

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA1190927

Date In: 19/1/14-16:41	Job description	Date & Time Completed	Done by
Ref No: NA/ML14/128/14/14	SAS e-filing		
Veh No: JV 3949A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/14-22:00	i-Motor Claim Form	ML1054WS-001	19/1/14 14:58
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: Vch No: JV 3949B 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% P: 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA1190927

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Est Bill	Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100); INC (\$80)			
3) TF : Towing Fee \$40/\$45			
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:-			
OP*			
*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 \$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	19/07/2019 16:41
Date Of Accident	18/07/2019 20:00
Exact Location Of Accident	JUNC CECIL ST & CHURCH ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3949A
Insured/Policyholder	
Name Of Registered Owner	3 CAR LEASING SERVICES
Co Reg No	53330312E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93840086
Alternative Phone No	OFFICE-93840086

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5078206037-03
Cover Note Number	

Driver

Name of Driver	WANG JOO YIH (WANG YUYI)
NRIC No	S7218156E
Date Of Birth	26/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840086
Fax Number	
Contact Number	OFFICE-93840086
EMail Address	NOEMAIL

Address	BLK 9 HOLAND AVENUE #13-68
Postcode	272009
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 - CROSS JUNCTION
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?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LEFT SIDE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV49B
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)

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.

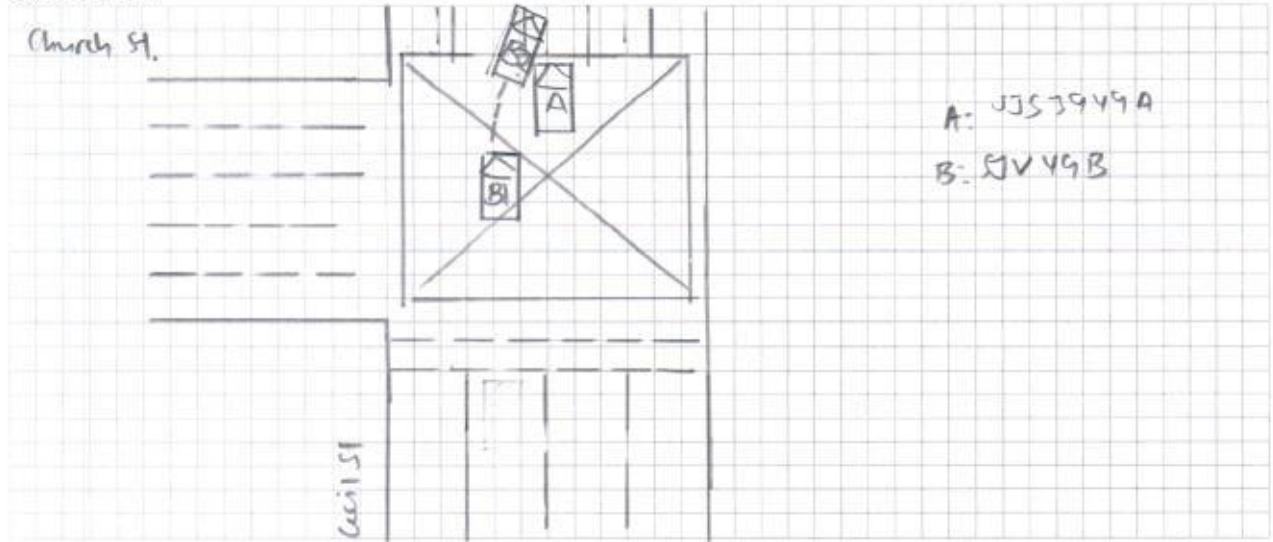


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:

[Handwritten signature]

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

[Handwritten signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7218156E**

Name
**WANG JOO YIH
(WANG YUYI)**

Birth Date **26 May 1972**
Issue Date **31 Oct 2006**

001454692F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7218156E**

Name
**WANG JOO YIH
(WANG YUYI)
王裕艺**

Race
CHINESE

Date of birth **26-05-1972** Sex **M**

Country of birth
SINGAPORE

For LKK/NAC Use Only

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

		PASS DATE
Class 2B	Motorcycles ≤ 200 cc	02 Jun 1992
Class 2A	Motorcycles between 201 cc and 400 cc	17 Aug 1993
Class 2	Motorcycles > 400 cc	31 Mar 1995
Class 3	Motor Cars ≤ 3050kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	20 Mar 1997

NP 428A

Licence No: **S7218156E**

3960048

NRIC No: **S7218156E**

Date of issue
30-10-2006

**APT BLK 9 HOLLAND AVENUE #13-68
SINGAPORE 272009**

NRIC No: **S7218156E** Date: **03/05/2016**

For LKK/NAC Use Only

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078206037-03		3 CAR LEASING SERVICES	53330312E	GFT	drive CLASSIC	SJS3949A	SJS3949A	08/03/2019	

Continue

Policy Information

Policy No.	5078206037-03	Policyholder Name	3 CAR LEASING SERVICES	Policyholder NRIC	53330312E
Certificate No.					
Address	BLK 9 #13-68 HOLLAND AVENUE SINGAPORE 272009				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/03/2019	Effective Date	08/03/2019 00:00	Expiry Date	07/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		Young/Inexperience Driver Excess
Agent	DQ INSURE	Agent Tel.	64522788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 9 #13-68	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 272009
Address 4		Address Type	Singapore address	Post Code	272009
Unit No.	13-68	Related Policy Number	5078206037-03		

Insured Object: SJS3949A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/03/2019 00:00	Basic Information Endorsement	000001287039001	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJP6425R 27-03-2019 \$1,186.50 In view of this amendment, a refund of \$1,186.50 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKN1620A 13-04-2019 \$1,125.29 In view of this amendment, an additional premium of \$1,125.29 (inclusive of GST) is payable under your 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 the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	11/04/2019 00:00	Basic Information Endorsement	000001287047552	Endorsement Take Effective	

Claim Handling

- Exit

Accident MT/1054225

Policy No.	5078206037-03	Vehicle No.	S1S3949A	GST Registration No.	
Certificate No.					
Policyholder Name	3 CAR LEASING SERVICES			Policyholder NRIC	53330312E
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93840086	Contact No.(Office)	0	Contact No.(Home)	0
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	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	19/07/2019 19:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	18/07/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG CECIL ST & CHURCH ST				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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	19/07/2019 19:57:40 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 9 #13-68	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 272009
Address 4		Address Type	Singapore address	Post Code	272009
Unit No.	13-68	Related Policy Number	5078206037-03		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/05/1972
Unnamed driver Name	WANG JOO YIH (WANG YUYI)	Driver NRIC	57218156E	Driving Experience	22
Register Date of Driver License	20/03/1997	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	93840086	Contact No.(Office)	0	Address 3	SINGAPORE 272009
Address 1	BLK 9	Address 2	HOLLAND AVENUE	Post Code	272009
Address 4		Address Type	Singapore address		
Unit No.	13-68				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 **New**

Claim Type *	OD-Mx	Insured Name	3 CAR LEASING SERVICES	Insured NRIC	53330312E
Contact No.(Mobile)	97573743	Contact No.(Home)		Contact No.(Office)	+
Email Address		OT Vehicle Number	S1S3949A	TP Vehicle Number	57V498
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC			
Claimant Address					
Claim Description	S1S3949A / 57V498 ON 18 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/07/2019 19:58	Claim Close Date		Date Received	19/07/2019 00:00
Report Taken By	Jackson				

☐ Print AX letter

Save Submit

Attachment

Accident No.	MT/1054225	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/07/2019 19:59

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

Browse...

Browse...

Browse...

Clear
Please Select
NO
Normal

Clear
Please Select
NO
Normal

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:59	SAS	Normal	SAS 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit
	NAC_PAYA_LBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jul 2019 19:58	Photos	Normal	Photos 2019-7-19		Edit

Video List

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