NATIONAL Assessment Centre Services. MNA4200052458

	Job description	Date & Time Completed	Done by
Date In: 18/06/2020 15:57	SAS e-filing		
Ref No: NBA/ZUC20006486N	E-mail (Within 8hrs, A/C 4hrs)		
Veh No: SJQ 8201B	I-Motor Claim Form	M7110994679-002	18/06/2020 16:21
DOA: 17/06/2020 16:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkshp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: SML 3046 . 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 Cost ( )

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > $3000) ( )

Injury :

NA2003155

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice items			
1) AR : Accident Reporting ($30)	INC ($10)		
2) DA : Damage Assessment ($100)	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2008) For claiming against INC Only	$35		
6) TR : Re-Inspection	$100		
7) NI : New DA + SMRT Survey			
8) NTUC Additional Services:			
OR	$3		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$10		
TP (NII) TP (Non INC) against INC	30		
9) NIT: New Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA420052458 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 18/06/2020 15:57
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	18/06/2020 15:57
Date Of Accident	17/06/2020 16:45
Exact Location Of Accident	ALONG TANGLIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8201B

Insured/Policyholder

Name Of Registered Owner	ANG XIN YONG RICKY(HONG XINYONG)
NRIC No	SXXXX438G
Email Address	RICKYANGXINYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98801060
Alternative Phone No	OTHERS-98801060

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109046081-01
Cover Note Number	

Driver

Name of Driver	ANG XIN YONG RICKY(HONG XINYONG)
NRIC No	SXXXX438G
Date Of Birth	04/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2010
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98801060
Fax Number	
Contact Number	OTHERS-98801060
EMail Address	RICKYANGXINYONG@GMAIL.COM

Address	BLK 391 BUKIT BATOK WEST AVENUE 5 #10-422
Postcode	650391
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	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	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML304G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH YONG MONG
NRIC/Passport Number	SXXXX035E
Contact Number	90055495
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**.
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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.

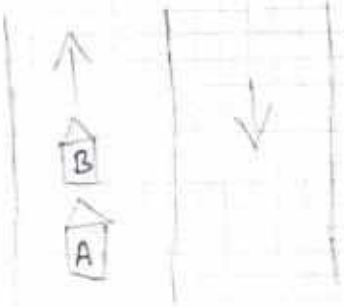
Policyholder's Signature
Date & Time: 18/06/2020 / 1435 hrs

Driver's Signature
(if driver is not the policyholder)
Date & Time: 18/06/2020 / 1435 hrs

18/06/2020
Reporting Centre Personnel's Signature
Name: ROSL WATSON
NRIC/FIN No.:

SKETCH PLAN

ALONG TANGLIN ROAD



A = SJQ 8201B

B = SML 304G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tanglin Road while accident happen. The vehicle suddenly came to a stop and I hit onto the rear part of the vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 18/06/2020 1435hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/06/2020 / 1435hrs

18/06/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (17/06/2020) (DD/MM/YYYY), TIME: (16:45) (HHMM)

LOCATION: Tanglin Rd

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJB8201B
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5109QA6081-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA VIOS
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
   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 XIN YONG, RICKY (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S8728438G CONTACT: 98801060
   c) ADDRESS: BIK 391 BUKIT BATOK WEST AVE 5 #10-422 S(650391)

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (01)

3. DRIVER
   c) NAME: ANG XIN YONG, RICKY (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S8728438G CONTACT: 98801060
   c) ADDRESS: BIK 391 BUKIT BATOK WEST AVE 5 #10-422 S(650391)
   *d) DATE OF BIRTH: (04/09/1987) (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 10 yrs

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~~) NO
   IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SMK 3046 MODEL:
   b) DRIVER'S NAME: KOH YONG MONG
   c) NRIC/FIN/PASSPORT: S6411035E CONTACT: 9005 5495

No of passenger (including driver) (01)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) ( )

email = rickyangxinyong@gmail.com

fax =

VIDEO = Yes.

Claim Handling

Accident MT/1004679

Policy No.	5109046091-01	Vehicle No.	SJQ8201B	GST Registration No.	
Certificate No.					
Policyholder Name	ANG KIN YONG RICKY			Policyholder NRIC	S8728438G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Wiw CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ARI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

Accident Details

Report Date	18/06/2020 09:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/06/2020	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Receiving Centre		Orange Force		ICM No.	
Accident Location	TANGLIN ROAD				

Total Excess Applicable

Excess Type	Per Accident	Withdrawn Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIEO OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

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 301 #10-422	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GOODVIEW GARDENS
Address 4	SINGAPORE 650301	Address Type	Singapore address	Post Code	650301
Unit No.	10-422	Related Policy Number	5109046091-01		

OI Driver Info

Driver Name	ANG KIN YONG, RICKY	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8728438G	Driver DOB	04/06/1967
Register Date of Driver License	26/04/2010	Driver Age	52	Driving Experience	10
Contact No.(Mobile)	98801060	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 301 #10-422	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GOODVIEW GARDENS
Address 4	SINGAPORE 650301	Address Type	Singapore address	Post Code	650301
Unit No.	10-422				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	ANG KIN YONG RICKY	Insured NRIC	S8728438G
Contact No.(Mobile)	98801060	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Oi Vehicle Number	SJQ8201B	TP Vehicle Number	SHL3049
Claim Description	SJQ8201B / SHL3049 On 17 Jun 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Redirect to Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			18/06/2020 16:00	Claim Close Date	
Report Taken By			ROSLI WAHAB	Workshop Repairer	
				Date Received	18/06/2020 0
				Total Loss But Repaired	

Print as letter

Save Submit

Attachment

Accident No.	MT/1004679	Claim No.	002
Last Doc. Received	Yes No	Upload Date	18/06/2020 16:21

Path *

		Category *	Confidential	Urgency *	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

Save A

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CC)
	NAC_BUKIT_MERAH_60067(L NATIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Photos 2020-6-18	

	S (BUKIT MERAH)) on 18 Jun 2020 16:21				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:21	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:21	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:21	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:21	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:17	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:17	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:17	Photos		Normal	Photos 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2020 16:17	SAS		Normal	SAS 2020-6-18

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJQ8201B
Date of Accident 18/06/2020 14:22
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5109046081-01		ANG XIN YONG RICKY	S8728438G	GPC	drive CLASSIC	SJQ8201B	SJQ8201B	28/05/2020	27/05/2021

Continue