

NATIONAL Assessment Centre Services. (Ver 1.2/1000)

NA48617398

Date In: 05/01/2018 11:48	Job description	Date & Time Completed	Done by
Ref No: XBA/INC1800798/Y	SAS e-illing		
Veh No: FBC 1585TY	E-mail (with photo, AIC form)		
D.O.A: 04/05/2018 14:00	E-Motor Claim Form	mm/08/09/28	05/02/2018 12:40
OD / TP Reporting Only	E-Motor W/O (with photo, AIC form)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: SAB 1319U	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	(Note: BSL 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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: ()

Date/Time	Actions

NA1800798	Invoice Preparation Checklist	Unit/ Bill	Amount
Human Resources	1) AR: Accident Reporting (\$300)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	3) TP: Towing Fee	\$100/\$10	
Damaged Portion:	4) FT: Follow-Through Survey	\$100	
	5) RT: Follow-Through Survey (Recovery)	\$10	
	6) TR: Re-inspection	\$10	
	7) NI: NI/DA + SMRT Survey	\$100	
	8) NTUC Additional Services		
	9) Q11:		
	*NI: Courtesy Car/ Trip Allowance	\$1	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$10	
	*NI: DY/ Collect Under Coordination	\$1	
	*IZ (NI) / TP (Non-INC) repairs INC	\$10	
	*NI: Towing Mobile	\$10	
	Invoice done		
	Not Charged		
	Not 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 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	05/02/2018 11:48
Date Of Accident	04/02/2018 14:00
Exact Location Of Accident	AYE TOWARDS PORTSDOWN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC5857Y
Insured/Policyholder	
Name Of Registered Owner	JOPIE TAN CHIN AUN
NRIC No	S8140713D
Email Address	JOPIETAN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97807369
Alternative Phone No	OTHERS-97807369

Vehicle Particulars

Manufacturer	VESPA
Model	LX 150-150CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5049977063-06
Cover Note Number	

Driver

Name of Driver	JOPIE TAN CHIN AUN
NRIC No	S8140713D
Date Of Birth	29/12/1981
Occupation	INDOOR
Date Of Driving Pass	27/11/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97807369
Fax Number	
Contact Number	OTHERS-97807369
Email Address	JOPIETAN@SINGNET.COM.SG

Address	BLK 4A BOON TIONG ROAD #12-21
Postcode	164004
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	CLEAR
Road Surface	DRY

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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1319U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

5/2/2018
11am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

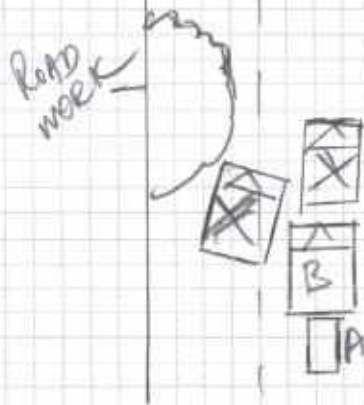
Name:

NRIC/FIN No.:

05102/2018
Kardi Anwar

SKETCH PLAN

Ayk GUNER'S PORTSDOWN ROAD



A) FBC 585TY

B) SHB1319U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding on AYE. There was roadworks on one of the lane. A car in front of the taxi, SHB1319U stopped and the taxi also stopped. I was not able to brake in time and knocked onto the bumper. A part of the bumper came off. No one was injured.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 5/2/2018

11am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 05/02/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/0980928

Policy No.	S049977063-06	Vehicle No.	FBC5857Y	GST Registration No.	
Policyholder Name	JOPIE TAN CHIN AUN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	97807369	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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(%)	20	Private Hire	No

Accident Details

Report Date	05/02/2018 12:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	04/02/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	AVE TOWARDS PORTSDOWN ROAD				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 4A #12-21	Address 2	BOON TIONG ROAD	Address 3	
Address 4	SINGAPORE 164004	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	S049977063-06		

OI Driver Info

Driver Name	JOPIE TAN CHIN AUN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S6140713D	Driving Experience	
Register Date of Driver License	01/01/2002	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 4A #12-21	Address 2	BOON TIONG ROAD	Post Code	
Address 4	SINGAPORE 164004	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBC5857Y	Driver Insurer Company	

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

New

Claim Type *	OO-MX	Insured Name	JOPIE TAN CHIN AUN	Insured NRIC	
Contact No.(Mobile)	97807369	Contact No.(Home)	62740437	Contact No.(Office)	
Email Address	jopietan@singnet.com.sg	OI Vehicle Number	FBC5857Y	TP Vehicle Number	
Claim Description	FBC5857Y / SHB1318U ON 4 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	05/02/2018 12:38	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment













Accident No.	MT/0980928	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 12:40
Path *		Category *	Confidential Urgency
			Normal

Browse Clear Please Select

Browse...	Clear	Please Select	▼	NO	Normal
Browse...	Clear	Please Select	▼	NO	Normal
Browse...	Clear	Please Select	▼	NO	Normal
Browse...	Clear	Please Select	▼	NO	Normal
Browse...	Clear	Please Select	▼	NO	Normal

[Attachments](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:40	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:38	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 12:38	SAS	Normal	SAS

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)

[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 02 / 2018 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: AYE Towards ~~Outbound~~ Poerdooran Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC5857Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5049977063 - 06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VESPA LX150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going home
 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: Jolie Tan Chin Ann (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81407130 CONTACT: 97807369
 c) ADDRESS: BLK 4A Buan Tiong Rd #12-21 (S2164004)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(Including driver)
(1)

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

* d) DATE OF BIRTH: 29 / 12 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: SHB1319U MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

email = jolie.tan@singnet.com.sg

fax = _____

✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8140713D



JOPIE TAN CHIN AUN
陈政安
Race: CHINESE
Date of Birth: 29-12-1981 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S8140713D
Name: TAN CHIN AUN

Valid from: 28 Dec 1981
Valid until: 18 Dec 2000




3289809



NRIC No. S8140713D



Valid from: 09-01-2003

APT BLK 4A BOON TONG ROAD #12-21
SINGAPORE 164004


NRIC No: S8140713D Date: 04-07-2004 No: 4952363

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	27 Nov 2002
Class 2A	Motorcycles between 201 CC and 400 CC	24 Oct 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg	02 Jan 2001

S8140713D S/No. 9000161494

NR 428A



Licence No: S8140713D

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	S049977063-06	JORE TAN CHIN AJN	S8140713D	GMC	Third Party	FBC5857Y	FBC5857Y	08/05/2017	07/05/2018

[Continue](#)