

NATIONAL Assessment Centre Services (NACS) (v1.1 20/00)

15048031150

Date In: 05/03/2018 19:53	Job description	Date & Time Completed	Done by
Ref No: NAR/INC/8004243/Y	SAS e-illing		
Veh No: SCE 2224P	E-mail (with this, A/C 3111)		
D.O.A: 02/03/2018 17:30	f-Motor Claim Form	mt10984801	05/03/2018
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (with 100 shs, 7P shs)		20.12
	i-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: PA 8152Y	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 Rem: () Work-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: () INC No: ()	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: ()

NAR/801457	Invoice Preparation Checklist	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (5100)	INC (330)	
Assessed Portion:	3) TP: Towing Fee (540/540)		
	4) ET: Follow-Through Survey (1150)		
	5) RT: Follow-Through Survey (Resurvey) (370)		
	6) TR: Re-inspection (373)		
	7) NT: (No DA + SMART Survey) (5160)		
	8) NTUC Additional Survey (001)		
Checked by (Unger-In-Charge):	9) Q11		
	10) NT: Courtesy Car / Tpl Allowance (25)		
	11) NT: Repair Coordination (510)		
	12) NT: Post Repair Inspection (373)		
	13) NT: DY / Collect Unassess Coordination (33)		
	14) NT: (NT) / TP (Non-INC) against INC (370)		
	15) NT: (No DA) (10)		
	Invoice dated	Not Charged	
	Invoice closed	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	05/03/2018 19:53
Date Of Accident	02/03/2018 17:30
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE2824P
Insured/Policyholder	
Name Of Registered Owner	TAN CHUAN HUA
NRIC No	S1167120I
Email Address	BUSTALK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97370703
Alternative Phone No	OTHERS-97370703

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURNING 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054162850-05
Cover Note Number	

Driver

Name of Driver	TAN CHUAN HUA
NRIC No	S1167120I
Date Of Birth	17/09/1955
Occupation	INDOOR
Date Of Driving Pass	23/03/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97370703
Fax Number	
Contact Number	OTHERS-97370703
Email Address	BUSTALK@HOTMAIL.COM

Address	BLK 119D KIM TIAN ROAD #25-208
Postcode	184119
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
Number of vehicles involved in the accident	1
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	PA8152Y
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HAMZAH BIN MOHAMAD
NRIC/Passport Number	S1135866G
Contact Number	97281270
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 5/3/18 4:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Hand-drawn geological cross-section on graph paper. A vertical line represents a fault. To the left of the fault, a block is labeled "Sci 2824" with an upward arrow. To the right of the fault, a block is labeled "Lower Nelson bed." with a rightward arrow. Above the fault, the text "In St. Mary" is written with an arrow pointing to the right. The fault is labeled "1001529".

@ 5:30pm

On 2/3/18, I was travelling along Lower Rietbos Road. I signalled to occupy the 3rd lane with my hand raised to van beside me (it was raining at that time).

Once traffic light turns green, I moved my vehicle slightly into 3rd lane with signal on. But the van driver is unaware of my turning & signal. He drove past hitting my rear right mirror. Without stopping, I horned at him as he rode past his van damaging my right fender.

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

05/03/2018

Reporting Centre Personnel's Signature
Name: Resli Wathia
NRIC/FIN No.:

Claim Handling

Accident MT/0984801

Policy No.	5054162850-05	Vehicle No.	SCE2824P	GST Registration No.	
Policyholder Name	TAN CHUAN HUA			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97370703	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Report Date

05/03/2018 20:07

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head

Date of Accident

02/03/2018

Time of Accident h:mm

17:30

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG LOWER DELTA ROAD

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 119D #25-208

Address 2

KIM TIAN ROAD

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

25-208

Related Policy Number

5054162850-05

DI Driver Info

Driver Name

TAN CHUAN HUA

Driver Type

Main Driver

Unnamed driver Name

Driver NRIC

S11671201

Driver DOB

Register Date of Driver License

23/03/1976

Driver Age

62

Driving Experience

Contact No.(Mobile)

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 119D #25-208

Address 2

KIM TIAN ROAD

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

25-208

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

SCE2824P

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	TAN CHUAN HUA	Insured NRIC	
Contact No.(Mobile)	97370703	Contact No.(Home)	62705213	Contact No.(Office)	
Email Address	buetak@hotmail.com	DI Vehicle Number	SCE2824P	TP Vehicle Number	
Claim Description	SCE2824P / PA8152Y ON 2 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	05/03/2018 20:11	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

















Attachment

Accident No.	MT/0984801	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2018 20:12
Path *		Category *	Confidential Urgency

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:12	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:11	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 20:11	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

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

2/3/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 2/3/2018 (DD/MM/YYYY), TIME: 5:30 pm (HH:MM)

LOCATION: LOWER DELTA KAP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCB 2824 P
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
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: RETURNING 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: TOH CHUAN HUA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1167201 CONTACT: 9737075
c) ADDRESS: 119 P. Kim Tian Rd
#25-208 S164119

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

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

* d) DATE OF BIRTH: 17/9/1955 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 976

f) DATE OF DRIVING PASS: _____

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)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: PA 8152 Y MODEL: TOYOTA TOYOTA
b) DRIVER'S NAME: HAMZAN BIN MUO
c) NRIC/FIN/PASSPORT: S1135816 G CONTACT: 97251270

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email: butalk@hotmail.com

Fax: _____

✓ 100

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S11671201



TAN CHUAN HUA
陈传花
Place
CHINESE
Date of Birth
17-09-1955
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S11671201
Name: TAN CHUAN HUA
Birth Date: 17 Sep 1955
Issue Date: 27 Feb 2003



0941114



NRIC No: S11671201



Motor Cycle Class of Issue
A+ 09-05-1993

APT BLK 119D KIM TIAN ROAD #25-208
SINGAPORE 164119
NRIC No: S11671201 Date: 30/01/2009 No: 6069411

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
23 Mar 1976



Licence No: S11671201

NP 426A

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5054162850-05	TAN CHUAN HUA	S11671201	GPC	drive CLASSIC	SCE2824P	SCE2824P	01/12/2017	30/11/2018