

NATIONAL Assessment Centre Services

(over 1 hour)

MA419084216

Date to: 27/06/2019 14:50	Job description	Date & Time Completed	Done by
Ref No: N/A/MA41901149774	SAS e-filing		
Veh No: SFC 2628P	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 27/06/2019 14:45	I-Motor Claim Form	MA419084216	28/06/2019 15:09
OD: TP 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 84P 5120P	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: (\$	Landing: \$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

MA1904884	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Additrs Comments:	Excl claims against INC Only (wof 10 Jan 2019)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idm DA + SMRT Survey \$160		
1/1 'd	8) NTUC Additional Services:		
	9) NI: Idm Mobiles \$30		
	Invoice dated	Fee Charged	Fee Charged

07-MAY-2019 16:39

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	28/06/2019 14:50
Date Of Accident	27/06/2019 14:45
Exact Location Of Accident	JUNCTION OF BT MERAH/KG BAHRU TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC2628P
Insured/Policyholder	
Name Of Registered Owner	YUN HANN WOEI
NRIC No	S1402736Z
Email Address	MIKEYUN@TECEDGESOLUTIONS.COM
Mobile Phone No	(LOCAL) +65-96932628
Alternative Phone No	OTHERS-96932628

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	5092966012-01
Cover Note Number	

Driver

Name of Driver	YUN HANN WOEI
NRIC No	S1402736Z
Date Of Birth	06/05/1960
Occupation	INDOOR
Date Of Driving Pass	15/04/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96932628
Fax Number	
Contact Number	OTHERS-96932628
EMail Address	MIKEYUN@TECEDGESOLUTIONS.COM

Address	BLK 184 JELEBU ROAD #10-34
Postcode	670184
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	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	SKP5120P
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHIN KEONG
NRIC/Passport Number	S6834647I
Contact Number	
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)**


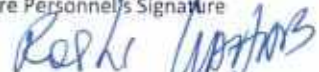
I understand, acknowledge, agree and consent that:

- (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.

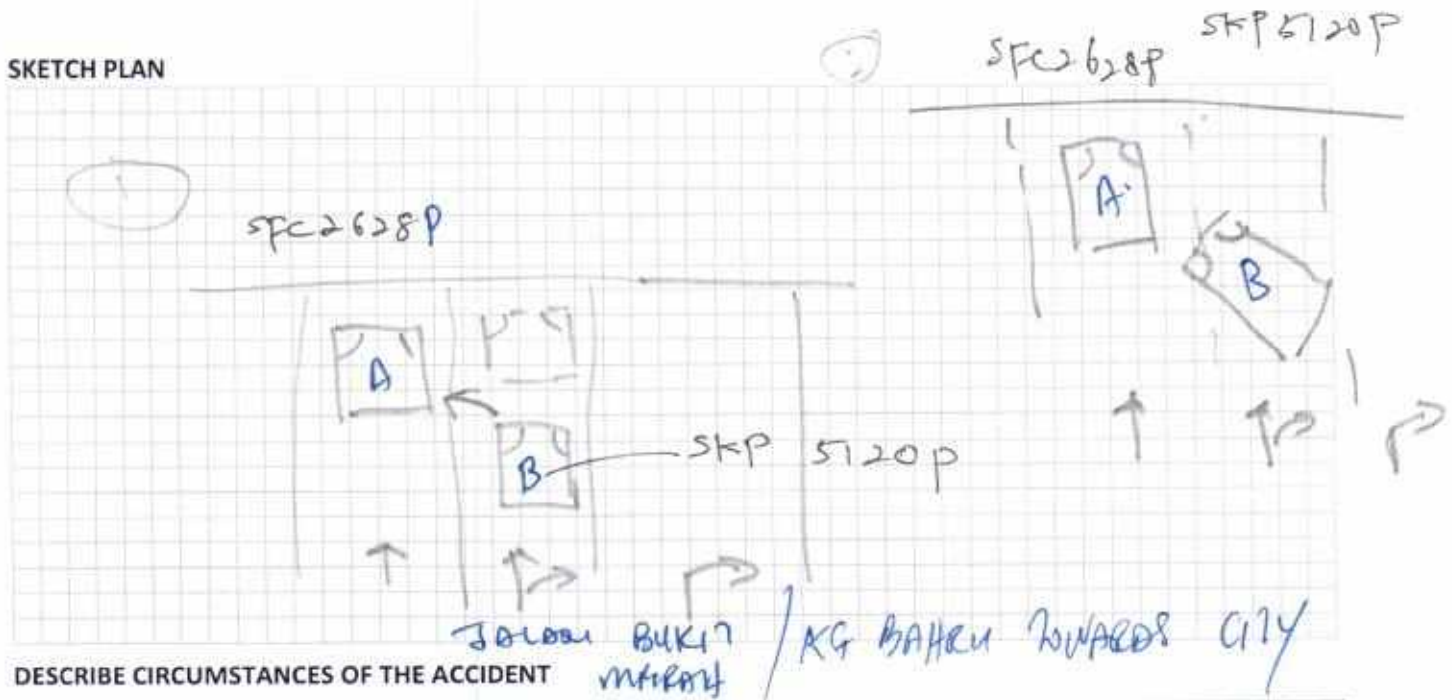


Policyholder's Signature
Date & Time:

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

1. I was approaching junction of Kampong Bahru / Bukit Merah towards town and Traffic light was Red
2. I was on 2nd lane and ready to stop at traffic light
3. As I stopped, I heard a bang on my rhts rear. and I realised I was hit by the said vehical.
4. The said Vehical for whatever reason try to turn out of his existing lane into my lane 2

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 MY/1051028

Policy No.	5091966012-01	Vehicle No.	SFC2628P	GST Registration No.	
Certificate No.					
Policyholder Name	YUN HANN WOEI			Policyholder NRIC	S1402736Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	BIW PREMIUM	Loading	0
Contact No.(Mobile)	96932628	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TQA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	28/06/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/06/2019	Time of Accident (hr:min)	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BT MERAH/KG BAHRU TOWARDS CITY				
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					
Coverage		Sum Insured	99999999.99		
Transport Allowance					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 194 #10-34	Address 2	JELEBU ROAD	Address 3	SINGAPORE 670184
Address 4		Address Type	Singapore address	Post Code	670184
Unit No.		Related Policy Number	5052960012-01		
01 Driver Info					
Driver Name	YUN HANN WOEI	Driver Type	Main Driver	Driver DOB	08/05/1968
Unnamed driver Name		Driver NRIC	S1402736Z	Driving Experience	18
Register Date of Driver License	01/01/2001	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	96932628	Contact No.(Office)		Address 1	SINGAPORE 670184
Address 1	BLK 194 #10-34	Address 2	JELEBU ROAD	Post Code	670184
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SFC2628P	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	YUN HANN WOEI	Insured NRIC	S1402736Z
Contact No.(Mobile)	96932628	Contact No.(Home)	96932628	Contact No.(Office)	
Email Address		Vehicle Number	SFC2628P	TP Number	SKPS113DP
Claim Description	SFC2628P / SKPS113DP ON 27 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Contact No. Finalisation		Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	28/06/2019 15:09
Date Registered				Date Received	28/06/2019 00:00
Report Taken By	RUSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MY/1051028	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	28/06/2019 15:09
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Send Message			

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	SAS	Normal	SAS 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 15:09	NWTC/ Driving License	Normal	NWTC/ Driving License 2019-6-28

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 22.08.19 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: Junction of Bukit Maloh & Kg. Aghar Rd
Towards Karam

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFC 2628P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Merc / C200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: YUN HANN WOEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S140273CZ CONTACT: 96932628
c) ADDRESS: 184 JELERU ROAD #10-34

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: 24

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP 5120P MODEL: Naza
b) DRIVER'S NAME: TAN CHIN KEONG
c) NRIC/FIN/PASSPORT: S68346471 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email =

VIDEO

Mikeyn@tecedgesolutions.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1402736Z



Name
YUN HANN WOEI

Place
CHINESE


Date of Birth
06-05-1960

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S1402736Z

YUN HANN WOEI

Valid Date
06 May 1960

Issue Date
15 Apr 2003

000386255D

For LKK/NAC Use Only

2789022




NAC No. S1402736Z

For LKK/NAC Use Only

Biometric Grade
A+

Date of Issue
01-02-1996

APT BLK 184 JELEBU ROAD #10-34
SINGAPORE 670184

NRIC No. S1402736Z Date 20-12-2001 No. 1131093

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

PASS DATE

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

For LKK/NAC Use Only

Licence No: S1402736Z



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="27/06/2019 10:59"/>
Vehicle No. (For Motor)	<input type="text" value="SFC2628P"/>	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"/>	5092966012-01		YUN HANN WOEI	S1402736Z	GPC	drive PREMIUM	SFC2628P	SFC2628P	08/08/2018	07/08/2019