

# NATIONAL Assessment Centre Services.

part 1 Jan 2005. **SM0820070001**

Date In: <b>28/12/2020</b> <b>13:26</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC200/4784/x</b>	SAS e-filing		
Veh No: <b>SMX 781</b>	E-trail (2 data sheet, A/C sheet)		
D.O.A. <b>28/12/2020</b> <b>15:30</b>	I-Motor Claim Form	<b>MT/111583-001</b>	<b>29/12/2020</b> <b>13:48</b>
<b>OD</b> TP / Reporting Only	I-Motor W/O (with/od sheet, TP sheet)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLian		

Preferred Wkep / INC Assign Wkep / QW: ( <b>Performance Motor</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>UNKNOWN</b>	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 ( )	
( ) 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: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>NA2100589</b>	Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:		3) TP: Towing Fee \$120	
QC Checked by (Engn-In-Charge):		4) PT: Follow-Through Survey \$30	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + SMRT Survey \$160	
		8) NIUC Additional Services	
		ON:	
		* NS: Courtesy Car / Tpl Allowance \$3	
		* NS: Repairs Coordination \$10	
		* TP: Post Repair Inspection \$25	
		* NS: DV / Collect License Coordination \$3	
		TP (NIUC) / TP (NIUC) against D/G \$30	
		3) NIUC: Idea Mobile	
		Invoice dated	
		Invoice dated	



## 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 Submission	29/12/2020 13:26 (SGT)
Date of Accident	28/12/2020 15:30 (SGT)
Exact Location of Accident	227 Lor 8 Toa Payoh, Block 227, Singapore 310227
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX708L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG KOK HOW (HONG GUOHAO)
NRIC No	SXXXX434G
Email Address	stanleyang1987@gmail.com
Mobile Phone No	(Phone) +65-90473114
Alternative Phone No	+65-90473114

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
Variant	-
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?	Yes
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119448391
Cover Note Number	-

### DRIVER

Name of Driver	ANG KOK HOW (HONG GUOHAO)
NRIC No	SXXXX434G

Date Of Driving Pass	07/08/1987
Driving experience	33 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90473114
Alt. Phone Number	+65-90473114
Email Address	stanleyang1987@gmail.com
Address	BLK 155 JALAN TECK WHYE
Address complement	#04-61
Postcode	680155
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	FRIEND
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS HEAD TO SIDE)

#### 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-



## 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 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.
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.

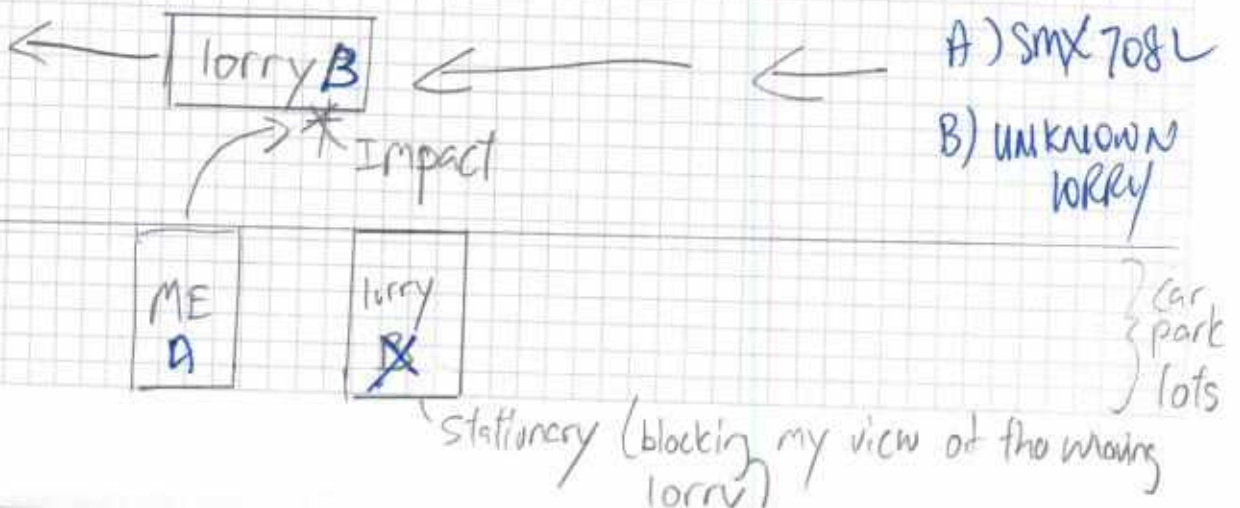
Policyholder's Signature / Date & Time  
10.30am

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

Witnessed by Reporting Centre Personnel

Sketch Plan

227 Lor 8 200 Payon OPEN CARPARK



### Describe Circumstances of the Accident

I was rolling out of my car lot when my car hit a moving lorry that is traveling across the carpark. Lorry X was parked beside me and blocking my view. Lorry B was traveling in the blind spot, even though I drove my car out slowly, the timing of lorry B's path was coincidentally close to my movement.

My car hit the rear <sup>left</sup> end of lorry B. Because lorry B tried to swerve away from direct head on impact.

In the end, there was minimal damage to lorry A and the driver decided not to claim against me.

Date of accident 28/12/2020

Time 3:30 pm

Location 227 Tanjong Pagar Road 8 carpark

### Declaration


We declare the foregoing particulars are true in every respect.

 29/12/2020

Policyholder's Signature / Date & Time

10:30 am

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

 29/12/2020

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 28/12/2020 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: 227 Lorong 8 Toa Payoh

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMX 708L  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5119448391  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 420i  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: Angela Ickle How (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S87234346 CONTACT: 90473114  
 c) ADDRESS: 155 Jalan Teck Whye #04-61, S(680155)

## \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: AS BROOK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 07/08/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/07/2007

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

- a) VEHICLE NUMBER: N.A MODEL: LORRY  
 b) DRIVER'S NAME: N.A  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

stanleyang1987@gmail.com  
 Email = han.kuan.yong@sime-darby.com.sg  
 VIDEO

Performance motor

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

02 Dec 2020

Our ref 0212200203N061018871

ANG KOK HOW (HONG GUOHAO)  
APT BLK 155 JALAN TECK WHYE  
#04-61  
SINGAPORE 680155

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMV7140M  
With SMX708L**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMV7140M, now has the number SMX708L.

The vehicle details after the transaction are:

Transaction No. : 20201202132908071060  
Vehicle Registration No. : SMX708L (Previously SMV7140M)  
Vehicle Make : B.M.W.  
Vehicle Model : 420I COUPE LED SR NAV  
Chassis No. : WBA4S32070AG13544  
Engine No./ Motor No. : G2811986B48B20A / -

**What You Need To Do:**

- You must show the new number SMX708L on your vehicle by 05 Dec 2020.

Please change the number plates on this vehicle to show SMX708L by 05 Dec 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.



Visit [www.onemotoring.com.sg](http://www.onemotoring.com.sg) for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit [www.singpass.gov.sg](http://www.singpass.gov.sg) or [www.corppass.gov.sg](http://www.corppass.gov.sg).

Yours sincerely

Assistant Registrar of Vehicles  
Vehicle Quota & Registration Division  
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!

## Claim Handling

Accident MT/1115393

Policy No.	5119448391	Vehicle No.	SMV7140M	GST Registration No.
Certificate No.				
Policyholder Name	ANG KOK HOW			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	90473114	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## Accident Details

Report Date	29/12/2020 13:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/12/2020	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 277 TOA PAYOH LOR B OPEN CARPARK			

## Total Excess Applicable

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

## Benefits

Coverage	Sum Insured
Accessory	2000

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 155 #04-61	Address 2	JALAN TECK WHYE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-61	Related Policy Number	5115448391	

## OI Driver Info

Driver Name	ANG KOK HOW (HONG GUOHAO)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8723434G	Driver DOB
Register Date of Driver License	10/07/2007	Driver Age	33	Driving Experience
Contact No.(Mobile)	90473114	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 155 #04-61	Address 2	JALAN TECK WHYE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-61			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMX708L	Driver Insurer Comp.

## Declaration

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

Claim 001 New

Claim Type *	OD-MD	Insured Name	ANG KOK
Contact No.(Mobile)	90473114	Contact No.(Home)	
Email Address	gac.contactus@gmail.com	Vehicle Number	SMV7140
Claim Description	SMV7140M / UNKNOWN ON 28 Dec 2020		

Preferred Workshop	Yes	Insured Liability	Preferred Repair	Preferred Workshop (refer below)	GIA report	Received
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Claim Handling(accident reporting Claim Task )

Options

Claim  
Close  
Date

ROSLI WAHAB

[Print AK letter](#)

Save Submit

## Attachment

MT/1115393

☒ Yes ☐ No

001

29/12/2020 13:45

Path •

Category \*

Confidential

Please Select

☐ NO

Clear

Please Select

NO

Clear

Please Select

NO

Please Select

NO

Clear

Please Select

NO

Class

Please Select

1997

Shirley Hall

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:45	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:45	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:45	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:45	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:45	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:44	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:44	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:44	Photos		Normal	Photos 2f
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:43	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:43	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:43	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:43	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 13:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic

Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

## Policy Query

Policy No.

5119448391

Date of Accident

28/12/2020 11:22

Vehicle No. (For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5119448391		ANG KOK HOW	58723434G	GPC	drive PREMIUM	SMV7140M	SMV7140M	16/10/2020	15/10/2021



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN0820CT0001 Vehicle Registration No: SMX 708 L  
Name (as shown in NRIC) Ang Kok Han (Houk Goo Hao) NRIC/FIN/Passport No : Sxxxx434G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 90673114  
Email Address : \_\_\_\_\_  
Date of Accident : 28/12/2020 Time of Accident : 15:30  
Place of Accident : Blk 277 Lor 8 Toa Payoh Oppn Car Park  
Insurance Company: NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle number is SMX 708 L

Policyholder / Driver's Signature  
Date:

29/12/2020  
Reporting Centre Personnel's Signature  
Name: Radi Loo