

NATIONAL Assessment Centre Services <small>(Part 1 Jan 06)</small> 19 MAY 2019 08:46:00			
Date In: 09/07/2019 16:23	Job description	Date & Time Completed	Done by
Ref No: NB88/INC/90/2127/Y	SAS e-filing		
Veh No: SKV 68 R	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 09/07/2019 08:45	i-Motor Claim Form	MT/1052598-001	09/07/2019
OD: TP Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		16:40
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SKV 68 R	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 repairs.

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

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

Remarks: (INC hotline: 678816616)	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/905113	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			in Bill	Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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			
Auditor's Comments:	For (claiming against) INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
Est. J:	7) NI: Idau DA + SMRT Survey \$100			
Est. 2/3:	8) NTUC: Additional Services:			
1/1'd	9) NI: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
	TR (N11): TP (Non-INC) against INC \$20			
	9) NI2: Idau Mobile \$0			
	Invoice dated	Fee Charged		
	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	09/07/2019 16:23
Date Of Accident	09/07/2019 08:45
Exact Location Of Accident	SLE TOWARDS WOODLANDS NEAR LAMP POST 177F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV608B
Insured/Policyholder	
Name Of Registered Owner	YON JIZHAN, RAYMOND (YANG JIZHAN, RAYMOND)
NRIC No	S8129686C
Email Address	RAYMONDYON1981@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96978840
Alternative Phone No	OTHERS-96978840

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110026013
Cover Note Number	

Driver

Name of Driver	YON JIZHAN, RAYMOND (YANG JIZHAN, RAYMOND)
NRIC No	S8129686C
Date Of Birth	15/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96978840
Fax Number	
Contact Number	OTHERS-96978840
Email Address	RAYMONDYON1981@GMAIL.COM

Address	BLK 55 TEBAN GARDENS ROAD #11-455
Postcode	600055
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4048A
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH HAN SENG
NRIC/Passport Number	S7322505A
Contact Number	+65 64507612
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV2045A
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHEN CIFU
NRIC/Passport Number S8902506J
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLD2977E
Vehicle Make/Model/Colour SUBARU
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SARAH ONG KUEI FEN
NRIC/Passport Number S7631712G
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.

 9/7/19

Policyholder's Signature
Date & Time:

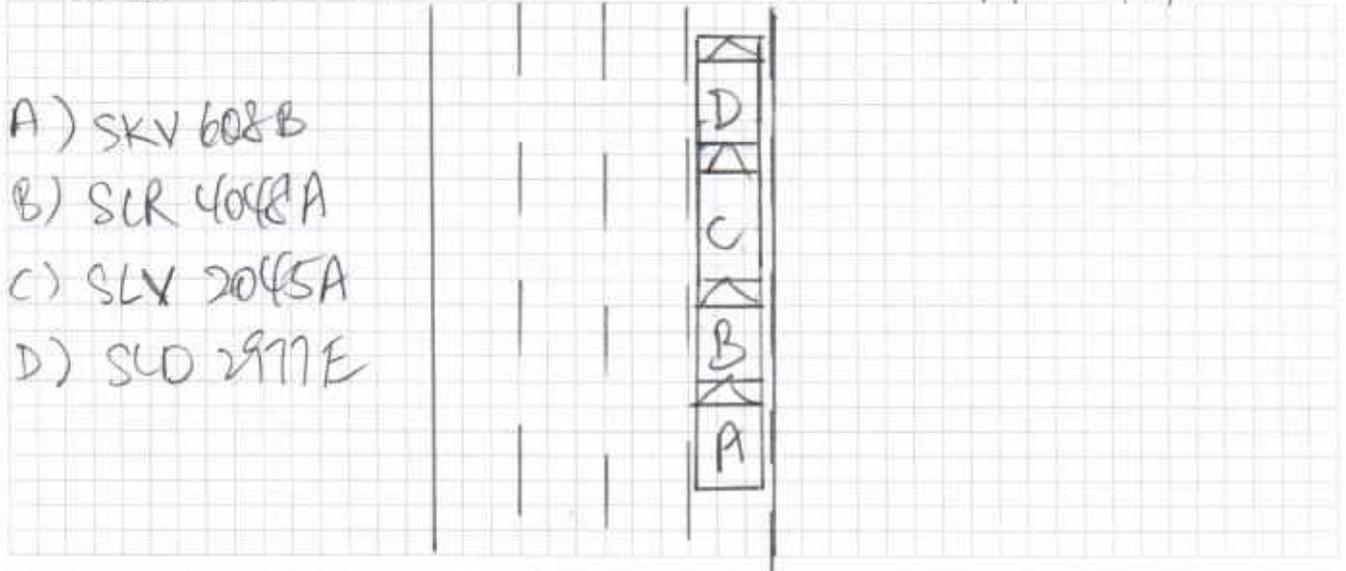
 9/7/19

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

 09/07/2019

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

SKETCH PLAN ALONG SLE TOWARDS WOODLAND LAMP POST 177F



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I was travelling along SLE towards Woodland near Lampost (177F) the car in front of me brake. I could not brake on time I just hit in front car when I come down I saw 4 car chain collision.

DECLARATION

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

 9/7/19
 Policyholder's Signature
 Date & Time:

 9/7/19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 09/07/2019
 Reporting Centre Personnel's Signature
 Name: Rashid M Hassan
 NRIC/FIN No.:

Claim Handling

Accident HT/1883398

Policy No.	SI10026013	Vehicle No.	SKV608B	GST Registration No.	
Certificate No.					
Policyholder Name	RAYMOND YON JIZHAN	Cover Type	Third Party	Policyholder NRIC	S812988C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	3
Contact No. (Mobile)	96978840	Special Remarks		Contact No. (Home)	
Email Address		TCA	No Yes	eCode	No
ePK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Report Date	09/07/2019 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Crash Collision
Date of Accident	09/07/2019	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Damage Force		ICH No.	
Accident Location	SLE TOWARDS WOODLANDS NEAR LAMP POST 127F				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	0.00				

Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 55 #11-455	Address 2	TERAN GARDENS ROAD	Address 3	TERAN VIEW
Address 4	SINGAPORE 600558	Address Type	Singapore address	Post Code	600558
Unit No.	11-455	Related Policy Number	SI10026013		

Q1 Driver Info					
Driver Name	YON JIZHAN, RAYMOND (YANG JIZHAN, RAYMOND)	Driver Type	Man Driver	Driver DOB	15/08/1981
Unnamed Driver Name		Driver NRIC	S812988C	Driving Experience	16
Register Date of Driver License	05/06/2003	Driver Age	37	Contact No. (Home)	
Contact No. (Mobile)	96978840	Contact No. (Office)		Address 1	BLK 55 #11-455
Address 1	BLK 55 #11-455	Address 2	TERAN GARDENS ROAD	Address 3	TERAN VIEW
Address 4	SINGAPORE 600558	Address Type	Singapore address	Post Code	600558
Unit No.	11-455	Driver Vehicle No.	SKV608B	Driver Insurer Company	NTUC
Does he own a Singapore registered car?	Yes - No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 **New**

Claim Type *	OD-RX	Insured Name	RAYMOND YON JIZHAN	Insured NRIC	S812988C
Contact No. (Mobile)	96978840	Contact No. (Home)	86612677	Contact No. (Office)	
Email Address		OT		Vehicle Number	SKV608B
Claim Description		Vehicle Number	SKV608B	Vehicle Number	SKV608B
Preferred Workshop		Name of Preferred Workshop			
Repair Option	Insured Liability				
Date Reported	09/07/2019 16:39	Claim Close Date		Date Received	09/07/2019 00:00
Report Taken By	RDSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	HT/1883398	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	09/07/2019 16:40		
Path *		Category *	Confidential		
Choose File	No file chosen	Urgency *	Normal		
Choose File	No file chosen	Description *			
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Message Read					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Serial (CO)
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photo	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_810676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photo	Normal	Photos 2019-7-9	



NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006762 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006764 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006760 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:40	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:39	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:39	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:39	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:39	SAS	Normal	SAS 2019-7-9
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2019 16:38	NRIC Driving License	Normal	NRIC Driving License 2019-7-9

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: 09/07/2019 (DD/MM/YYYY), TIME: 08:47 (HH:MM)

LOCATION: SLE towards woodlands (Lampost number 177F)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 608B
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: S110026013
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Subaru Impreza 1.5 4door
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
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: Yon Sizhan Raymond (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S8129686C CONTACT: 96978840
C) ADDRESS: Blk 55 Teban Gardens road # 11-455
S'Pore 60055

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yon Sizhan Raymond (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8129686C CONTACT: 96978840
c) ADDRESS: Blk 55 Teban Gardens road # 11-455
S'Pore 60055

* d) DATE OF BIRTH: 15/09/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/06/2003

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: SLR 4048A MODEL: Mitsubishi ASX
b) DRIVER'S NAME: SOH HAN SENG
c) NRIC/FIN/PASSPORT: S7322505A CONTACT: +6564508612

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLV 2045A MODEL: Mazda
e) DRIVER'S NAME: CHEN CIFU
f) NRIC/FIN/PASSPORT: S8902506J CONTACT: -

10. vehicle number: SLD 2977E, Model: Subaru
Name: SARAH ONG KOEI FEN, Nric: S76317129

Email = raymondyon1981@gmail.com

VIDEO

* No of passengers
(including driver)
(2)

Female
passenger

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8129686C



For LKK/NAC Use Only

YON JIZHAN, RAYMOND
(YANG JIZHAN, RAYMOND)

杨纪展

Race
CHINESE
Date of birth
15-09-1981
Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8129686C
Name
YON JIZHAN, RAYMOND
(YANG JIZHAN, RAYMOND)
For LKK/NAC Use Only
Birth Date: 15 Sep 1981
Issue Date: 09 Jun 2003

000583 SE

4804750

NRIC No. S8129686C

For LKK/NAC Use Only

Date of issue
22-12-2011

APT BLK 55 TEBAN GARDENS ROAD #11-455
SINGAPORE 800055
NRIC No: S8129686C Date: 20/12/2015

CLASSIFIED DRIVING VEHICLE WITH THE FOLLOWING CLASSIFICATION

Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	09 Jun 2003
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	26 Aug 2003

For LKK/NAC Use Only

S8129686C S / No. 9000024019

License No: S8129686C

Hello, NAC_BUKIT_MERAH_800676

[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 checked="" type="radio"/>	5110026013		RAYMOND YON JIZHAN	S8129686C	GPC	Third Party	SKV608B	SKV608B	07/06/2019	16/03/2020