

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA18085599**

Date In: 9/7/8-19:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC8012483/24	SAS e-filing		
Veh No: 5JQ19986	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/7/8-12:05	i-Motor Claim Form	M/1002262-001	9/7/8 20:36
OD <b>TP</b> 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: Vch No: 5JQ8067 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:	Date & Time Completed	Done by
(INC hotline: 67886616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Act Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Dat. 1:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Dat. 2 / 3:	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	09/07/2018 19:29
Date Of Accident	08/07/2018 12:05
Exact Location Of Accident	JUNC PUNGGOL RD & PUNGGOL FIELD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ1998G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY CHOON LENG @JOHN TAY CHOON LENG
NRIC No	S1021505F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92396535
Alternative Phone No	OFFICE-92396535

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	SPARK 0.8AT
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
Fleet Policy	NO
Policy Number	5075999973-02
Cover Note Number	

### Driver

Name of Driver	TAY CHOON LENG @JOHN TAY CHOON LENG
NRIC No	S1021505F
Date Of Birth	09/06/1947
Occupation	INDOOR
Date Of Driving Pass	20/08/1973
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92396535
Fax Number	
Contact Number	OFFICE-92396535
EMail Address	NOEMAIL

Address	BLK 265A PUNGGOL WAY #08-322
Postcode	821265
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 - CROSS JUNCTION
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?	
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

REFER TO 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	SFJ806T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PIA SOON
NRIC/Passport Number	
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 Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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.

John Tay

Policyholder's Signature  
Date & Time:

John Tay

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

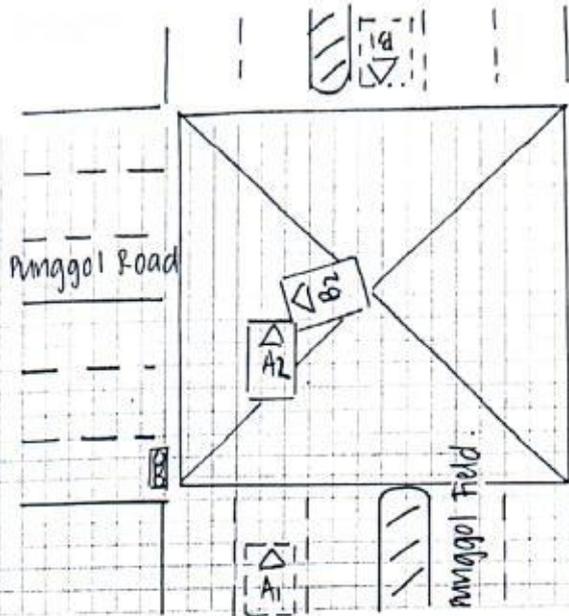
[Signature]

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

SKETCH PLAN

Vehicle A: SJ&1998G

Vehicle B: SFJ806T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SJ&1998G, was travelling straight along the stated venue. As it was green light in my favour, I proceeded straight. Suddenly, vehicle 'B', SFJ806T, turned without the green arrow and collided into my vehicle's front right portion. I wish to state that there were 2-3 other cars on my right, waiting to turn right into Punggol Road.

DECLARATION

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

John Tay

Policyholder's Signature  
Date & Time:

John Tay

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 08/07/2018 (DD/MM/YYYY), TIME: 12:05 (HH:MM)

LOCATION: Junction of Punggol Road X Punggol Field

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ6 1998G  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5075999973  
d) POLICY TYPE: (COMPR HENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: CHEVROLET  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
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: TAY CHOON LENG P. JOHN TAY CHOON LENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1021505F CONTACT: 92396535  
c) ADDRESS: 265A Punggol Way #08-322 S(821265)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: 09/06/1947 (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: SFJ806T MODEL: \_\_\_\_\_

b) DRIVER'S NAME: TAN PIA SOON

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(01)

\* No of passenger  
(including driver)  
( )

UNKNOWN

\* No of passenger  
(including driver)  
( )

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1021505F**



Name

**TAY CHOON LENG**  
**@JOHN TAY CHOON LENG**

Race

**CHINESE**

Date of birth

**09-06-1947**

Sex

**M**

Country/Place of birth

**SINGAPORE**



5353605



NRIC No. S1021505F



Date of issue

01-09-2014

Address

APT BLK 265A PUNGGOL WAY  
#08-322  
SINGAPORE 821265

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1021505F

Name:

TAY CHOON LENG

Birth Date: 09 Jun 1947

Issue Date: 18 Oct 2003



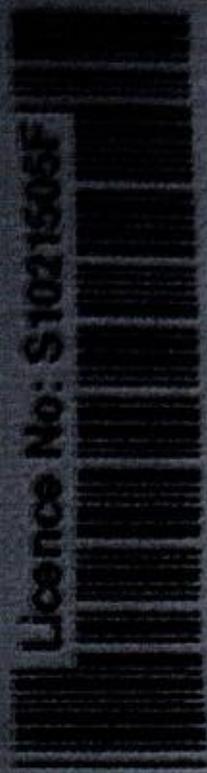
000931885B

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

	<b>PASS DATE</b>
<b>Class 2B</b> Motorcycles not exceeding 200 cc	03 Apr 1967
<b>Class 2A</b> Motorcycles between 201 cc and 400 cc	03 Apr 1967
<b>Class 2</b> Motorcycles exceeding 400 cc	03 Apr 1967
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Aug 1973

NP 428A

Licence No: S1021505F



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075999973-02	TAY CHOON LENG @JOHN TAY CHOON LENG	S1021505F	GPC	Third Party	SJQ1998G	SJQ1998G	28/04/2018	27/04/2019

Continue

**Policy Information**

Policy No.	5075999973-02	Policyholder Name	TAY CHOON LENG @JOHN TAY (	Policyholder NRIC	S1021505F
Address	BLK 265A #08-322 PUNGGOL WAY PUNGGOL EMERALD SINGAPORE 821265				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/03/2018	Effective Date	28/04/2018 00:00	Expiry Date	27/04/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 265A #08-322	Address 2	PUNGGOL WAY	Address 3	PUNGGOL EMERALD
Address 4	SINGAPORE 821265	Address Type	Singapore address	Post Code	821265
Unit No.		Related Policy Number	5075999973-02		

**Insured Object: SJQ1998G**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1002262

Policy No.	507599973-02	Vehicle No.	SIQ1998G	GST Registration No.	
Policyholder Name	TAY CHOON LENG @JOHN TAY CHOON LENG			Policyholder NRIC	S1021505F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	92396535	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	09/07/2018 20:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	09/07/2018	Time of Accident (hh:mm)	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		DCM No.	
Accident Location	JUNC PUNGGOL RD & PUNGGOL FIELD				

**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 265A #08-322	Address 2	PUNGGOL WAY	Address 3	PUNGGOL EMERALD
Address 4	SINGAPORE 821265	Address Type	Singapore address	Post Code	821265
Unit No.		Related Policy Number	507599973-02		

**DI Driver Info**

Driver Name	TAY CHOON LENG @JOHN TAY CHOON LENG	Driver Type	Main Driver	Driver DOB	09/06/1947
Unnamed driver Name		Driver NRIC	S1021505F	Driving Experience	44
Register Date of Driver License	20/08/1973	Driver Age	71	Contact No. (Home)	0
Contact No. (Mobile)	92396535	Contact No. (Office)	0	Address 3	PUNGGOL EMERALD
Address 1	BLK 265A	Address 2	PUNGGOL WAY	Post Code	821265
Address 4	SINGAPORE 821265	Address Type	Singapore address		
Unit No.	08-322				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	TAY CHOON LENG @JOHN TAY C	Insured NRIC	S1021505F
Contact No. (Mobile)		Contact No. (Home)	92396535	Contact No. (Office)	
Email Address		DI Vehicle Number	SIQ1998G	TP Vehicle Number	SF3806T
Claim Description	SIQ1998G / SF3806T ON 8 Jul 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	09/07/2018 20:36	Claim Close Date		Date Received	09/07/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002262	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 20:38

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Send Message **Upload**

**Attachment List**

