

NATIONAL Assessment Centre Services. (Unit 1, 2nd Floor) **MNA48067164**

Date In: **23/05/2018** 15:37

Ref No: **NBA/MC180093954**

Yell No: **SAE 9088E**

O.O.N: **22/05/2018** 14:50

OD: **TP / Reporting Only**

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with photo, AIC 2018)		
E-motor Claim Form	m1099564-001	28/05/2018
E-motor Y/O (with photo, AIC 2018)		16/15
E-photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VHSA		

Preferred Wksp / HQ Assign Wksp / OVI ()

TP Particulars: Yell No: **SAE 2862 Z** INC () / Non-INC ()

Owner / Driver ()

Policy No () Period () Cover Type ()

Confirmed by () Date () Time ()

Insured/Driver Liability () % (Note: B/L Status (WO): NI 0.20%, PI 21.79%, P: 90.100%)

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 repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date / Time / Action: ()

NA1803300

Invoice Preparation Checklist:

Item	Amount	Notes
1) AIC Incident Report Fee (32.00)		
2) DA (Driver's Allowance) (3100)		INC (20)
3) TP Towing Fee		
4) PT Follow Through Survey		
5) PT Follow Through Survey (Recovery)		
6) TR Bill of Materials		
7) NI (NI) DA + SMRT Survey		
8) NTUC Additional Survey Fee		
9) NI (NI) DA + SMRT Survey		
10) NTUC Additional Survey Fee		
11) NI (NI) DA + SMRT Survey		
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100) NTUC Additional Survey Fee		

Checked by (Originator/Charger):

Invoice Date:

Invoice Time:

File Path:

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	23/05/2018 15:37
Date Of Accident	22/05/2018 14:50
Exact Location Of Accident	ROAD INFRONT OF BLK 347 KANG CHING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9048E
Insured/Policyholder	
Name Of Registered Owner	TAN CHUN HWEE
NRIC No	S8930488A
Email Address	DANIELTCH89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98328865
Alternative Phone No	OTHERS-98328865

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET-1.4 (A)
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	5085116842-01
Cover Note Number	

Driver

Name of Driver	TAN CHUN HWEE
NRIC No	S8930488A
Date Of Birth	08/09/1989
Occupation	INDOOR
Date Of Driving Pass	19/09/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98328865
Fax Number	
Contact Number	OTHERS-98328865
EMail Address	DANIELTCH89@GMAIL.COM

Address	BLK 345 KANG CHING ROAD #11-93
Postcode	610345
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	2
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

PLEASE REFER TO SKETCH PLAN

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	SJN2862Z
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MEI LENG
NRIC/Passport Number	
Contact Number	82337783
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

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: 23/05/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

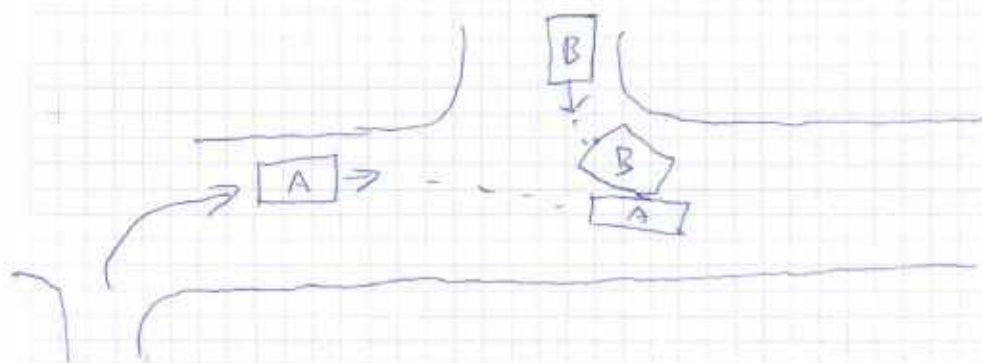
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ROAD IN FRONT OF BLK 347 KANG CHANG ROAD



A) SLF 9048E

B) SJN 2862Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver A is me. Driver B came out at the driveway suddenly and hit my left side door when I already tried to avoid her.

She apologized and wanted to settle privately initially. Only at night did she change her stand and wanted to check with insurance company. The morning after she mentioned to claim her insurance.

DECLARATION

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

Policyholder's Signature
Date & Time: 22/05/2018.

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

Reporting Centre Personnel's Signature
Name: 23/05/2018
NRIC/FIN No.: JES1111111111

Claim Handling

Accident MT/0995614

Policy No.	5085116842-01	Vehicle No.	SLF9048E	GST Registration No.	
Policyholder Name	TAN CHUN HWEE	Cover Type	Invlo MEMULUM	Policyholder NRIC	58930488A
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	98328865	Special Remark		Contact No. (Home)	
Email Address		TCA	☐ No ☒ Yes	eCode	No *
KPI	☐ No ☒ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	23/05/2018 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/05/2018	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ROAD INFRONT OF BLK 345 KANG CHING ROAD				

▼ Benefits

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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 345 #11-93	Address 2	KANG CHING ROAD	Address 3	SINGAPORE 610345
Address 4		Address Type	Singapore address	Post Code	610345
Unit No.	11-93	Related Policy Number	5085116842-01		

▼ OI Driver Info

Driver Name	TAN CHUN HWEE	Driver Type	Main Driver	Driver DOB	08/09/1989
Unnamed driver Name		Driver NRIC	58930488A	Driving Experience	3
Registrar Date of Driver License	19/09/2014	Driver Age	28	Contact No. (Home)	
Contact No. (Mobile)	98328865	Contact No. (Office)		Address 1	SINGAPORE 610345
Address 1	BLK 345 #11-93	Address 2	KANG CHING ROAD	Post Code	610345
Address 4		Address Type	Singapore address		
Unit No.	11-93				
Does he own a Singapore Registered car?	Yes ☒ No ☐	Driver Vehicle No.	SLF9048E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ☐ No ☒
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TAN CHUN HWEE	Insured NRIC	58930488A
Contact No. (Mobile)	98328865	Contact No. (Home)	92644732	Contact No. (Office)	
Email Address	DANIELTCH88@GMAIL.COM	OI Vehicle Number	SLF9048E	TP Vehicle Number	52N2882Z
Claim Description	SLF9048E / SIN2882Z ON 22 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, name unknown	GIA report	Received
Date Registered	23/05/2018 16:14	Claim Close Date		Date Received	23/05/2018 00:00
Report Taken By	ROSLE WAHAB				
☐ Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0995614	Claim No.	001	
Last Doc. Received	☒ Yes ☐ No	Upload Date	23/05/2018 16:15	
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 * 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	Confidential NO Normal NO Normal NO Normal NO Normal NO Normal	Urgency * Normal Normal Normal Normal Normal	Description *

Send Message Upload

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg. Sent? (CO)	Action
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 23 May 2018 16:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-23		Edit
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 23 May 2018 16:15	SAS	Normal	SAS 2018-5-23		Edit
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 23 May 2018 16:15	Photos	Normal	Photos 2018-5-23		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 May 2018 16:14	Photos	Normal	Photos 2018-5-23	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 May 2018 16:14	Photos	Normal	Photos 2018-5-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 May 2018 16:14	Photos	Normal	Photos 2018-5-23	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22/05/2018) (DD/MM/YYYY), TIME: (2:50) (HH:MM)

LOCATION: Road in front of Blk 347 Kang Ching Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF9048E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5085116842-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VW Golf Cabriolet
 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) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Tan Chun Hwee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8430488A CONTACT: 98328865
 c) ADDRESS: Blk 345 KANG CHENG ROAD #11-93 S(610345)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (08/07/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 Sep 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (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) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN2862Z MODEL:
 b) DRIVER'S NAME: Mei Leng
 c) NRIC/FIN/PASSPORT: CONTACT: 8233 7783

9. THIRD PARTY VEHICLE

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

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

(2)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

1) EMAIL :

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8930488A



Name

TAN CHUN HWEE

陈俊辉

Race

CHINESE

Date of birth

Sex

08-09-1989 M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8930488A

Name

TAN CHUN HWEE

Birth Date 08 Sep 1989

Issue Date 19 Sep 2014



4673503



NRIC No: S8930488A

Date of issue

30-12-2010

Address

APT BLK 345 KANG CHING ROAD
#11-93
SINGAPORE 610345

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 19 Sep 2014



NP 428A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	22/05/2018 15:34						
Vehicle No.(For Motor)	SLF9048E								
Search									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5085116842-01	TAN CHUN HWEE	58930488A	GPC	drive PREMIUM	SLF9048E	SLF9048E	19/10/2017	18/10/2018
Continue									