

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 19/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009108/13	SAS e-filing		
Veh No: SL41918T	E-mail (within 8hrs, AIC 2hrs)		
DOA: 19/05/18 1030	i-Motor Claim Form	MT/0995032-001	
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: SLK3147R	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

NA1803156	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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:-		
	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	
	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	19/05/2018 14:40
Date Of Accident	19/05/2018 10:30
Exact Location Of Accident	BEDOK CENTRAL CARPARK BEHIND BEDOK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1918T
Insured/Policyholder	
Name Of Registered Owner	TAY THIAM SENG
NRIC No	S0080637D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83281877
Alternative Phone No	OTHERS-83281877

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
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	5096230522
Cover Note Number	

Driver

Name of Driver	TAY THIAM SENG
NRIC No	S0080637D
Date Of Birth	10/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281877
Fax Number	
Contact Number	OTHERS-83281877
Email Address	NOEMAIL

Address	BLK 59 CHAI CHEE RD #08-878
Postcode	460059
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	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	SLK3147R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN MEI YUN
NRIC/Passport Number	S7718056G
Contact Number	98660015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

19/05/18

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

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

sfw 19/05/18

- SLK1918T

- SLK3147R

BEDOK POINTE

SLK1918T

SLK3147R

BEDOK POINTE

A-5C419187

B-5C43147R

BEDOK CENTRAL

BEDOK POINT

[illegible]

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

Bay

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

sym 19/05/18

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

19/05/18

I WAS DRIVING ALONG THE DRIVEWAY OF THE CARPARK AT BEDOK CENTRAL NEAR BEDOK POINT. WHILE DRIVING ALONG THE BEND, SUDDENLY VEH(B) BEARING REG NO SLK3147R CAME OUT FROM THE CARPARK LOT AND COLLIDED ONTO MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: 19/05/18 (DD/MM/YYYY), TIME: 10:30 (HH:MM)
BEDOK CRT
LOCATION: BEHIND BEDOK POINT CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU1918T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5096230522
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA CIVIC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: JAY THIAM SENIG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0080637D CONTACT: 83281877
c) ADDRESS: BLK 59 CHAI CHEE RD
#08-878 (460059)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 10/04/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/02/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES NO)

7. a) REPORTED TO POLICE (YES NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK3147R MODEL: _____
b) DRIVER'S NAME: CHIN MEI YUN
c) NRIC/FIN/PASSPORT: 57718056G CONTACT: 98660015

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = pting - 13@hotmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0080637D



Name
TAY THIAM SENG

Race
CHINESE

Date of birth
10-04-1953

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0080637D**

Name
TAY THIAM SENG

Birth Date **10 Apr 1953**

Issue Date **04 Jun 2013**



002187061G




4871369




NRIC No. **S0080637D**

Date of issue
15-08-2012

Address
**APT BLK 59 CHAI CHEE ROAD
#08-87B
SINGAPORE 460059**


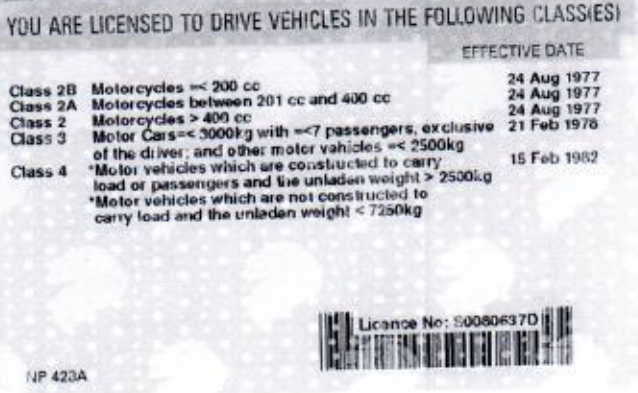


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 cc	24 Aug 1977
Class 2A Motorcycles between 201 cc and 400 cc	24 Aug 1977
Class 2 Motorcycles > 400 cc	24 Aug 1977
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg	21 Feb 1978
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	15 Feb 1982
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

NP 423A

Licence No: S0080637D

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

19/05/2018 10:30

Vehicle No.(For Motor)

SLU1918T

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096230522	TAY THIAM SENG	S0080637D	GPC	drive CLASSIC	SLU1918T	SLU1918T	24/11/2017	29/05/2018

▼ Policy Information

Policy No.	5096230522	Policyholder Name	TAY THIAM SENG	Policyholder NRIC	S0080637D
Address	BLK 59 #08-878 CHAI CHEE ROAD SINGAPORE 460059				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/11/2017	Effective Date	24/11/2017 00:00	Expiry Date	29/05/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	THIS MARKETING INSURANCE A Agent Tel.		63444479	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 59 #08-878	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.		Related Policy Number	5096230522		

▶ Insured Object: SLU1918T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	24/11/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 24 Nov 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLU1918T

Continue

Cancel

Claim Handling

Accident MT/0995032

Policy No.	5096230522	Vehicle No.	SLU1918T	GST Registration No.	
Policyholder Name	TAY THIAM SENG			Policyholder NRIC	50080637D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83281877	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	19/05/2018 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/05/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK CENTRAL CARPARK BEHIND BEDOK POINT				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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 59 #08-878	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.		Related Policy Number	5096230522		
▼ OI Driver Info					
Driver Name	TAY THIAM SENG	Driver Type	Main Driver	Driver DOB	10/04/1953
Unnamed driver Name		Driver NRIC	50080637D	Driving Experience	21
Register Date of Driver License	03/03/1997	Driver Age	65	Contact No.(Home)	0
Contact No.(Mobile)	83281877	Contact No.(Office)	0	Address 3	SINGAPORE 460059
Address 1	BLK 59	Address 2	CHAI CHEE ROAD	Post Code	460059
Address 4		Address Type	Singapore address		
Unit No.	#08-878				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAY THIAM SENG	Insured NRIC	50080637D
Contact No.(Mobile)	90117887	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLU1918T	TP Vehicle Number	SLK3147R
Claim Description	SLU1918T / SLK3147R ON 19 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/05/2018 00:00
Date Registered	19/05/2018 15:01	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0995032	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	SAS	Normal	SAS 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 15:01	Photos	Normal	Photos 2018-5-19

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New WindowScan and uploading</div>			