

# NATIONAL Assessment Centre Services

Ver 1.1 Jan 2005

Date In	05/04/2018 14:06	Job description	Date & Time Completed	Done by
Ref No	NA/INC18006266/K4	SAS e-filing		
Veh No	SFT1484 D	E-mail (within 3hrs, AIC 2hrs)		
D.O A	04/04/2018 21:35	i-Motor Claim Form	MT/0989237	6/4/18 14:40
OD	TP Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel:

Fax:

TP Particulars:

Veh No: SLV 3221 B

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: ( )

Policy No: ( )

Period: ( )

Cover Type: ( )

Date:

Time:

Confirmed by: ( )

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$3000)

Injury:

Date/Time Actions

Date/Time	Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

NA 1802115

## Invoice Presentation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100);		
3) TR: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Use Data SMRT Survey	\$160	
8) NTUC Additional Services:-		
* NS: Courtesy Car / Tpl Allowance	\$5	
* TR: Repair Coordination	\$10	
* RT: Post Repair Inspection	\$25	
* TR: LRV / Collect Excess Coordination	\$5	
* TR: LRV / Collect Excess (INC) against INC	\$20	
* TR: LRV / Collect Excess (INC) against INC	\$30	

Fee Charged

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 05/04/2018 14:06  
 Date Of Accident 04/04/2018 21:35  
 Exact Location Of Accident TAO CHING ROAD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFT1484D  
**Insured/Policyholder**  
 Name Of Registered Owner TAN BENG YEE  
 Co Reg No 53352793K  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-97388963  
 Alternative Phone No OFFICE-97388963

### Vehicle Particulars

Manufacturer TOYOTA  
 Model COROLLA 1.6  
 Exact Purpose for which vehicle was being used at time of accident WORK  
 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  
 Fleet Policy NO  
 Policy Number 5087086810-01  
 Cover Note Number

### Driver

Name of Driver TAN BENG YEE  
 NRIC No S6826323I  
 Date Of Birth 20/07/1968  
 Occupation OUTDOOR  
 Date Of Driving Pass 11/10/2000  
 Driving Experience 17 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97388963  
 Fax Number  
 Contact Number OTHERS-97388963  
 EMail Address NOEMAIL



Address	BLK 258 KIM KEAT AVENUE #08-36
Postcode	310258
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO OWNER
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	
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLV3221B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

TAN BENG YEE  
K 39725335

Policyholder's Signature  
Date & Time:

TAN BENG YEE  
53352793K

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

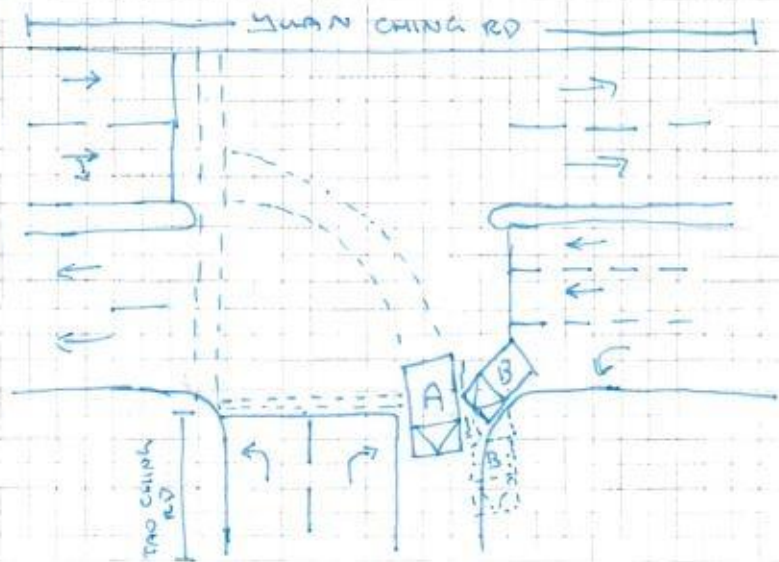
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

5/4/2018



# SKETCH PLAN

VEHICLE A - SFT 1434D  
VEHICLE B - SLV 3221B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING RIGHT INTO TAO CHING RD AFTER I SAW THE
LIGHT WAS AMBER I PROCEED TO MAKE THE TURN AND CONFIRM THE ROAD
WAS CLEAR. I WAS TURNING IN FROM YUAN CHING RD TOWARDS JERONG WEST
DIRECTION.
WHEN I'M ABOUT TO COMPLETE MY TURN AT TAO CHING, SUDDENLY
A VEHICLE MADE A FAST TURN IN FROM YUAN CHING ROAD TOWARDS AJE
DIRECTION. (SHE WAS TURNING LEFT), AND COLLIDED TO THE
LEFT SIDE PORTION OF MY VEHICLE.
ALIGNED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
BEARING (SLV 3221B) THAT COLLIDED TO THE LEFT FRONT PORTION
OF MY VEHICLE.
VEHICLE A - SFT 1434D
VEHICLE B - SLV 3221B

## DECLARATION

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

*TAN BENG YEE*  
**TAN BENG YEE**  
**K 39725335**

Policyholder's Signature  
Date & Time:

*TAN BENG YEE*  
**TAN BENG YEE**  
**53352792K**

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

*5/4/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SFT 1484 D	<b>Model / Make</b>	TOYOTA ALTIS
Date of Accident	4/4/18		
Time of Accident	2135	HRS	
Location of Accident	TAO CHING ROAD		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	TAN BENH YEE		
Telephone No.	H/P : 973 88 963	Home :	Office :
NRIC	533 527 93 K		
Address	BLK 258 KIM KEAT AVE #09-36 S(310258)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
<b>Name of Driver</b>	As Above If No, TAN BENH YEE		
NRIC	56826323 I	Any Passengers :	NIL
Date of birth	20 JUL 1968		
Occupation	Outdoor / Indoor		
Driving License Pass Date	11 OCT 2000		
Gender	Male / Female		
Contact No.	H/P : 973 88 963	Home :	Office :
Address	BLK 258 KIM KEAT AVE #09-36 S(310258)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state CO. OWNER		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLV 3221 B	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	LEFT SIDE PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S68263231



Name

TAN BENG YEE

陳明義

Race

CHINESE

Date of birth

20-07-1968

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S68263231

Name

TAN BENG YEE

Birth Date 20 Jul 1968

Issue Date 06 Sep 2003



000806333J



4786994

NRIC No. S68263231



Date of issue

28-10-2011

Address

APT BLK 258 KIM KEAT AVENUE  
#08-36  
SINGAPORE 310258

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

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

11 Oct 2000

NP 428A



Licence No: S68263231



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"/>	5087086810-01	TAN BENG YEE	53352793K	GPC	Third Party	SFT1484D	SFT1484D	24/03/2018	23/03/2019



## ▼ Policy Information

Policy No.	5087086810-01	Policyholder Name	TAN BENG YEE	Policyholder NRIC	53352793K
Address	BLK 258 #08-36 KIM KEAT AVENUE SINGAPORE 310258				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/03/2018	Effective Date	24/03/2018 00:00	Expiry Date	23/03/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 258 #08-36	Address 2	KIM KEAT AVENUE	Address 3	SINGAPORE 310258
Address 4		Address Type	Singapore address	Post Code	310258
Unit No.	08-36	Related Policy Number	5087086810-01		

▶ Insured Object: SFT1484D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/0989237

Policy No.	5087086810-01	Vehicle No.	SFT1484D	GST Registration No.	
Policyholder Name	TAN BENG YEE			Policyholder NRIC	533:
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not

## ▼ Accident Details

Report Date	06/04/2018 08:42	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	04/04/2018	Time of Accident hh:mm	21:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAO CHING ROAD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		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 Registration No.		GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 258 #08-36	Address 2	KIM KEAT AVENUE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	310.
Unit No.	08-36	Related Policy Number	5087086810-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN BENG YEE	Driver NRIC	S68263231	Driver DOB	20/1
Register Date of Driver License	11/10/2000	Driver Age	49	Driving Experience	17
Contact No.(Mobile)	97388963	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 258 #08-36	Address 2	KIM KEAT AVENUE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	310.
Unit No.	08-36				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		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 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN BENG YEE	Insured NRIC	533:
Contact No.(Mobile)	97388963	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SFT1484D	TP Vehicle Number	SLV:
Claim Description	SFT1484D / SLV3221B ON 4 Apr 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	06/04/2018 14:46	Claim Close Date		Date Received	06/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment



4/6/2018

## Claim Handling( Claim Task 002 OD-MX)

Accident No.

MT/0989237

Claim No.

002

Last Doc. Received

Yes No

Upload Date

06/04/2018 14:40

Path \*

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

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:46	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:44	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:42	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:42	Photos	Normal	Photos 20

## Video List

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

Scan and uploading