

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118000925

Date In: 21/1/18-17:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC18 000670/24	SAS e-filing		
Veh No: 56M9630X	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 21/1/17-02:25	i-Motor Claim Form	M7/6975995	21/1/18 20:26
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 54D66930 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 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

NA1800050	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl 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 \$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 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	02/01/2018 17:59
Date Of Accident	31/12/2017 02:25
Exact Location Of Accident	CTE TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM9630X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KIAN BOON DAMIEN
NRIC No	S9045748I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86121323
Alternative Phone No	OFFICE-86121323

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
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	5096164069
Cover Note Number	

### Driver

Name of Driver	TAN KIAN BOON, DAMEIN
NRIC No	S9045748I
Date Of Birth	07/11/1990
Occupation	INDOOR
Date Of Driving Pass	06/12/2012
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86121323
Fax Number	
Contact Number	OFFICE-86121323
EEmail Address	NOEMAIL

Address	BLK 106 LORONG 1 TOA PAYOH #06-355
Postcode	310106
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - E/20171231/7005.

#### 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	SHD6693U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE LI YUAN
NRIC/Passport Number	S7824560C
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

TAN KIAN BOON, DAMEIN

Approximate Age

Injuries Sustain

SPINE

Injured person in which vehicle?

SGM9630X

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.:







**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. E/20171231/7005

Victim			
Person Name	TAN KIAN BOON, DAMEIN		
ID Type	NRIC NO	ID No	S9045748I
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	SAFETY OFFICER	Address Type	
Address	APT BLK 106 LORONG 1 TOA PAYOH #06-355 SINGAPORE 310106	Mobile No	86121323
Is Informant A Victim?	Yes		
Person Name	TAN KIAN BOON, DAMEIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2017 14:26
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**WONG FAMILY CLINIC & SURGERY PTE LTD**

Blk 117, Bedok Reservoir Road #01-68, Singapore 470117

Tel: 68461613 Fax: 68486925

**Medical Certificate**

**Date : 02 Jan 2018**

**MC No. : 0000071720**

This is to certify that :

Name : TAN KIAN BOON DAMEIN

NRIC : S9045748I

is Unfit for Duty for 3 days

from 02/01/2018 to 04/01/2018 inclusive

Remarks : WHIPLASH NECK INJURY / LOWER BACK STRAIN

DR. WONG JEE PAO

M.B.B.S. (S'PORE) MFR 03823G

WONG FAMILY CLINIC & SURGERY PTE LTD

BLK 117, BEDOK RESERVOIR RD

SINGAPORE 470117

TEL: 68461613 FAX: 68486925

CO. REG NO. 20011720

DR. WONG JEE PAO

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

31/12/2017 02:25

Vehicle No.(For Motor)

SGM9630X

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096164069	TAN KIAN BOON DAMIEN	S90457481	GPC	drivo CLASSIC	SGM9630X	SGM9630X	28/11/2017	27/11/2018

Continue

▼ **Policy Information**

Policy No.	5096164069	Policyholder Name	TAN KIAN BOON DAMIEN	Policyholder NRIC	S9045748I
Address	BLK 106 #06-355 LORONG 1 TOA PAYOH TOA PAYOH BLOOM SINGAPORE 310106				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/11/2017	Effective Date	28/11/2017 00:00	Expiry Date	27/11/2018 23:59
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		
Agent	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 106 #06-355	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH BLOOM
Address 4	SINGAPORE 310106	Address Type	Singapore address	Post Code	310106
Unit No.	06-355	Related Policy Number	5096164069		

▶ **Insured Object: SGM9630X**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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## Claim Handling

## Accident MT/0975995

Policy No.	5096164069	Vehicle No.	SGM9630X	GST Registration No.	
Policyholder Name	TAN KIAN BOON DAMIEN			Policyholder NRIC	S90
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86121323	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	02/01/2018 20:33	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	31/12/2017	Time of Accident hh:mm	02:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS MOULMEIN RD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	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 106 #06-355	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA
Address 4	SINGAPORE 310106	Address Type	Singapore address	Post Code	310
Unit No.	06-355	Related Policy Number	5096164069		

## ▼ OI Driver Info

Driver Name	TAN KIAN BOON DAMIEN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S90457481	Driver DOB	07/1
Register Date of Driver License	06/12/2012	Driver Age	27	Driving Experience	5
Contact No.(Mobile)	86121323	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 106	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA
Address 4	SINGAPORE 310106	Address Type	Singapore address	Post Code	310
Unit No.	06-355				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN KIAN BOON DAMIEN	Insured NRIC	S90
Contact No.(Mobile)	86121323	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGM9630X	TP Vehicle Number	SHD
Claim Description	SGM9630X / SHD6693U ON 31 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	02/01/2018 20:36	Claim Close Date		Date Received	02/1
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No. MT/0975995 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 02/01/2018 20:37

- Path \*
- No file chosen
  -

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:37	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:36	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:36	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:36	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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