

NATIONAL Assessment Centre Services			
Date In: 16/07/2019 12:20	Job description	Date & Time Completed	Done by
Ref No: NA/20190125167	SAS e-filing		
Veh No: SM 3341E	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 16/07/2019 07:25	I-Motor Claim Form	ML/1053602-001	16/07/2019
OD (TP): Reporting Only	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		12:52
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMA 3341E	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/1905270	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Assessor's Comment(s):	For claiming against INC Only (wef 10 Jan 2019)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idno DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	9) NI: Idno Mobile \$30		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N1): TP (N in INC) against INC \$20		
	Invoice dated	Pen Charged	
	Invoice dated	Pen 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	16/07/2019 12:20
Date Of Accident	16/07/2019 07:25
Exact Location Of Accident	AYE (TUAS) AFTER SOUTH BUONA VISTA ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3341E
Insured/Policyholder	
Name Of Registered Owner	ANG KWANG WEE
NRIC No	S1466760A
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97503494
Alternative Phone No	OTHERS-97503494

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (A)
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	5108601748
Cover Note Number	

Driver

Name of Driver	ANG KWANG WEE
NRIC No	S1466760A
Date Of Birth	22/01/1961
Occupation	INDOOR
Date Of Driving Pass	14/07/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97503494
Fax Number	
Contact Number	OTHERS-97503494
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 121 POTONG PASIR AVENUE 1 17-291
Postcode	1335
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	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	SMA3811Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW SER HOCK
NRIC/Passport Number	S1306003G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN

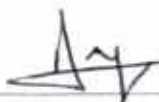
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies 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:

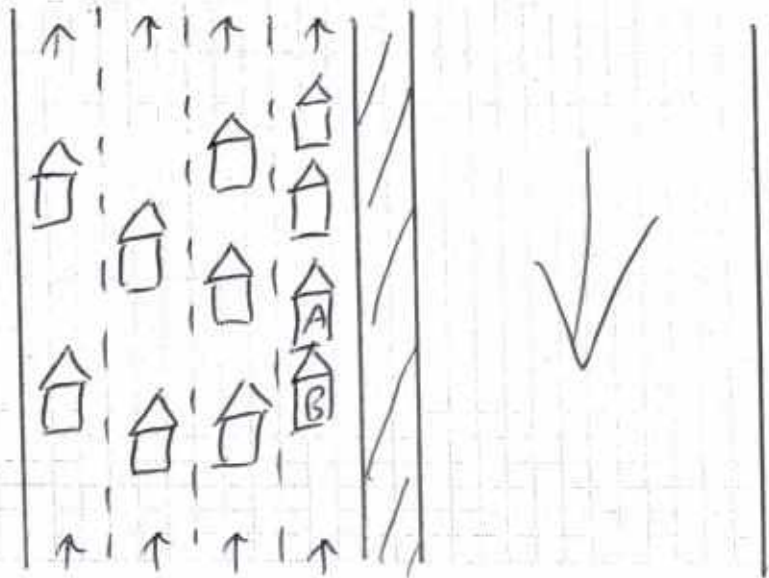

Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

AYE (Tuas)
After
South Buona
Vista Road
Exit ~~Exit~~

(A) SLN 3341E
(B) SMA 3811Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE (Tuas) After South Buona Vista Road Exit.

The cars in front of me slowed down and stopped due to heavy traffic and speed camera ahead.

I also slowed down and came to a complete stop too.

However, vehicle (B) came from behind and hit my car (A).

We exchanged particulars after we alighted.

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 RT/1003602

Policy No.	S108601748	Vehicle No.	SUN3241E	GST Registration No.	
Certificate No.					
Policyholder Name	ANG KWANG WEE	Policyholder NRIC	S1466760A		
Product Code	PRIVATE CAR INSURANCE	Leading	0		
Contact No.(Mobile)	87503494	Contact No.(Office)			
Email Address		Contact No.(Home)			
		eCode	No		
KFE	<input type="checkbox"/> No <input type="checkbox"/> Yes	Special Remark			
NCD Protection	No	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
		NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	16/07/2019 12:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	16/07/2019	Time of Accident (hh:mm)	07:23	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (TUAS) AFTER SOUTH BUONA VISTA ROAD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 121 #17-291	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350121
Address 4		Address Type	Singapore address	Post Code	350121
Unit No.		Related Policy Number	S108601748		

OI Driver Info

Driver Name	ANG KWANG WEE	Driver Type	Main Driver	Driver DOB	22/01/1961
Unnamed driver Name		Driver NRIC	S1466760A	Driving Experience	30
Register Date of Driver License	01/05/1989	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	87503494	Contact No.(Office)		Address 3	SINGAPORE 350121
Address 1	BLK 121 #17-291	Address 2	POTONG PASIR AVENUE 1	Post Code	350121
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.		Driver Insurer Company	

Declaration

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

Claim 001 **Next**

Claim Type *	OD-RO	Insured Name	ANG KWANG WEE	Insured NRIC	S1466760A
Contact No.(Mobile)	87503494	Contact No.(Home)	8287588H	Contact No.(Office)	
Email Address	kwangwee@sigmat.com.sg	OT	SUN3241E	TP Vehicle Number	SHA3811Y
Claim Description	SUN3241E / SHA3811Y ON 16 Jul 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	16/07/2019 12:51	Claim Close Date		Date Received	16/07/2019 00:00
Report Taken By	ROSIL WAHAB				

☐ Print Ack letter

Save Submit

Attachment

Accident No.	RT/1003602	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2019 12:52

Path *

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

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Jul 2019 12:52	Photos	Normal	Photos 2019-7-16		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Jul 2019 12:52	Photos	Normal	Photos 2019-7-16		



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:52	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:52	Photos	Normal	Photos 2019-7-16
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:51	Photos	Normal	Photos 2019-7-16
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:51	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:51	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:51	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:51	SAS	Normal	SAS 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 12:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16

Video List

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

PERSONAL PARTICULARS

Date of Accident: 16/07/2019 Time of Accident: 7:25am (24Hrs)
Vehicle No: SLN 334IE Vehicle Make/Model: Nissan X-Trail 2.0
Exact Location of Accident: AYE (Tuas) After ^{504th} Buona Vista Road Exit
Owner's Name/NRIC: Ang Kwang Wee / S1466760A
Driver's Name/NRIC: Ang Kwang Wee / S1466760A
Driver's Contact: 97503494 Insurance Co & Policy No: N Tuc
Driver's Email Address: hancarrepaars@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Low Ser Hock / S13060036 Vehicle No: SMA 38114

Insurance Company: _____ Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE

Identity Card No. S1466760A

ANG KWANG WEE

For LKK/NAC Use Only

Birth Date: 22 Jan 1961

Issue Date: 10 May 2003

000469717F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1466760A



For LKK/NAC Use Only



ANG KWANG WEE

洪廣為

Race

CHINESE

Date of Birth

22-01-1961

Country of Birth

SINGAPORE

Sex

M



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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Jan 1990
Class 2A	Motorcycles between 201 cc and 400 cc	05 Jan 1990
Class 2	Motorcycles exceeding 400 cc	05 Jan 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Jul 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Nov 1990
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 750 kilograms	25 Nov 1990

For LKK/NAC Use Only

NP-426A

License No: S1466760A



1715957

NRC NO. S1466760A



For LKK/NAC Use Only

Boat Group Date of Issue

A+ 24-02-1994

Address

APT BLK 121 POTONG PASIR AVENUE 1
#17-291
SINGAPORE 1335

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108601748

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLN3341E**
Chassis Number : JN1JANT32Z0003185
2. Name of Policyholder : ANG KWANG WEE
3. Effective Date of Insurance : 28 Apr 2019
4. Expiry Date of Insurance : 27 Apr 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG KWANG WEE
NAMED DRIVER (1)	: ANG KO HONG
NAMED DRIVER (2)	: ANG CHUI HIA, MELANIE
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 02 Apr 2019 12:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive