

NATIONAL Assessment Centre Services (wef 1 Jan 09) **MNA 118034710**

Date In: 13/1/18 15:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18004762/ 64	SAS e-filing		
Veh No: SJU 2561E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 913/18 19:00	i-Motor Claim Form	MT10985893	13/1/18 16:45
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKT 8137 B	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

Claimant's Particulars :-		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
Auditors' Comments :-		5) FT: Follow-Through Survey (Resurvey) \$30			
Cat. 1:		For claiming against INC Only (wef 10 Jan 2009)			
Cat. 2/3:		6) TR: Re-inspection \$75			
		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		Q1:-			
		*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 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	13/03/2018 15:53
Date Of Accident	09/03/2018 19:00
Exact Location Of Accident	JUNC OF STRAITS VIEW & CENTRAL BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2561E
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97984296

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094228784
Cover Note Number	-

Driver

Name of Driver	TAN BENG YONG
NRIC No	S8634838A
Date Of Birth	08/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90117151
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 12 JOO SENG RD #14-51
Postcode	360012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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

I STOP AT THE TRAFFIC JUNC OF STRAITS VIEW & CENTRAL BLVD ON THE CENTER LANE, THE CENTER LANE CAN GOING STRAIGHT AND TURNING RIGHT, VEH B (BEARING NO SKT8137B) WAS ON MY LEFT LANE, THE EXTREME LEFT LANE ONLY FOR GOING STRAIGHT, WHEN THE LIGHT TURN GREEN, I PROCEED STRAIGHT, SUDDENLY VEH B FROM THE LEFT LANE MAKE A ILLEGAL RIGHT TURN INTO CENTRAL BLVD, AS THE RESULT, MY VEH LEFT FRONT HIT ONTO THE VEH B RIGHT HAND REAR PORTION.

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	SKT8137B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SRIRAM CHANDRASEKAR

NRIC/Passport Number	S2763792B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

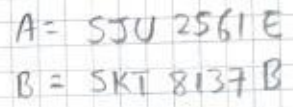


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

straits view



Please Refer to statement

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



Driver's Signature:
(If driver is not the policyholder)
Date & Time:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8634838A



Name
TAN BENG YONG

陳明榮

Race
CHINESE

Date of Birth
08-11-1986

Sex
M

Country of Birth
SINGAPORE

S8634838A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8634838A

Name: TAN BENG YONG

Birth Date: 08 Nov 1986

Issue Date: 12 Jun 2015

002438137B



SG 50

A0079887



AB+ S8634838A



AB+ 19-11-2001

APT BLK 12 JOO SENG ROAD
#14-51
SINGAPORE 360012


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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 19 Sep 2007

NP 428A

Licence No: S8634838A



Hello, NAC_PAYA_UBI_800601

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[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

10/03/2018 15:38

Vehicle No.(For Motor)

SJU2561E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094228784	FORTE AUTO LEASING PTE LTD	201631486C	GFT	Third Party, Fire & Theft	SJU2561E	SJU2561E	26/02/2018	

▼ Policy Information

Policy No.	5094228784	Policyholder Name	FORTE AUTO LEASING PTE LTD	Policyholder NRIC	201631486C
Address	25 KAKI BUKIT ROAD 4 #01-62 SYNERGY @ KB SINGAPORE 417800				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/09/2017	Effective Date	12/09/2017 00:00	Expiry Date	11/09/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	11744.32		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	01-62	Related Policy Number	5097558305		

► Insured Object: SJU2561E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/09/2017 00:00	Basic Information Endorsement	000001286652901	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Sep 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: GENIE FINANCIAL SERVICES PTE LTD
2	14/09/2017 00:00	Basic Information Endorsement	000001286653758	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJD6191C 14-09-2017 \$1,138.74 In view of this amendment, an additional premium of \$1,138.74 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
3	14/09/2017 00:00	Basic Information Endorsement	000001286653784	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE

Claim Handling

The premium on this policy has not been collected.

Accident MT/0985893

Policy No.	5094228784	Vehicle No.	SJU2561E	GST Registration No.	
Policyholder Name	FORTE AUTO LEASING PTE LTD			Policyholder NRIC	201631486C
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97984296	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	13/03/2018 16:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	09/03/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF STRAITS VIEW & CENTRAL BLVD				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	01-62	Related Policy Number	5097558305		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/11/1986
Unnamed driver Name	TAN BENG YONG	Driver NRIC	S8634838A	Driving Experience	10
Register Date of Driver License	19/09/2007	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	90117151	Contact No.(Office)		Address 3	100 SENG HEIGHTS
Address 1	BLK 12 #14-51	Address 2	100 SENG ROAD	Post Code	360012
Address 4	SINGAPORE 360012	Address Type	Singapore address		
Unit No.	14-51			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	FORTE AUTO LEASING PTE LTD	Insured NRIC	201631486C
Contact No.(Mobile)	97984296	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SJU2561E	TP Vehicle Number	SKT8137B
Claim Description	SJU2561E / SKT8137B ON 9 Mar 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/03/2018 16:44	Claim Close Date		Date Received	13/03/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0985893	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/03/2018 16:45
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

☐ Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 16:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 16:44	SAS	Normal	SAS 2018-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 16:44	Photos	Normal	Photos 2018-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 16:44	Photos	Normal	Photos 2018-3-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 16:44	Photos	Normal	Photos 2018-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 16:44	Photos	Normal	Photos 2018-3-13

Video List

Uploaded By/Date	Folder Date	File Name	Source
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