

NATIONAL Assessment Centre Services

Date In: 08/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008370/13	SAS e-filing		
Veh No: SKP3219C	E-mail (within 8hrs, AP: 2hrs)		
DOA: 07/05/18 1360	i-Motor Claim Form	NA/0993477-001	
<input checked="" type="radio"/> OD 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: (J-MARI Tel: Fax:)

TP Particulars: Veh No: INC () / Non-INC () Tel: ()

Owner / Driver: ()

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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1802865	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		

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 willful 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	08/05/2018 11:33
Date Of Accident	07/05/2018 13:00
Exact Location Of Accident	499 YIO CHU KANG CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3219C
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW IMM
NRIC No	S1279451G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97416480
Alternative Phone No	OTHERS-97416480

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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?	YES
If No, Please state action to be taken	
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	5073016748-02
Cover Note Number	

Driver

Name of Driver	TAN SIEW IMM
NRIC No	S1279451G
Date Of Birth	01/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1990
Driving Experience	27 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97416480
Fax Number	
Contact Number	OTHERS-97416480
Email Address	NOEMAIL

Address	499 YIO CHU KANG RD #09-07
Postcode	787082
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	COLLIDED INTO PROPERTY
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?	NO
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

WHILE TURNING OUT HIT ONTO THE WALL & THUS DAMAGED ON THE REAR LH PORTION OF MY CAR.

Attachment(s)

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

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:

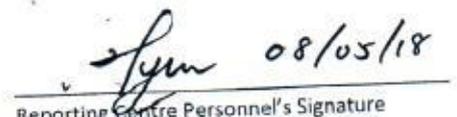
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 08/05/18

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

SKETCH PLAN

499
Yio Chu Kang
c/park



A hand-drawn sketch on a grid background. It shows a vertical line representing a wall. To the right of the wall is a simple rectangle representing a car, with the letter 'A' written inside it.

DOA: 7/5/18

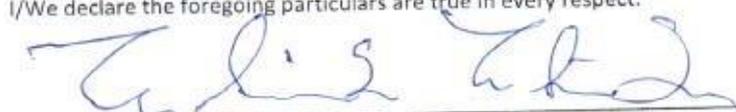
A: SKP 3219C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning out hit onto the wall &
thus damaged on the rear 1/4 portion of
my car.

DECLARATION

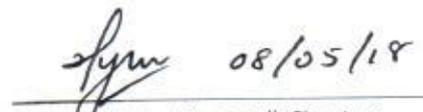
I/We declare the foregoing particulars are true in every respect.



Two handwritten signatures in black ink, one above the other, on a horizontal line.

Policyholder's Signature
Date & Time:

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



A handwritten signature in black ink followed by the date '08/05/18', both on a horizontal line.

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

Personal Particulars

Date of Accident: 7/5/18 Time of Accident: 1.00 pm
 Exact Location of Accident: 499 Yio Chu Kang c/park
 Owner's Name: Tan Siew Imm NRIC No: S12794576 HP No: 97416480
 Driver's Name: _____ NRIC No: _____ HP No: _____
 Date of Birth: 1/11/1957 Driving Licence Passing Date: 18/12/1990 Occupation: Indoor / Outdoor
 Address: 499 Yio Chu Kang Rd #09-07 (787082)
 Relationship of Driver with Insured: Owner Email Address: _____
 Vehicle No: SKP 3219 C Make & Model: Toyota Altis
 Insurance Co: NTUC Coverage: Comprehensive Policy No: 5073016748-02

- *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
- *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
- *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
- * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: _____ B: _____ C: _____ D: _____
- *Was Anybody Injured? (Yes / No) If yes,
 Name / NRIC / In Vehicle: _____
- *Was The Accident Reported To The Police?
 No Yes, Which Police Station? _____
- *Does the Driver Own Any Other Vehicle?
 No Yes, Vehicle Registration No: _____ insurer: _____
- *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
- *Was there any video captured by Car Camera? (Yes/ No)

Third Party Driver's Particulars

Vehicle B No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____
 Vehicle C No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

NA



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5073016748-02

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKP9219C |
| Chassis Number | : MRQ63REH104513051 |
| 2. Name of Policyholder | : TAN SIEW IMM |
| 3. Effective Date of Insurance | : 01 Sep 2017 |
| 4. Expiry Date of Insurance | : 31 Aug 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: TAN SIEW IMM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue : 28 Jul 2017 18:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Claim Handling

Accident MT/0993477

Policy No.	5073016748-02	Vehicle No.	SKP3219C	GST Registration No.	
Policyholder Name	TAN SIEW IMM	Cover Type	drive PREMIUM	Policyholder NRIC	S1279451G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97416480	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(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	08/05/2018 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	07/05/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	499 YIO CHU KANG CARPARK				

▼ Benefits

Coverage		Sum Insured	999999999.99
Excess Waiver			999999999.99
Transport Allowance			

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
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	47A LORONG 27 GEYLANG	Address 2	SINGAPORE 388179	Address 3	
Address 4		Address Type	Singapore address	Post Code	388179
Unit No.		Related Policy Number	5073016748-02		

▼ O1 Driver Info

Driver Name	TAN SIEW IMM	Driver Type	Main Driver	Driver DOB	01/11/1957
Unnamed driver Name		Driver NRIC	S1279451G	Driving Experience	19
Register Date of Driver License	01/01/1999	Driver Age	60	Contact No. (Home)	0
Contact No. (Mobile)	97416480	Contact No. (Office)	0	Address 3	SINGAPORE 787082
Address 1	499 YIO CHU KANG ROAD	Address 2	SEASONS PARK	Post Code	787082
Address 4		Address Type	Singapore address		
Unit No.	#09-07	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> 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-MD **New**

Claim Type *	OD-MD	Insured Name	TAN SIEW IMM	Insured NRIC	S1279451G
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	66666666
Email Address		O1 Vehicle Number	SKP3219C	TP Vehicle Number	
Claim Description	SKP3219C ON 7 May 2018			Name of Preferred Workshop	J-MART
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	08/05/2018 00:00
Date Registered	08/05/2018 15:17	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer		OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0993477	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/05/2018 00:00
Path *		Category *	Confidential
		Urgency *	Deccr

Choose File No file chosen
 Message Read

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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	SAS	Normal	SAS 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	Photos	Normal	Photos 2018-5-8
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 15:16	Photos	Normal	Photos 2018-5-8

Video List

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