

NATIONAL Assessment Centre Services (wef 1 Jan 00) MMA 118053804.

Date In: 24/1/18 10:59	Job description	Date & Time Completed	Done by
Ref No: MA/INC18007503/64	SAS e-filing		
Veh No: SJL 7804 U	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 23/1/18 18:50	i-Motor Claim Form	MT/0991722-001	24/1/18 17:50.
OD: <input checked="" type="checkbox"/> 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: SKA 5358R 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:	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	Amt (\$)	Amt (\$)
		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		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N11: TP (Non-INC) against INC \$20		
	* N12: Idno Mobile \$0		
	* 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	24/04/2018 10:59
Date Of Accident	23/04/2018 18:50
Exact Location Of Accident	BUKIT BATOK EAST AVE 3 TWDS ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7804U
Insured/Policyholder	
Name Of Registered Owner	TAN YIEW LIAN
NRIC No	S8529450D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90282608
Alternative Phone No	OFFICE-90282608

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4 TSI 170HP
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094608120
Cover Note Number	-

Driver

Name of Driver	TAN YIEW LIAN
NRIC No	S8529450D
Date Of Birth	07/09/1985
Occupation	INDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90282608
Fax Number	
Contact Number	OFFICE-90282608
EMail Address	NOEMAIL

Address BLK 305 BUKIT BATOK ST 31 #10-83
 Postcode 650305
 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 SIDE SWIPE
 Weather Conditions AFTER RAINED
 Road Surface WET

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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2 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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ5358R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TOH CHAN KEONG
 NRIC/Passport Number S7212269J
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

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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:

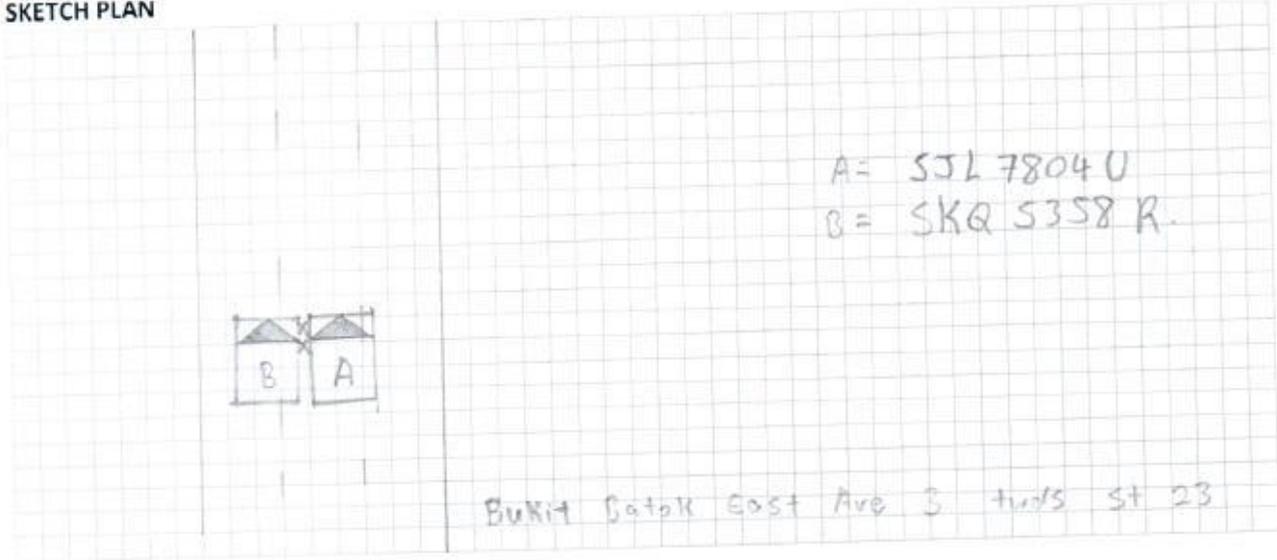
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/4/2018

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 on the most right lane stopped and prepare for lane change to left. My left signal was on before turn out lane change and my ^{left} blind spot was clear, also my left side mirror as well. After all my left blind spot and left side mirror checking clear, my car slowing turning out and a black car driving toward and knocked on my left side mirror.

DECLARATION

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


Policyholder's Signature
Date & Time: 24/4/2018

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. S8529450D




Name
TAN YIEW LIAN
陳耀良

Race
CHINESE

Date of birth
07-09-1985

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8529450D**
Name:
TAN YIEW LIAN

Birth Date: **07 Sep 1985**
Issue Date: **01 Nov 2008**



001670413C

5614874




NRIC No. **S8529450D**

Date of issue
23-06-2016

Address
**APT BLK 305 BUKIT BATOK STREET 31
#10-83
SINGAPORE 650305**

YOU ARE LICENSFD TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	ISSUE DATE
Class 2B	Motorcycles <= 200 CC	01 Nov 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Mar 2014

S8529450D

S / No. 9000196140

NP 420A

Licence No: S8529450D



Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094608120	TAN YIEW LIAN	S8529450D	GPC	drive CLASSIC	SJL7804U	SJL7804U	27/09/2017	10/12/2018

Continue

4/24/2018

Claim Handling

Accident MT/0991722

Policy No.	5094608120	Vehicle No.	SJL7804U	GST Registration No.	
Policyholder Name	TAN YIEW LIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S8529450D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90282608	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	24/04/2018 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/04/2018	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK EAST AVE 3 TWDS ST 23				

Benefits

Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
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 305 #10-83	Address 2	BUKIT BATOK STREET 31	Address 3	HONG KAH GREEN
Address 4	SINGAPORE 650305	Address Type	Singapore address	Post Code	650305
Unit No.	10-83	Related Policy Number	5094608120		

OI Driver Info

Driver Name	TAN YIEW LIAN	Driver Type	Main Driver	Driver DOB	07/09/1985
Unnamed driver Name		Driver NRIC	S8529450D	Driving Experience	4
Register Date of Driver License	03/03/2014	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	90282608	Contact No.(Office)		Address 3	HONG KAH GREEN
Address 1	BLK 305 #10-83	Address 2	BUKIT BATOK STREET 31	Post Code	650305
Address 4	SINGAPORE 650305	Address Type	Singapore address		
Unit No.	10-83			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.			

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN YIEW LIAN	Insured NRIC	S8529450D	
Contact No.(Mobile)	90282608	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	SJL7804U	TP Vehicle Number	SKQ5358R	
Claim Description	SJL7804U / SKQ5358R ON 23 Apr 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/04/2018 00:00	
Date Registered	24/04/2018 17:49	Claim Close Date				
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/0991722	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2018 17:50
Path *		Category *	
Choose File	No file chosen	Confidential	NO
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
 Message Read

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

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:50	SAS	Normal	SAS 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:50	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:49	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:49	Photos	Normal	Photos 2018-4-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:49	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:49	Photos	Normal	Photos 2018-4-24

Video List

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