ng@provenance
VIDEO asia.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7218576E



Name

JONATHAN NG YEOW CHING

黄耀进

Race
CHINESE

Date of Birth: 01-06-1972 Sex: M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7218576E

Name:

JONATHAN NG YEOW CHING

Birth Date: 01 Jun 1972

Issue Date: 04 Feb 2004



3088303

NRIC No. S7218576E



Blood Group: O+ Date of issue: 03-03-1999

APT. BLK 175C PUNGGOL FIELD #16-543
SINGAPORE 823175

NRIC No. S7218576E

Date: 12-07-2008 (R) No: 5415767

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

PASS DATE

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

24 Apr 1995



Licence No: S7218576E

NP 428A

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="14/06/2019 17:18"/>
Vehicle No. (For Motor)	<input type="text" value="GV1116U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5052579400-07		PROVENANCE ASIA PTE. LTD.	200904384E	GCV	Third Party, Fire & Theft	GV1116U	GV1116U	28/11/2018	27/11/2019

Continue