

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118066808

Date In: 22/15/18 17:22	Job description	Date & Time Completed	Done by
Ref No: MA11NC 18009316164	SAS e-filing		
Veh No: 5GJ 3970 U	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22/15/18 08:25	i-Motor Claim Form	MT/0995470 ⁰⁰¹	22/15/18 17:51
OD: <input checked="" type="checkbox"/> 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:

SJU 5051 R.

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

MA1803235	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
at 1:	Invoice dated	Fee Charged	
at 2/3:	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	22/05/2018 17:22
Date Of Accident	22/05/2018 08:25
Exact Location Of Accident	WOODLANDS AVE 3 TWDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ3970U
Insured/Policyholder	
Name Of Registered Owner	TIAN SING HUAT
NRIC No	S2506057A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516491
Alternative Phone No	OFFICE-97516491

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5081547332-01
Cover Note Number	-

Driver

Name of Driver	TIAN SING HUAT
NRIC No	S2506057A
Date Of Birth	05/07/1955
Occupation	INDOOR
Date Of Driving Pass	21/06/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97516491
Fax Number	
Contact Number	OFFICE-97516491
EMail Address	NOEMAIL

Address	BLK 327 WOODLANDS ST 32 #03-01
Postcode	730327
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	
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: : TIAN WEI YANG GENDER: : MALE
Passenger 2	NAME: : YEW SIEW KENG 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5051R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIVARAJ SHASHI
NRIC/Passport Number	S0210985I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.



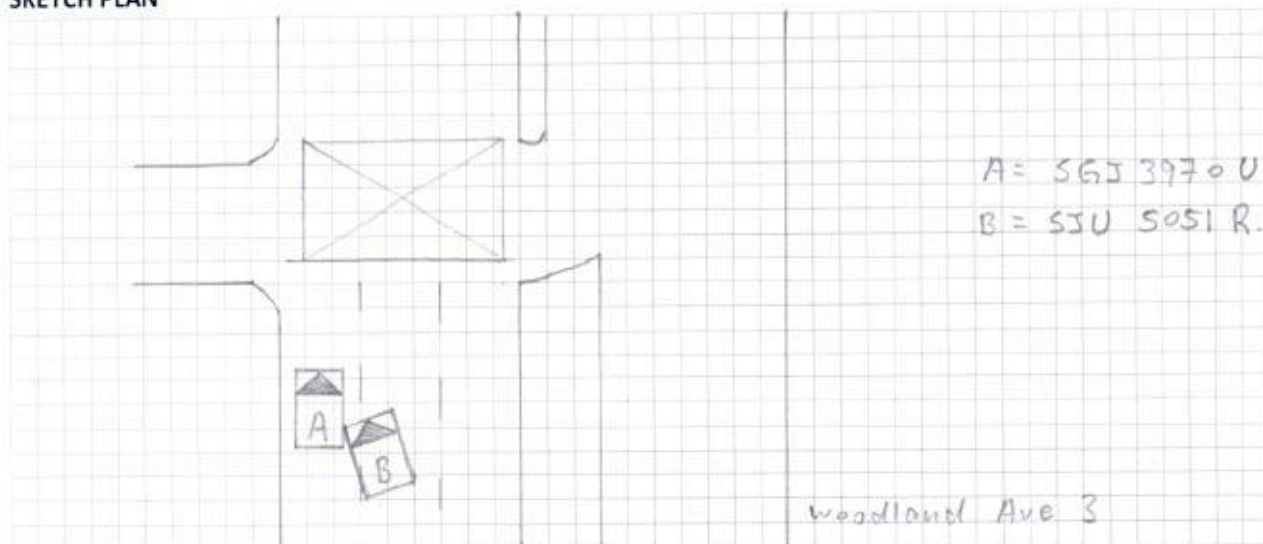
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

I WAS TRAVELLING ALONG WOODLANDS AVE 3 BEFORE JUNCTION OF WOODLANDS AVE 5, I WAS ON THE EXTREME LEFT LANE. ALL OF A SUDDEN, I FELT AN IMPACT FROM MY RIGHT HAND SIDE. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SJU5051R) FROM THE RIGHT LANE (CENTER LANE) ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 5 / 18) (DD/MM/YYYY), TIME: (8 : 25) (HH:MM)

LOCATION: Woodland Ave 3 twds Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ 3970U
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: Tian Sing Huat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97516491
c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SJU 5051R MODEL: _____
b) DRIVER'S NAME: Sivara Shashi
c) NRIC/FIN/PASSPORT: 502109851 CONTACT: _____

9. THIRD PARTY VEHICLE


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

M Tian Wei Yang


F Yew Siew Keng email = Uemotor@hotmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2506057A



Name
TIAN SING HUAT



鄧新發

Race
CHINESE


Date of Birth
05-07-1955

Sex
M


Country of Birth
JOHORE



1215260



NRIC No. S2506057A



Blood Group
B+

Date of Issue
25-08-1993

APT BLK 327 WOODLANDS STREET 32 #03-01
SINGAPORE 730327

NRIC No. S2506057A Date 09-08-2003 (R) No. 4774881

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2506057A**
 Name: **TIAN SING HUAT**


Birth Date: **05 Jul 1955**
 Issue Date: **03 Jun 2003**



 1000675749D

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Jun 1977
Class 2A	Motorcycles between 201 cc and 400 cc	21 Jun 1977
Class 2	Motorcycles exceeding 400 cc	21 Jun 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jun 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Apr 1983

 Licence No: S2506057A

NP 428A

eBaoTech

GeneralClaim

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"/>	5081547332-01	TIAN SING HUAT	S2506057A	GPC	Third Party, Fire & Theft	SGJ3970U	SGJ3970U	10/07/2017	09/07/2018

Claim Handling

Accident MT/0995470

Policy No.	5081547332-01	Vehicle No.	SGJ3970U	GST Registration No.	
Policyholder Name	TIAN SING HUAT			Policyholder NRIC	S2506057A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97516491	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No
▼ Accident Details					
Report Date	22/05/2018 17:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	22/05/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 3 TWDS AVE 5				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	BLK 327 #03-01	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730327
Address 4		Address Type	Singapore address	Post Code	730327
Unit No.		Related Policy Number	5081547332-01		
▼ OI Driver Info					
Driver Name	TIAN SING HUAT	Driver Type	Main Driver	Driver DOB	05/07/1955
Unnamed driver Name		Driver NRIC	S2506057A	Driving Experience	35
Register Date of Driver License	25/04/1983	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	97516491	Contact No.(Office)		Address 3	SINGAPORE 730327
Address 1	BLK 327 #03-01	Address 2	WOODLANDS STREET 32	Post Code	730327
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TIAN SING HUAT	Insured NRIC	S2506057A
Contact No.(Mobile)	97516491	Contact No.(Home)	68914234	Contact No.(Office)	
Email Address		OI Vehicle Number	SGJ3970U	TP Vehicle Number	SJU5051R
Claim Description	SGJ3970U / SJU5051R ON 22 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/05/2018 17:50	Claim Close Date		Date Received	22/05/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0995470	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/05/2018 17:51
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Descr
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	
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	SAS	Normal	SAS 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
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