

NATIONAL Assessment Centre Services

(ver 1 Jan 2008)

19/18026464

Date: 28/02/2018 18:29
Ref No: N/A/18026464
Veh No: SU2276D
D.O.A: 22/02/2018 12:10
OD: ☒ Performing Only

Job description	Date & Time Completed	Done by
SAS e-billing		
E-mail (within 2hrs, AIO 2hrs)		
E-Motor Claim Form	19/18026464	26/02/2018 10:49
E-Motor W/O (within 2hrs, AIO 2hrs)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yeh No: SE2 88895 INC () / Non-INC ()
Owner / Driver: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: ()
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 Rem: () Walk-In Customer: Customers 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: INC to line 678810019
1) Apply for Trans/An Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
Date Time Action: ()

Document Description	Invoice Preparation Checklist	Value	Unit
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	180 (\$10)	
Assigned Portion:	3) TP: Towing Fee	\$40 (\$4)	
C. Checked by (Bgr-In-Charge):	4) PT: Follow Through Survey	\$120	
	5) XT: Follow Through Survey (Recovery)	\$20	
	6) TR: Towing Fee	\$120	
	7) NT: NTUC Additional Services	\$120	
	8) NT: NTUC Additional Services	\$120	
	9) NT: NTUC Additional Services	\$120	
	10) NT: NTUC Additional Services	\$120	
	11) NT: NTUC Additional Services	\$120	
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	17) NT: NTUC Additional Services	\$120	
	18) NT: NTUC Additional Services	\$120	
	19) NT: NTUC Additional Services	\$120	
	20) NT: NTUC Additional Services	\$120	

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	23/02/2018 18:29
Date Of Accident	23/02/2018 12:10
Exact Location Of Accident	ALONG MIDDLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2276D
Insured/Policyholder	
Name Of Registered Owner	TAN KHOON LENG
NRIC No	S0202549C
Email Address	ETAN16@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97717851
Alternative Phone No	OTHERS-98591612

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5042572775-07
Cover Note Number	

Driver

Name of Driver	TAN ENG CHUAN
NRIC No	S2706924Z
Date Of Birth	05/01/1947
Occupation	INDOOR
Date Of Driving Pass	18/02/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98591612
Fax Number	
Contact Number	OTHERS-97717851
Email Address	ETAN16@GMAIL.COM

Address	25 JALAN ARNAB
Postcode	249331
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SFZ8889S
Vehicle Make/Model/Colour	B.M.W
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SOON TECK
NRIC/Passport Number	S7247799E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

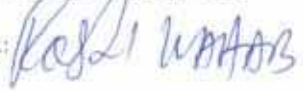
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

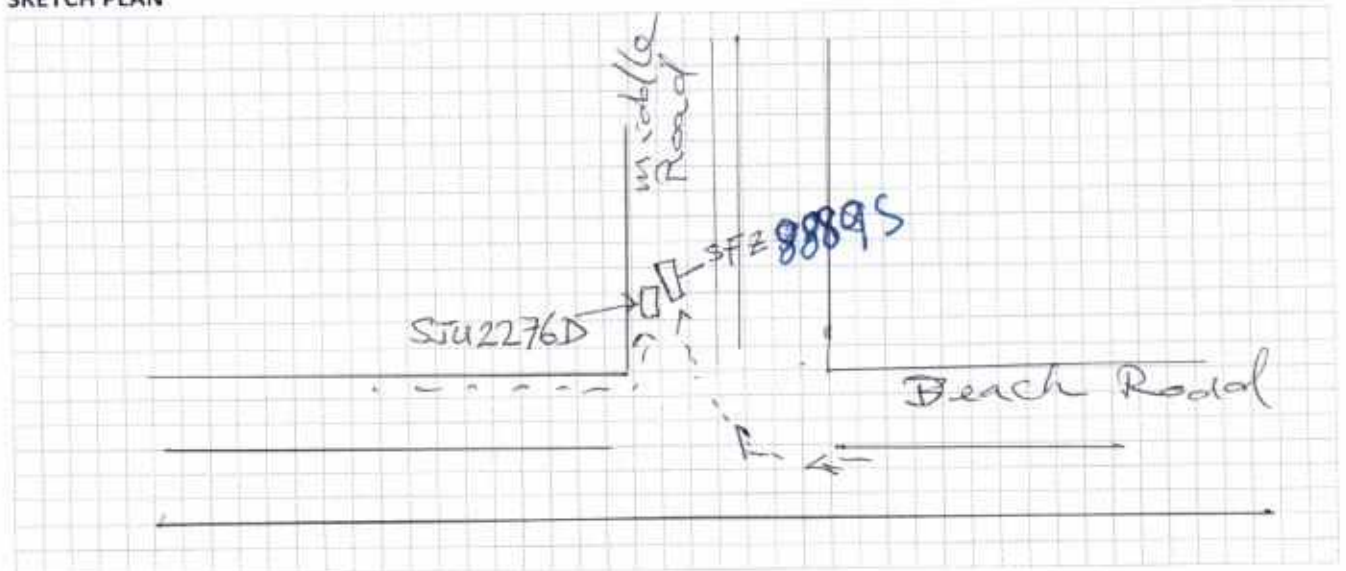
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

I was driving along Beach Road past Raffles Hotel and made a left turn into Middle Road upon the green left turn signal. As I was proceeding along the left most lane of Middle Road, a BMW SFZ 8889S driven fast came in my lane causing me to hit his left front door with the right side of my car. Driver Tan Soon Teck NRIC 724779E said he had been turning right from Beach Road.

DECLARATION

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

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.:

23 Feb 2018
17.25

Claim Handling

Accident MT/0983554

Policy No.	3042572775-07	Vehicle No.	SJU2276D	GST Registration No.	
Policyholder Name	TAN KHOON LENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97717851	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFC	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	26/02/2018 09:32	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/02/2018	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MIDDLE ROAD				
Benefits					
Coverage		Sum Insured			
Excess Waiver		999999999.99			
Transport Allowance		999999999.99			
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	25 JALAN ARNAP	Address 2	KIM LIN PARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	3042572775-07		
O1 Driver Info					
Driver Name	TAN ENG CHUAN	Driver Type	Named Driver		
Unnamed driver name		Driver NRIC	S27069242	Driver DOB	
Register Date of Driver License	01/01/2007	Driver Age	71	Driving Experience	
Contact No.(Mobile)	98591612	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.	SJU2276D	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TAN KHOON LENG	Insured NRIC		
Contact No.(Mobile)	97717851	Contact No.(Home)	67321138	Contact No.(Office)		
Email Address	maykitan@yahoo.com.sg	O1 Vehicle Number	SJU2276D	TP Vehicle Number		
Claim Description	SJU2276D / SFZ8895 ON 23 Feb 2018				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		
Date Registered	26/02/2018 09:35	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		
☒ Print AK letter						

Save Submit

Attachment

Accident No. MT/0983554

Claim No. 001

Last Doc. Received

Yes No

Upload Date

26/02/2018 10:49

Path *

Category *

Confidential

Urgency

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Attachment List

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NRIC/ Driving License

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NRIC/ Driving



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Photos

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Photo

Video List

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2
3
4
5

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

DRIVING LICENCE

ACCIDENT STATEMENT About

ACCIDENT DATE: 23/12/2013 (DD/MM/YYYY), TIME: 12.10 (HH:MM)

LOCATION: Middle Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ4 2276 D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: COMPREHENSIVE
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Camry
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 KHON LENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0202549/C CONTACT: 97717851
c) ADDRESS: 25 JALAN ARNAP
SINGAPORE 249331

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
1

- DRIVER
a) NAME: TAN ENG CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S27069247 CONTACT: 98591612
c) ADDRESS: 25 JALAN ARNAP
SINGAPORE 249331

* d) DATE OF BIRTH: 05/01/1947 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND
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

No of passenger
(including driver)
2

- a) VEHICLE NUMBER: SF288895 MODEL: BMW 3-ser
b) DRIVER'S NAME: TAN SOON TECK
c) NRIC/FIN/PASSPORT: S7247799E7 CONTACT: 97968897

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
0

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

email: etan16@gmail.com

fax: _____

V1 DEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2706924Z



Name

TAN ENG CHUAN

Race

CHINESE

Date of birth

05-01-1947

Sex

M

Country of birth

MALAYSIA



9127028



NRIC No. S2706924Z



Nationality

MALAYSIAN

Date of issue

06-05-2011

Address

25 JALAN ARNAP
SINGAPORE 249331

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	23/02/2018 18:26						
Vehicle No. (For Motor)	SJU2276D								
Search									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5042572775-07	TAN KHOON LENG	S0202549C	GPC	drive CLASSIC	SJU2276D	SJU2276D	24/05/2017	23/05/2018
Continue									

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: MIA418026464 Vehicle Registration No: SJU2276D
Name (as shown in NRIC): Tan Kach Chuan NRIC/FIN/Passport No: S2706924Z
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 98591612
Email Address : _____
Date of Accident : 23/02/2018 Time of Accident : 12:10
Place of Accident : Along middle road
Insurance Company: MTC

(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:

to withdraw from T/P to Reporters only

Policyholder / Driver's Signature: _____
Date: _____


Reporting Centre Personnel's Signature: _____
Name: Rashmi
NRIC/FIN No.: _____
Date: 26/02/2018