

NATIONAL Assessment Centre Services

Part 1 (20100)

NA#417158197

Date In: 30/11/2017 16:14	Job description	Date & Time Completed	Date by
Ref No: NBB/MC/17022818/1	SAS e-filing		
Yeh No: SJP 6482A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 29/11/2017 10:50	I-Motor Claim Form	MT10971847	30/11/2017 17:04
OD / TP? Reporting Only	I-Motor W/O (Within 24 hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Yeh No: SJD 4482A	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 100 line 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Action

Human's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$40		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$20		
	For claim against INC Only (wef 10 Jan 2010)		
	6) TR: Re-inspection \$25		
	7) NI: New DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
C. Checked by (Engi-In-Charge):	*N: Courtesy Car / Tpl Allowance \$5		
	*N: Repair Coordination \$10		
	*N: Post Repair Inspection \$25		
	*N: DY / Collect Excess Coordination \$5		
	TP (Nil) : TP (Nil INC) against INC \$20		
	*N12: Idm Mobile \$10		
	Invoice total	Paid Charged	
	Unsettled Amount	Paid 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 ability.
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 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	30/11/2017 16:14
Date Of Accident	29/11/2017 10:50
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 3/ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6482A
Insured/Policyholder	
Name Of Registered Owner	TAN KIEN WEI
NRIC No	S9202941G
Email Address	TANKW.KENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93213413
Alternative Phone No	OTHERS-93213413

Vehicle Particulars

Manufacturer	VOLVO
Model	S40
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	REPORTING ONLY
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	5093636326
Cover Note Number	

Driver

Name of Driver	TAN KIEN WEI
NRIC No	S9202941G
Date Of Birth	07/01/1992
Occupation	INDOOR
Date Of Driving Pass	12/05/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93213413
Fax Number	
Contact Number	OTHERS-93213413
EMail Address	TANKW.KENT@GMAIL.COM

Address	BLK 109 ANG MO KIO AVENUE 4 #07-20
Postcode	560109
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
Was any body injured in the Accident?	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)	2

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4482A
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	94560452
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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**.
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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.

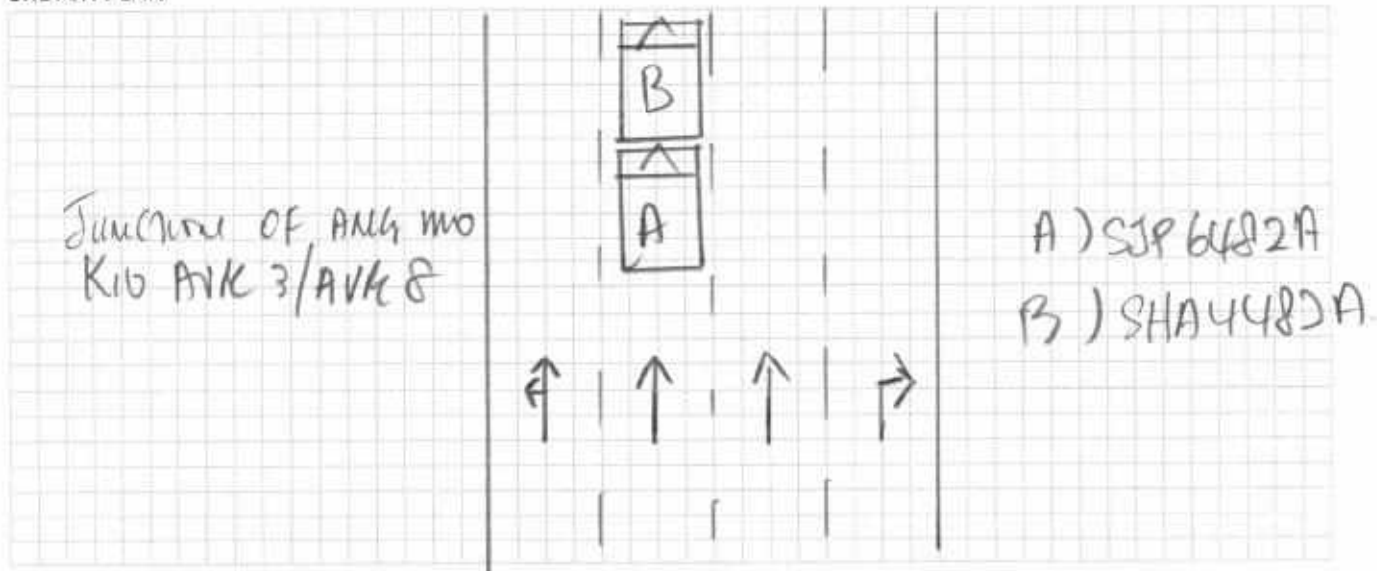

30/11/17

Policyholder's Signature
Date & Time:

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


30/11/2017
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


It was raining when I came to the junction and arriving to a stop, I did not realise my car was still inching and rolling forward. Consequently, my car tap the taxi's bumper.

Taxi did not have any passenger on board, did not suffer any loss of income. The area of contact did not have any signs of damages and the taxi driver was not injured. Upon close inspection, taxi driver accounted for damages on his rear bumper that were not caused by me. Within the video, he agreed that there were NO damages reflected on the area of contact.


Taxi driver claimed that he is not the respective taxi owner and would wish to seek owner's decision for the accident. He wish to settle the accident privately with cash settlement. However, based on the situation. With no injuries and no vehicle damages, I refused any private settlement and wish to speak to his taxi owner. He did not provide me with aforementioned owner's contact details and insisted to resort to the alternative of claiming from Comfort Delgro. I remained adamant about refusing private settlement and request an exchange of contact details. Since the accident, he has not replied me regarding his taxi owner's decision/details or anything about the accident.

DECLARATION

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

 30/11/17
Policyholder's Signature
Date & Time:

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

 30/11/2017
Reporting Centre Personnel's Signature
Name: ROSLI WAHAB.
NRIC/FIN No.:

Claim Handling

Accident MT/0971847

Policy No.	5093636326	Vehicle No.	SJP6482A	GST Registration No.	
Policyholder Name	TAN KIEN WEI	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Laading	
Contact No.(Mobile)	93213413	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				

Accident Details

Report Date	30/11/2017 16:53	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	29/11/2017	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ANG MO KIO AVE 3/ANG MO KIO AVE 8				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 109 #07-20	Address 2	ANG MO KIO AVENUE 4	Address 3	
Address 4	SINGAPORE 560109	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093636326		

OI Driver Info

Driver Name	TAN KIEN WEI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9202941G	Driving Experience	
Register Date of Driver License	01/03/2017	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	93213413	Contact No.(Office)		Address 3	
Address 1	BLK 109 #07-20	Address 2	ANG MO KIO AVENUE 4	Post Code	
Address 4	SINGAPORE 560109	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SJP6482A	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN KIEN WEI	Insured NRIC	
Contact No.(Mobile)	93213413	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SJP6482A	TP Vehicle Number	
Claim Description	SJP6482A / SHD4482A ON 29 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	30/11/2017 16:57	Claim Close Date		Date Received	
Report Taken By	R05LI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0971847	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/11/2017 17:04
Path *		Category *	Confidential
		Urgency	Normal

Browse Clear Please Select **Save**

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	001	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	002	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	003	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	004	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	005	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:04	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 16:56	SAS	Normal	SAS

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2017 (DD/MM/YYYY), TIME: 10:50pm (HH:MM)

LOCATION: At Ang Mo Kio MRT Junction
Junction of Ang Mo Kio Ave/ Ave 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STP6482A
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Volvo S40
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN KIEN LEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2029416 CONTACT: 93213413
c) ADDRESS: ANG MO KIO AVENUE BUILDING #04-20
S500109

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 02/01/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 21/05/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STP4482A MODEL: Hyundai Sonata
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9456 0452

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
(2)

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

email = fanku.kent@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9202941G



Name

TAN KIEN WEI

陳建偉

Race

CHINESE

Date of birth

07-01-1992

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9202941G

Holder:

TAN KIEN WEI

Birth Date: 07 Jan 1992

Issue Date: 12 May 2017



NRIC No. S9202941G



Date of issue

15-01-2007

1 BLK 109 ANG MO KIO AVENUE 4 #07-20
SINGAPORE 660109
NRIC No: S9202941G

Date: 13/01/2010

No: 6428262

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 12 May 2017



NP 428A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)

My Desktop

To Do List

Policy Query

Notice of Loss

Policy No.

Vehicle No. (For Motor)

Date of Accident:

SJP6482A

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	S093636326	TAN KIEN WEI	S9202941G	GPC	drive CLASSIC	SJP6482A	SJP6482A	23/08/2017	22/08/2018

Continue