

# NATIONAL Assessment Centre Services.

[part 1 Jan'09]

MMA 120022175

Date In: 1912120 09:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI INC 20002820/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: STK 38048	I-Motor Claim Form	MT/1084943 <sup>001</sup>	19/12/20 10:54
DDA: 1812120 13:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> TP Reporting Only	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:

SMM 5843D.

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 repolar.

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

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

Remarks: (INC 100106700 6016)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time:

Action:

Date/Time:

Action:

Date/Time:

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NA2001489

Invoice Itemization Checklist

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (over 10 Jan 2005)	
6) TR: Re-Inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
Q1:	
*N5: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TP (Nil): TP (Non INC) against INC	\$20
9) NI2: Idao 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	19/02/2020 09:06
Date Of Accident	18/02/2020 13:50
Exact Location Of Accident	5 SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK3804B
Insured/Policyholder	
Name Of Registered Owner	NICKY ANG MAO XUAN
NRIC No	SXXXX409E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90787000
Alternative Phone No	OFFICE-90787000
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104986366-01
Cover Note Number	
Driver	
Name of Driver	ONG YAN HENG
NRIC No	SXXXX724Z
Date Of Birth	21/11/1994
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97274902
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 112 TAMPINES ST 11 #03-181
Postcode	521112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	6
Passenger 1	NAME: : NG KANG KEAT GENDER: : MALE
Passenger 2	NAME: : JACINTA CHUANG TZE CHENG GENDER: : FEMALE
Passenger 3	NAME: : NG CHEE YIN GENDER: : FEMALE
Passenger 4	NAME: : KOH CHUN HOWE GENDER: : MALE
Passenger 5	NAME: : NICKY ANG MAO XUAN 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

REFER TO STATEMENT.

#### 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	SMM5843D
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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)

#### DETAILS OF INJURED PERSON 1

Name NICKY ANG MAO XUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK3804B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name ONG YAN HENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK3804B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name NG KANG KEAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK3804B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name JACINTA CHUANG TZE CHENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK3804B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



**DETAILS OF INJURED PERSON 5**

Name	NG CHEE YIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK3804B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 6**

Name	KOH CHUN HOWE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK3804B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

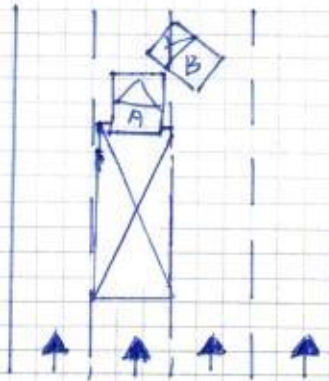
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Vehicle A: SJK3804B  
Vehicle B: SMM5843D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time. I, vehicle A  
was travelling straight on the stated venue. Suddenly vehicle B  
cut into my lane & hit onto my vehicle right portion.

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.:



Date of Accident : 18/2/2020 Accident Time: 13:50hrs (24-HR-Format)  
 Accident Place : 5 Serangoon Rd  
 Vehicle No. (Car Plate No.) : SJK 3804B Make/Model: Honda Stream  
 Insurance Company : NTUC Policy No: 510 4986366 -01  
 Owner or Company Name /IC No. : Nicky Ang mao xuan (S9427409E)  
 Owner or Company Contact No. : 9078 7000 Owner's Hp - Company Tel  
 DRIVER'S Name / IC No. : Ong Yan Heng (S9442724Z)  
 DRIVER'S Date Of Birth : 21/1/1994 DRIVER'S License Pass Date 17 Nov 2015  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friend  
 DRIVER'S Address : Blk 112 Tampines St 11 #03-181 (S)521112  
 DRIVER'S Contact No / Alt No. : 1) 9727 4902 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address :  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 06  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Driver & passenger

**Other Party Driver's Particular (if any)**

Vehicle No: Smm 5843D (B)	Vehicle No: _____
Vehicle Make/Model: BMW X3	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

- ① Ng Kang Keat (M)
- ② Jacinta Chiang Tze Cheng (F)
- ③ Ng Chee Rin (F)
- ④ Koh Chun Howe (M)
- ⑤ Nicky Ang mao xuan (M)



## 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:** S104986366-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJK3804B**  
 Chassis Number : JHMRN684085205755
2. Name of Policyholder : NICKY ANG MAO XUAN
3. Effective Date of Insurance : 25 Oct 2019
4. Expiry Date of Insurance : 24 Oct 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NICKY ANG MAO XUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 15 Oct 2019 11:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1084943

Policy No.	5104986366-01	Vehicle No.	SJK3804B	GST Registration No.	
Certificate No.					
Policyholder Name	NICKY ANG MAO XUAN	Cover Type	drive CLASSIC	Policyholder NRIC	S9427409E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90787000	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>▼ Accident Details</b>					
Report Date	19/02/2020 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	18/02/2020	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	5 SERANGOON RD				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	45 SENNETT LANE	Address 2	EAST COAST HILL	Address 3	SINGAPORE 466939
Address 4		Address Type	Singapore address	Post Code	466939
Unit No.		Related Policy Number	5104986366-01		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/11/1994
Unnamed driver Name	DNG YAN HENG	Driver NRIC	SXXXX724Z	Driving Experience	4
Register Date of Driver License	17/11/2015	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	97274902	Contact No.(Office)		Address 3	SINGAPORE 521112
Address 1	BLK 112 #03-181	Address 2	TAMPINES STREET 11	Post Code	521112
Address 4		Address Type	Singapore address		
Unit No.	03-181				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NICKY ANG MAO XUAN	Insured NRIC	S9427409E
Contact No.(Mobile)	90787000	Contact No. (Home)		Contact No. (Office)	
Email Address	NICKYANG2076@HOTMAIL.COM	OI Vehicle Number	SJK3804B	TP Vehicle Number	SMM58
Claim Description	SJK3804B / SMM5843D ON 18 Feb 2020			Name of Preferred Workshop	
Preferred Workshop Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault	GIA report	Received
Date Registered	19/02/2020 10:53	Claim Close Date		Date Received	19/02/2020
Report Taken By	LEW SHAN HU				
<input checked="" type="checkbox"/> Print AK letter					














Save Submit

## Attachment

Accident No.	MT/1084943	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2020 10:54
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
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	M:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	SAS		Normal	SAS 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2020 10:53	Photos		Normal	Photos 2020-2-19	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>			