

NATIONAL Assessment Centre Services

(Ref: Jan 05)

MINA/8076768

Date In: 13/06/2018 15:45	Job description: SAS e-filing	Date & Time Completed	Done by
Ref No: NBA/mcd001080714	E-mail (within 8hrs, AIC 2hrs)		
Veh No: PC 6102U	i-Motor Claim Form	m/0998631-001	14/06/2018
D.O.A: 13/06/2018 11:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:35
OD: (1P) Reporting Only	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: SHC 8481 G

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

NA/803781

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30),		
2) DA: Damage Assessment (\$100), INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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:-		
ON*		
*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 (N7a 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 13/06/2018 15:45
 Date Of Accident 13/06/2018 11:30
 Exact Location Of Accident DUCHESS RESIDENCES (266314)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6102U
Insured/Policyholder
 Name Of Registered Owner AA TRANSLINK PTE. LTD.
 Co Reg No 201201220C
 Email Address TANSUANBOON1959@GMAIL.COM
 Mobile Phone No (LOCAL) +65-94251934
 Alternative Phone No OFFICE-94251934

Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE COMMUTER GL 3.0 AUTO
 Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5080301109-02
 Cover Note Number

Driver

Name of Driver TAN SUAN BOON
 NRIC No S1376329A
 Date Of Birth 08/08/1959
 Occupation OUTDOOR
 Date Of Driving Pass 25/08/1978
 Driving Experience 39 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-94251934
 Fax Number
 Contact Number OTHERS-94251934
 Email Address TANSUANBOON1959@GMAIL.COM

Address	BLK 63A LENGKOK BAHRU #30-372
Postcode	151063
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHC8481G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KHOON HOE
NRIC/Passport Number	S0263127Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

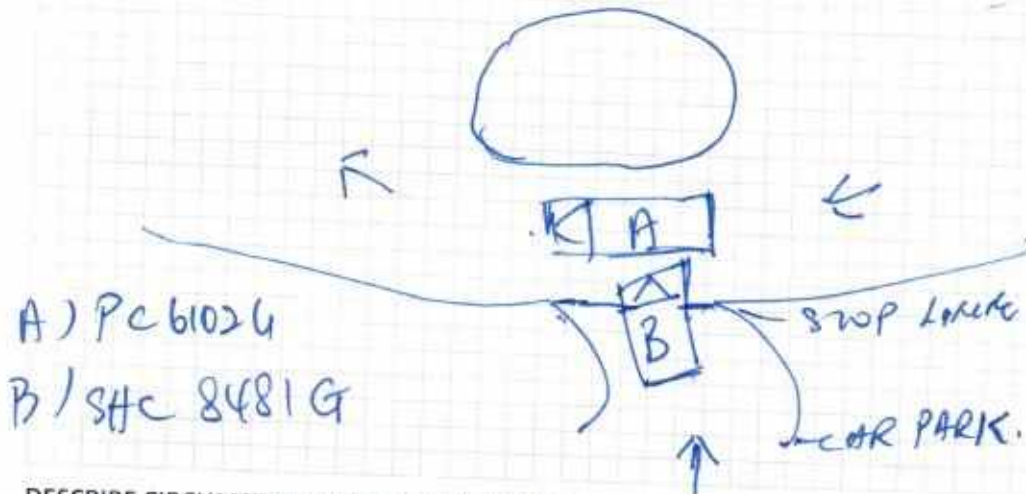
 13-06-2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 14/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


Name: Resli Wathan
NRIC/FIN No.:

SKETCH PLAN

Duchess RESIDENCES DROP OFF POINT



A) PC 6102 G
B) SHC 8481 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/06/2018 AT ABOUT 11:30 HRS I WAS ON THE WAY TO PICK UP PASSENGER AT DUCHESS RESIDENCES JUST B/F THE CAR PARK. TO THE DROP OFF POINT MY VAN PC 6102 G LEFT EAR OF THE VAN WAS HIT BY A TAXI SHC 8481 G. THE TAXI DID NOT STOP AT THE STOP LINE TO GIVEWAY TO ME THAT ALL.

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.:



1423 pm
13-06-2018

14/06/2018
ROSLI WATKINS

Claim Handling

Accident MT/0998631

+ Exit

Policy No.	5080301109-02	Vehicle No.	PC8102U	GST Registration No.	
Policyholder Name	AA TRANSLINK PTE. LTD.			Policyholder NRIC	201201220C
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	94251934	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	= No Yes	TCA	= NO Yes	eCode Reason	
NCD Protection	No	NCD Enrichment(%)	0	Private Hire	No

▼ Accident Details

Report Date	14/06/2018 10:13	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/06/2018	Time of Accident (hh:mm)	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUCHESSE RESIDENCES (266314)				

▼ Benefits

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration No.		GST Registration Date	
Modification History		GST Status Verified	No		

▼ Policyholder Mailing Address

Address 1	BLK 662C #15-000	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE 823863
Address 4		Address Type	Singapore address	Post Code	623862
Unit No.	05-72	Related Policy Number	5080727569-02		

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/06/1959
Unnamed driver Name	TAN SUAN BOON	Driver NRIC	S1376329A	Driving Experience	40
Register Date of Driver License	11/08/1977	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	94251934	Contact No.(Office)		Address 3	LENGKOK BAHRU HEIGHTS
Address 1	BLK 63A #30-372	Address 2	LENGKOK BAHRU	Post Code	151063
Address 4	SINGAPORE 151063	Address Type	Foreign address		
Unit No.	30-372				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PC8102U	Driver Insurer Company	NTUC

Declaration

Brakethalysar or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001 OD-MX NEW

Claim Type *	OD-MX	Insured Name	AA TRANSLINK PTE. LTD.	Insured NRIC	201201220C
Contact No.(Mobile)	94448186	Contact No.(Home)	63621033	Contact No.(Office)	93868805
Email Address	rayson8188@gmail.com	OT Vehicle Number	PC8102U	TP Vehicle Number	SHC8481G
Claim Description	PC8102U / SHC8481G ON 13 Jun 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	24/06/2018 10:34	Claim Close Date		Date Received	14/06/2018 00:00
Report Taken By	ROSALI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0998631	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Updated Date	14/06/2018 10:35

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 *

Confidential

Agency *

Description *

Category *	Confidential	Agency *	Description *
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

▼ Attachment List

Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? Action (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:35	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:35	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:35	Photos	Normal	Photos 2018-6-14	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:35	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:35	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:35	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:34	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:31	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:31	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:31	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:31	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 10:31	SAS	Normal	SAS 2018-6-14	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/2018 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Duchess Residences (266314)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC6102U
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5080301109-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 1130 pickup
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: LIAN HONG PTE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN SUAN BOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1376323 A CONTACT: 94251934
c) ADDRESS: BLK 63A Lengkok Bahru Rd #30-372
151063

*d) DATE OF BIRTH: 06/08/19 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11-08-1977

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

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: SHC 8481 G MODEL: _____
b) DRIVER'S NAME: CHUA KHON HOE
c) NRIC/FIN/PASSPORT: S02631272 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = TanSuanBoon1959@gmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1376329A



TAN SUAN BOON
陳傳文
Race: CHINESE
Date of Birth: 06-08-1959 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1376329A
Name: TAN SUAN BOON
Birth Date: 06 Aug 1959
Issue Date: 25 Jun 2003

100597015J

1736544



NRIC No. S1376329A



Blood Group: B+
Date of Birth: 30-09-1993


APT BLK 83A LENGKOK BAHRU #30-372
SINGAPORE 151063
NRIC No: S1376329A Date: 30-01-2001 No: 3959008

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	11 Aug 1977
Class 2A Motorcycles between 201 cc and 400 cc	11 Aug 1977
Class 2 Motorcycles exceeding 400 cc	11 Aug 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Aug 1978
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Feb 1981
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	05 Jun 1984

NP 428A

License No: S1376329A



▼ Policy Information

Policy No.	5080301109-02	Policyholder Name	AA TRANSLINK PTE. LTD.	Policyholder NRIC	201201220C
Address	BLK 662C #16-686 EDGEDALE PLAINS SINGAPORE 823662				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/05/2018	Effective Date	20/05/2018 00:00	Expiry Date	19/05/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LIAN HONG PTE LTD	Agent Tel.	67694850	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 662C #16-686	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 823662
Address 4		Address Type	Singapore address	Post Code	823662
Unit No.	05-72	Related Policy Number	5080727569-02		

► Insured Object: PC6102U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>					