

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In <b>21/03/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC18005031/13</b>	SAS e-filing		
Veh No <b>SBR 69400</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>20/03/18 1030</b>	i-Motor Claim Form	<b>MT/0986973</b>	
OD <b>(TF)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **XE1939A** 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/801749** Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

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

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments :- For claiming against INC Only (wef 10 Jan 2005)

Cat. 1: 6) TR: Re-inspection \$75

Cat. 2/3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idac Mobile

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	21/03/2018 09:18
Date Of Accident	20/03/2018 10:30
Exact Location Of Accident	PAYA LEBAR RD TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR6940D
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### Insured/Policyholder

Name Of Registered Owner	KENNETH DONAVAN TAY
NRIC No	S7346450A
Email Address	KEN@BBPMAIL.COM
Mobile Phone No	(LOCAL) +65-94889045
Alternative Phone No	OTHERS-94889045

### Vehicle Particulars

Manufacturer	SUBARU
Model	VIKI
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	PRIVATE CAR

### 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	5082991361-01
Cover Note Number	

### Driver

Name of Driver	KENNETH DONAVAN TAY
NRIC No	S7346450A
Date Of Birth	28/12/1973
Occupation	INDOOR
Date Of Driving Pass	27/07/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94889045
Fax Number	
Contact Number	OTHERS-94889045
Email Address	KEN@BBPMAIL.COM

Address	BLK 17B CIRCUIT ROAD #06-214
Postcode	372017
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	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)	2
Passenger 1	NAME: : DU MEITING 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

MY VEH WAS STATIONARY ALONG PAYA LEBAR RD GOING TWDS PIE ON THE 3RD LANE OF A4-LANES RD. SUDDENLY VEH(B) BEARING REG NO XE1939A FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY RIGHT SIDE PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1939A
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIA BOON HOCK
NRIC/Passport Number	S1672791A
Contact Number	98324206
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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)**

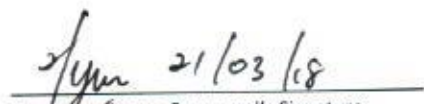
I understand, acknowledge, agree and consent that:

- (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:

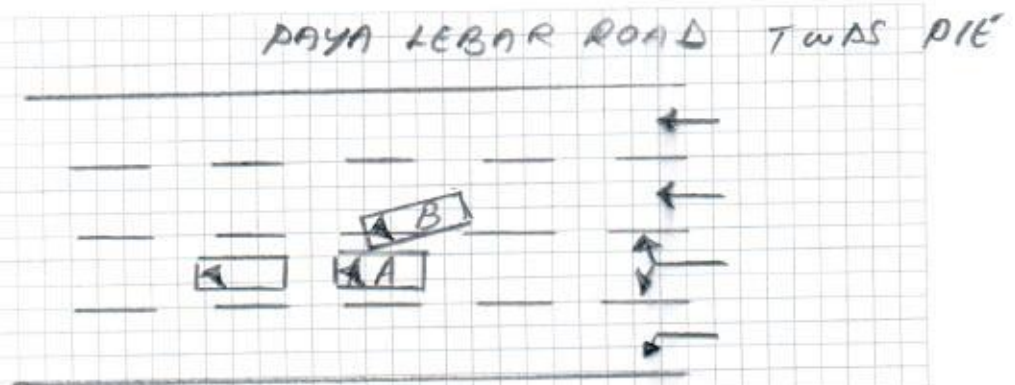


21/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

A - SBR6940D

B - XE1939A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the statement.*

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 21/03/18

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



20 Mar 2018

I was travelling  
along PTE  
nearest exit

Paya Lebar exit  
at approx 10:40am  
my no being

XE 1939A

while driving past  
I met car

BR 69400

I acknowledge  
that I am at PTD  
South.

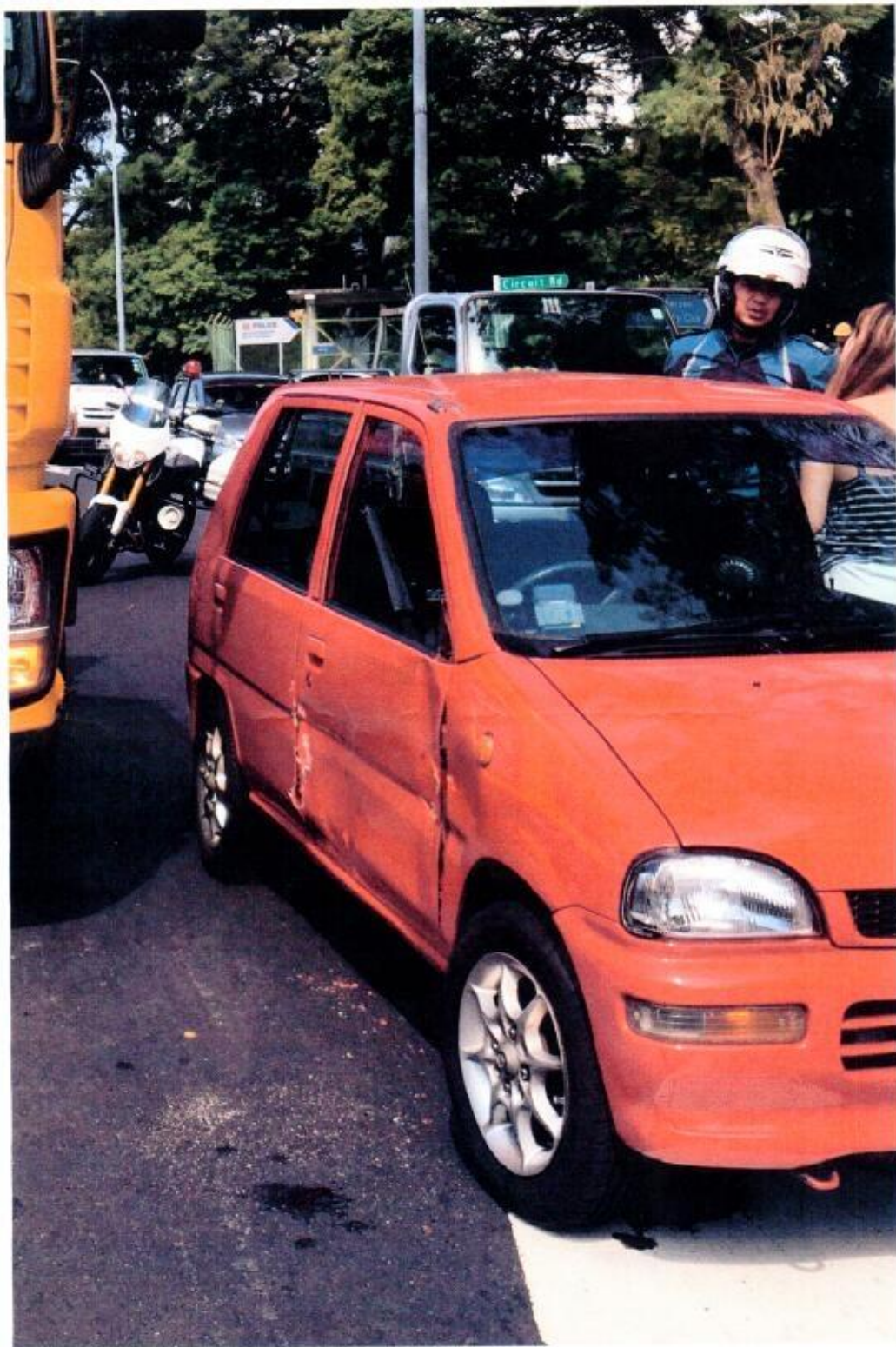
The car S.F. 1939CP  
was stationary  
at the time of  
accident.

98324206





ken@bbpmail.com







REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7346450A



NAME  
KENNETH DONAVAN TAY

RACE  
CHINESE

DATE OF BIRTH  
28-12-1973  
SEX  
M  
COUNTRY OF BIRTH  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



LICENCE NUMBER  
S7346450A

NAME  
KENNETH DONAVAN TAY

DATE OF BIRTH  
28 Dec 1973  
ISSUE DATE  
03 Aug 2016



NP 428A

Licence No: S7346450A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)  
EFFECTIVE DATE  
20 Dec 2001  
27 Jul 2016  
Class 2B Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg  
Class 3 Motorcycles <= 200 cc

APR BLK 178 CIRCUIT ROAD #06-214  
SINGAPORE 372017  
NRIC No: S7346450A  
EXPIRY 18/01/2016

05-12-2002

Head Group Code of Issue



S7346450A



3272293

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1672791A

Name:

SIA BOON HOCK

Birth Date: 06 Jun 1964

Issue Date: 28 Aug 2015



002466952G





Hello, NAC\_PAYA\_UBI\_800601

[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 type="radio"/>	5082991361-01	KENNETH DONAVAN TAY	S7346450A	GPC	Third Party, Fire & Theft	SBR6940D	SBR6940D	10/09/2017	09/09/2018

## Claim Handling

Accident MT/0986973

Policy No.	5082991361-01	Vehicle No.	SBR6940D	GST Registration No.	
Policyholder Name	KENNETH DONAVAN TAY	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7346450A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94889045	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

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▼ Accident Details

Report Date	21/03/2018 10:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	20/03/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD TWDS PIE				

## Benefits

## Excess

Own damage Excess	0.00	Additional Excess		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	BLK 17B #06-214	Address 2	CIRCUIT ROAD	Address 3	MACPHERSON RESIDENCY
Address 4	SINGAPORE 372017	Address Type	Singapore address	Post Code	372017
Unit No.	06-214	Related Policy Number	5082991361-01		

## OI Driver Info

Driver Name	Kenneth Donovan Tay	Driver Type	Main Driver	Driver DOB	28/12/1973
Unnamed driver Name		Driver NRIC	S7346450A	Driving Experience	1
Register Date of Driver License	27/07/2016	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	94889045	Contact No.(Office)	0	Address 3	MACPHERSON RESIDENCY
Address 1	BLK 17B	Address 2	CIRCUIT ROAD	Post Code	372017
Address 4	SINGAPORE 372017	Address Type	Singapore address		
Unit No.	#06-214			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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	KENNETH DONAVAN TAY	Insured NRIC	S7346450A
Contact No.(Mobile)	94889045	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ken@blackboxphoto.net	OI Vehicle Number	SBR6940D	TP Vehicle Number	XE1939A
Claim Description	SBR6940D / XE1939A ON 20 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	Name of Preferred Workshop	
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received
Date Registered	21/03/2018 10:11	Claim Close Date		Date Received	21/03/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0986973	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2018 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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Normal

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:11	SAS	Normal	SAS 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:11	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:11	Photos	Normal	Photos 2018-3-21
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:10	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:10	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 10:10	Photos	Normal	Photos 2018-3-21

## Video List

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

Scan and uploading