

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 30/06/08	Job description	Date & Time Completed	Done by
Ref No: NA/INC/804132/13	SAS e-filing		
Veh No: SFW8813B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/06/08 0845	i-Motor Claim Form	MT/1001039 - 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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**MUP 800N**) Tel: Fax:)

TP Particulars: Veh No: **SJD5580U** 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

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	30/06/2018 11:35
Date Of Accident	30/06/2018 08:45
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFW8813B
Insured/Policyholder	
Name Of Registered Owner	TAN CHENG HOE
NRIC No	S0184008H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96846480
Alternative Phone No	OTHERS-96846480
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	GETZ
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5091384954-01
Cover Note Number	
Driver	
Name of Driver	TAN CHENG SIANG
NRIC No	S1825734C
Date Of Birth	30/03/1967
Occupation	INDOOR
Date Of Driving Pass	31/03/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96838800
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 315A ANCHORVALE RD #10-158
Postcode	541315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	SJD5580U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIEW PEI LING
NRIC/Passport Number	S8313597B
Contact Number	91712570
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:

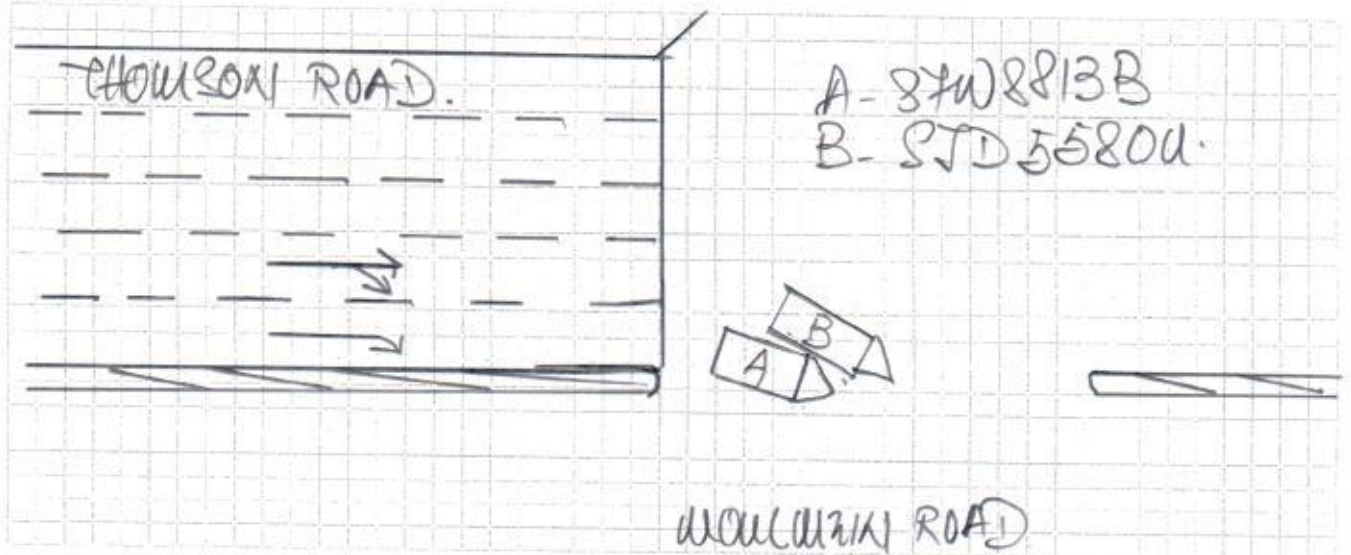
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

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

I WAS TURNING RIGHT INTO MOULWAZI ROAD, OUT
 OF SUDDEN VEH B CUT INTO MY LANE AND HIT ONTO MY
 VEH LEFT HAND PORTION.

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: *sfm* 30/06/18
 NRIC/FIN No.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: S7W 8813 B

MAKE/MODEL: HYUNDAI ELANTRA

DATE OF ACCIDENT 30/06/2018
DAY/MONTH/YEAR

TIME 08 HR 45 MIN (AM) PM

LOCATION OF ACCIDENT THOMSON ROAD

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER YAN CHENG HOE

CONTACT NO 96846480

NRIC S0184008H

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY N TUC

TYPE OF COVERAGE ☒ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

NAME OF DRIVER YAN CHENG SIANG

NRIC S18257340

NO OF PASSENGER/S 0

DATE OF BIRTH 30-03-1967

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 31 MAR 1989

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 96838800

ADDRESS BLK 315A ANCHORVALE ROAD #10-158 (S) 541315

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: BROTHER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SJD5580U NO OF PASSENGER/S 0

NAME YIEW DEI LINH 88313597B

CONTACT NO 91712570

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT NO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1825734C



TAN CHENG SIANG

陈清江

CHINESE

Date of Birth: 30-03-1967 M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1825734C



TAN CHENG SIANG

Birth Date: 30 Mar 1967

Issue Date: 19 Feb 2008

000221507C

2170848




NRIC No. S1825734C

25-06-1994

APT BLK 315A ANCHORVALE ROAD #10-158
SINGAPORE 541315

NRIC No: S1825734C Date: 11-04-2002 No: 4109345

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 31 Mar 1969

NP 428A

000221507C

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"/>	5091384954-01	TAN CHENG HOE	S0184008H	GPC	drivo CLASSIC	SFW8813B	SFW8813B	22/06/2018	21/06/2019

Claim Handling

Accident MT/1001039

Policy No.	5091384954-01	Vehicle No.	SFW8813B	GST Registration No.	
Policyholder Name	TAN CHENG HOE			Policyholder NRIC	S0184008H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96846480	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	30/05/2018 16:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/05/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON ROAD				

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

▼ Excess

Own damage Excess	0.00	Additional Excess	0	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	BLK 315A #10-158	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 541315
Address 4		Address Type	Singapore address	Post Code	541315
Unit No.		Related Policy Number	5091384954-01		

▼ OI Driver Info

Driver Name	TAN CHENG SIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1825734C	Driver DOB	30/03/1967
Register Date of Driver License	31/05/1989	Driver Age	51	Driving Experience	29
Contact No.(Mobile)	96838800	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 315A	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE GARDENS
Address 4	SINGAPORE 541315	Address Type	Singapore address	Post Code	541315
Unit No.	#10-158				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN CHENG HOE	Insured NRIC	S0184008H
Contact No.(Mobile)	96846480	Contact No.(Home)	+	Contact No.(Office)	
Email Address	franch1949@gmail.com	OI Vehicle Number	SFW8813B	TP Vehicle Number	SJD5380U
Claim Description	SFW8813B / SJD5380U ON 30 Jun 2018			Name of Preferred Workshop	HUP SOON
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	30/06/2018 16:44	Claim Close Date		Date Received	30/06/2018 00:00
Report Taken By	ROSLINDA				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1001039	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2018 16:44

Path *

Choose File No file chosen

Category *

Confidential

Urgency *

Descr

Clear

Please Select

NO

Normal

Clear

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

Please Select NO Normal

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 30 Jun 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	SAS	Normal	SAS 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	Photos	Normal	Photos 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	Photos	Normal	Photos 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	Photos	Normal	Photos 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	Photos	Normal	Photos 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	Photos	Normal	Photos 2018-6-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:44	Photos	Normal	Photos 2018-6-30

Video List

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