

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118 00 3416

Date In: 8/11/18 13:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18000389/h4	SAS e-filing		
Veh No: AR 5 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/12/17 11:40	i-Motor Claim Form	MT/0976894	8/11/18 18:48
OD: <input checked="" type="checkbox"/> 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: EL 2788A	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:- (INC hotline: 6788 6616)	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	Actions

NA 1800226	<b>Invoice Preparation Checklist</b>		Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		30.00	
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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	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 -			
	OD:			
QC Checked by (Engr-In-Charge):	*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 willful 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	08/01/2018 13:54
Date Of Accident	29/12/2017 11:40
Exact Location Of Accident	PIE (TUAS) EXIT TO JLN EUNOS AT THE TRAFFIC JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	AR5E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID TAN MUI KIM
NRIC No	S1793063Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96615766
Alternative Phone No	OFFICE-96615766

### Vehicle Particulars

Manufacturer	BMW
Model	R1150GS
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0086810599-14
Cover Note Number	-

### Driver

Name of Driver	DAVID TAN MUI KIM
NRIC No	S1793063Z
Date Of Birth	10/05/1967
Occupation	INDOOR
Date Of Driving Pass	08/07/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615766
Fax Number	
Contact Number	OFFICE-96615766
Email Address	NOEMAIL

Address	80 JLN SINAR BULAN
Postcode	507072
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	EL2788A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

DAVID TAN MUI KIM

Approximate Age

Injuries Sustain

LEG LEG, NECK

Injured person in which vehicle?

AR5E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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:

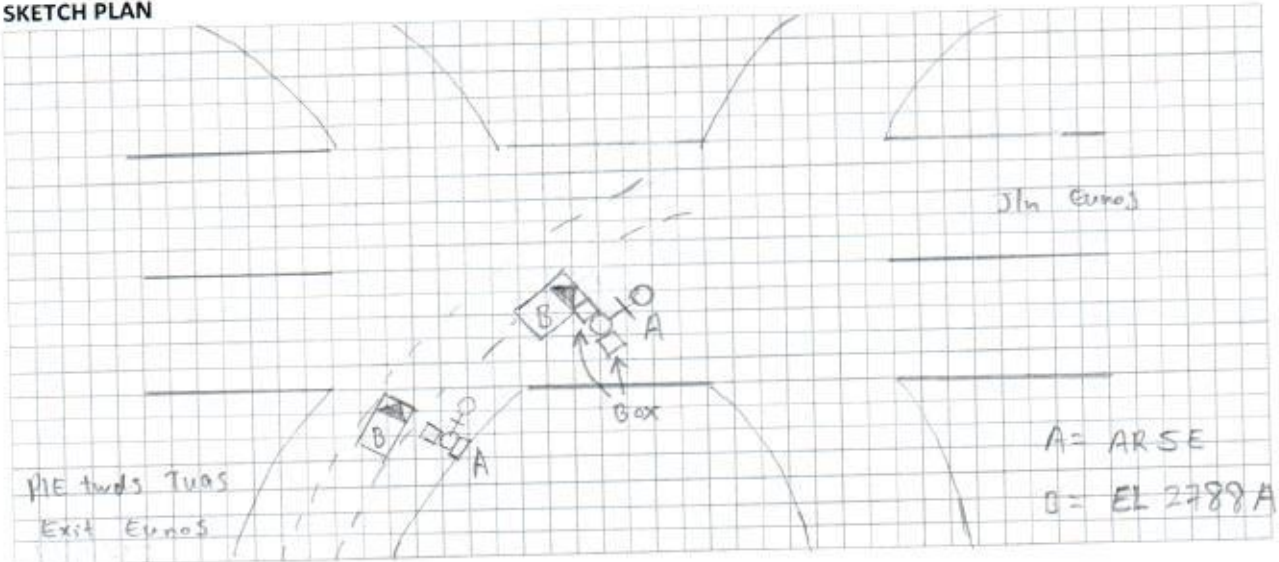
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

I/We declare



# SINGAPORE POLICE FORCE



T/20171230/2016

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20171230/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 02:44	Vide Report No.:	Station Diary No.: 18
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### Informant's Particulars

Name of Informant: DAVID TAN MUI KIM			Address: 80 JALAN SINAR BULAN SINGAPORE 507072	
ID Type / ID No.: NRIC NO / S1793063Z			Contact No.: Home/Office: Mobile: 96615766	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 10/05/1967	Type of Informant: Cyclist	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED.			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/12/2017 11:40	Type of Location: Bend
Location: Junction of Road 1 and Road 2 PAN ISLAND EXPRESSWAY EUNOS FLY OVER TRAFFIC LIGHT JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AR5E	Motorcycle	BMW	R1150GS	Black	Slightly Damaged	0
EL2788A	Van	SUZUKI	SK410VTR	Blue	Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20171230/2016

2 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20171230/2016

CONTINUATION OF REPORT

**Brief Details.**

ON 29/12/2017 AT ABOUT 1140HRS, AT THE EUNOS FLY OVER TRAFFIC JUNCTION, TURNING TOWARDS EUNOS. I WAS RIDING MY M/CYCLE ON THE EXTREME RIGHT LANE, A M/VAN EL2788A SIDE SWIPE MY M/CYCLE BY COLLIDING TO MY LEFT SIDE BOX. AS A RESULT I LOSE CONTROL HOWEVER I WAS STILL IN BALANCE. THE M/VAN THEN HIT ME AGAIN ON THE SAME SIDE AGAIN AND AGAIN I LOST CONTROL. I THEN STOPPED MY VEHICLE AND JUST PARKED IN THE MIDDLE OF THE ROAD TO SPEAK TO THE DRIVER. THE DRIVER MENTIONED THAT HE WAS USING HIS GPS WHILE HE WAS DRIVING AS HE WAS NOT FAMILIAR WITH THE ROAD.

DURING THE COLLISION THE M/VAN DID HIT ONTO MY LEFT LEG CAUSING BRUISES ON MY LEFT LEG AND ALSO PAIN ON MY NECK.

I WAS THEN COVEYED TO CHANGI HOSPITAL AND WAS GIVEN 3 DAYS MC FROM 29/12/2017 TO 31/12/2017.

I DID NOT MANAGE TO SEE THE DAMAGES ON MY M/CYCLE AS IT WAS TOWED AWAY BY TRAFFIC POLICE.



SINGAPORE  
POLICE FORCE



T/20171230/2016

3 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20171230/2016

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
SI MOHAMAD NASRUN BIN ABDUL RASIAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

 SINGAPORE  
POLICE FORCE  
Contact No.:

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
30/12/2017 02:44

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S1793063Z**  
 Name: **DAVID TAN MUI KIM**  
 Birth Date: **10 May 1967**  
 Issue Date: **29 May 2003**

0005232120

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1793063Z**



Name: **DAVID TAN MUI KIM**  
 陳美金  
 Race: **CHINESE**  
 Date of Birth: **10-05-1967** Sex: **M**  
 Country of Birth: **SINGAPORE**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	08 Jul 1987
Class 2A	Motorcycles between 201 cc and 400 cc	08 Jul 1987
Class 2	Motorcycles exceeding 400 cc	08 Jul 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Aug 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Nov 1993
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	18 Jan 1994



NP 428A

0740698




NRIC No: **S1793063Z**

Board Group: **B+** Date of Issue: **18-01-1993**

**DAVID TAN MUI KIM**  
 SINGAPORE 030702

NRIC No: **S1793063Z** Date: **13-09-1999** No: **3030624**

Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

29/12/2017 13:36

Vehicle No. (For Motor)

AR5E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0086810599-14	DAVID TAN MUI KIM	S1793063Z	GMC	Third Party	AR5E	AR5E	29/09/2017	28/09/2018

## Claim Handling

Accident MT/0976894

Policy No.	0086810599-14	Vehicle No.	AR5E	GST Registration No.	
Policyholder Name	DAVID TAN MUI KIM	Cover Type	Third Party	Policyholder NRIC	S17
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96615766	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date

08/01/2018 18:45

Date of Accident

29/12/2017

Reporting Centre

Accident Location

PIE (TUAS) EXIT TO JLN EUNOS AT THE TRAFFIC JUNC

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

11:40

Orange Force

Accident Type

Colli

Country of Accident

Sing

ICM No.

Own damage Excess

0.00

Unnamed Driver Excess

0.00

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Address 1

80 JALAN SINAR BULAN

Address 2

SINGAPORE 507072

Address 3

Address 4

Address Type

Singapore address

Post Code

5071

Unit No.

Related Policy Number

0086810599-14

Driver Name

TAN MUI KIM DAVID

Unnamed driver Name

Register Date of Driver License

01/01/2001

Contact No.(Mobile)

96615766

Address 1

80 JALAN SINAR BULAN

Address 4

Unit No.

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Type

Main Driver

Driver NRIC

S1793063Z

Driver Age

50

Contact No.(Office)

Address 2

SINGAPORE 507072

Address Type

Singapore address

Post Code

5071

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	DAVID TAN MUI KIM	Insured NRIC	S17
Contact No.(Mobile)	96615766	Contact No.(Home)	NIL	Contact No.(Office)	629
Email Address	emsdavid@live.com	O1 Vehicle Number	AR5E	TP Vehicle Number	EL2
Claim Description	AR5E / EL2788A ON 29 Dec 2017			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	08/01
Date Registered	08/01/2018 18:47	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

1/8/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0976894

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/01/2018 18:48

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:48	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:48	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:48	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:48	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 18:47	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading