

NATIONAL Assessment Centre Services [wef 1 Jan'05] MLA 2003399

| | | | |
|---------------------------------|--|------------------------|----------------------|
| Date In: <u>17/3/20-10:14</u> | Job description | Date & Time Completed | Done by |
| Ref No: <u>NA/INC2004094/24</u> | SAS e-filing | | |
| Veh No: <u>JK8425</u> | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : <u>16/3/20-09:50</u> | i-Motor Claim Form | <u>17/11088487-001</u> | <u>17/3/20 10:35</u> |
| OD : <u>TP</u> 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: JK8425 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist: | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|-----------|
| | | Est. Bill | Add. Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| Est. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Est. 2 / 3: | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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 30 | | |
| | 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 | 17/03/2020 10:14 |
| Date Of Accident | 16/03/2020 09:50 |
| Exact Location Of Accident | BLK 490B TAMPINES ST 45 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJK8420S |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG SWEE BOON |
| NRIC No | SXXXX556F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92338751 |
| Alternative Phone No | OFFICE-92338751 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | FIT 1.3G 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 | 5105035082-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | ANG SWEE BOON (HONG RUIWEN) |
| NRIC No | SXXXX556F |
| Date Of Birth | 02/06/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/01/2009 |
| Driving Experience | 11 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92338751 |
| Fax Number | |
| Contact Number | OFFICE-92338751 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 174 ANG MO KIO AVENUE 4 #05-651 |
| Postcode | 560174 |
| 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? | |
| 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

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 | SHA3875Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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:

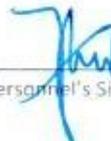
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 03 / 2020) (DD/MM/YYYY), TIME: (09 : 52) (HH:MM)

LOCATION: carpark of 490B Tampines St 45

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK8420 S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: honda fit
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private
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: Ang Swee Boon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6819556F CONTACT: 9233 8751
c) ADDRESS: 174 Ang Mo Kio Ave 4, #05-651 S(560174)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(01)

DRIVER

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

*d) DATE OF BIRTH: (02 / 06 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

No of passenger
(including driver)
(01) male

a) VEHICLE NUMBER: SHH3875Y MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

No of passenger
(including driver)
()

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

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"/> | 5105035082-01 | | ANG SWEE BOON | 58819556F | GPC | drive CLASSIC | SJK8420S | SJK8420S | 05/11/2019 | 04/11/2020 |

Continue

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5105035082-01 | Policyholder Name | ANG SWEE BOON | Policyholder NRIC | S8819556F |
| Certificate No. | | | | | |
| Address | BLK 174 #05-651 ANG MO KIO AVENUE 4 SINGAPORE 560174 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 23/10/2019 | Effective Date | 05/11/2019 00:00 | Expiry Date | 04/11/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | S & M ALLIANCE PTE LTD | Agent Tel. | 96354288 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | BLK 174 #05-651 | Address 2 | ANG MO KIO AVENUE 4 | Address 3 | SINGAPORE 560174 |
| Address 4 | | Address Type | Singapore address | Post Code | 560174 |
| Unit No. | | Related Policy Number | 5105035082-01 | | |

Insured Object: SJK8420S

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue Cancel

Claim Handling

Accident MT/1088487

| | | | | | |
|----------------------------------|---|-------------------------------|---|----------------------|------------|
| Policy No. | S105035082-01 | Vehicle No. | SJKB4205 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ANG SWEE BOON | | | Policyholder NRIC | S8819556F |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 92338751 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | TR |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| MCD Protection | No | MCD Entitlement(%) | 10 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 17/03/2020 10:33 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 16/03/2020 | Time of Accident hh:mm | 09:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 490B TAMPINES ST 45 CARPARK | | | | |
| ▼ 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 |
| YIED OD Excess | 0.00 | YIED 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 174 #05-651 | Address 2 | ANG MO KID AVENUE 4 | Address 3 | SINGAPORE 560174 |
| Address 4 | | Address Type | Singapore address | Post Code | 560174 |
| Unit No. | | Related Policy Number | S105035082-01 | | |

▼ OJ Driver Info

| | | | | | |
|---|---|---------------------|---------------------|------------------------|------------------|
| Driver Name | ANG SWEE BOON | Driver Type | Main Driver | Driver DOB | 02/06/1988 |
| Unnamed driver Name | | Driver NRIC | S8819556F | Driving Experience | 11 |
| Register Date of Driver License | 28/01/2009 | Driver Age | 31 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 92338751 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 560174 |
| Address 1 | BLK 174 | Address 2 | ANG MO KID AVENUE 4 | Post Code | 560174 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 05-651 | | | | |
| 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 |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | ANG SWEE BOON | Insured NRIC | S8819556F |
| Contact No.(Mobile) | 92338751 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | hanyise@hotmail.com | OJ Vehicle Number | SJKB4205 | TP Vehicle Number | SHA3875Y |
| Claimant Type Claimant Type* | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SJKB4205 / SHA3875Y ON 16 Mar 2020 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GSA report | Received |
| Date Registered | 17/03/2020 10:35 | Claim Close Date | | Date Received | 17/03/2020 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1088487 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/03/2020 10:37 |
| Path * | Browse... | Category * | Please Select |
| | Browse... | Confidential | NO |
| | Browse... | Urgency * | Normal |
| | Browse... | Description * | |
| | Browse... | | |
| | Browse... | | |
| | Browse... | | |

Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|------------|---|-----------------------|---------|---------------------------------|----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:37 | NRIC/ Driving License | Normal | NRIC/ Driving License 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | SAS | Normal | SAS 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Mar 2020 10:36 | Photos | Normal | Photos 2020-3-17 | |

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"/> | | | | |