

NATIONAL Assessment Centre Services. Job No: **MA118089614**

Date In: <b>11/7/18 17:23</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed: <b>12/7/18 09:22</b>	Done by: <b>MT/1002627</b>
Ref No: <b>MA11MC18012654164</b>	E-mail (within Mins, A/C 2hrs)		
Veh No: <b>SJR 9112T</b>	i-Motor Claim Form		
P.O.A: <b>10/7/18 19:55</b>	i-Motor W/O (Within OD 2hrs, IF 4hrs)		
OD: <b>Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **CB 6899M.** 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 ( ) / Towel-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

<b>MA1804386</b>	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		Int Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);	<b>30.00</b>	
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$30)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2003)		
<b>Int. 1:</b>	6) TR: Re-inspections \$75		
<b>Int. 2/3:</b>	7) NI: Idac DA + SMRT Survey \$160		
	8) NIUC Additional Services -		
	QJ:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DM / Collect Excess Coordination \$3		
	IF (N11) - TP (Non-INC) against INC \$20		
	9) NI2: Idac Mobile \$0		
	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	11/07/2018 17:23
Date Of Accident	10/07/2018 19:55
Exact Location Of Accident	WOODLANDS AVE 1 AND AVE 2 JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ9112T
Insured/Policyholder	
Name Of Registered Owner	I-DE INFOTECH & FACILITY PTE LTD
Co Reg No	201709447C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90699761
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097256244
Cover Note Number	-
Driver	
Name of Driver	TAN CHIAH CHUAN
NRIC No	S1296122G
Date Of Birth	25/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90699761
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 560 AMK AVE 10 #03-1746
Postcode	560560
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)	2
Passenger 1	NAME: : PRIYA
	GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	PRIYA
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6899M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
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.
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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.**
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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.

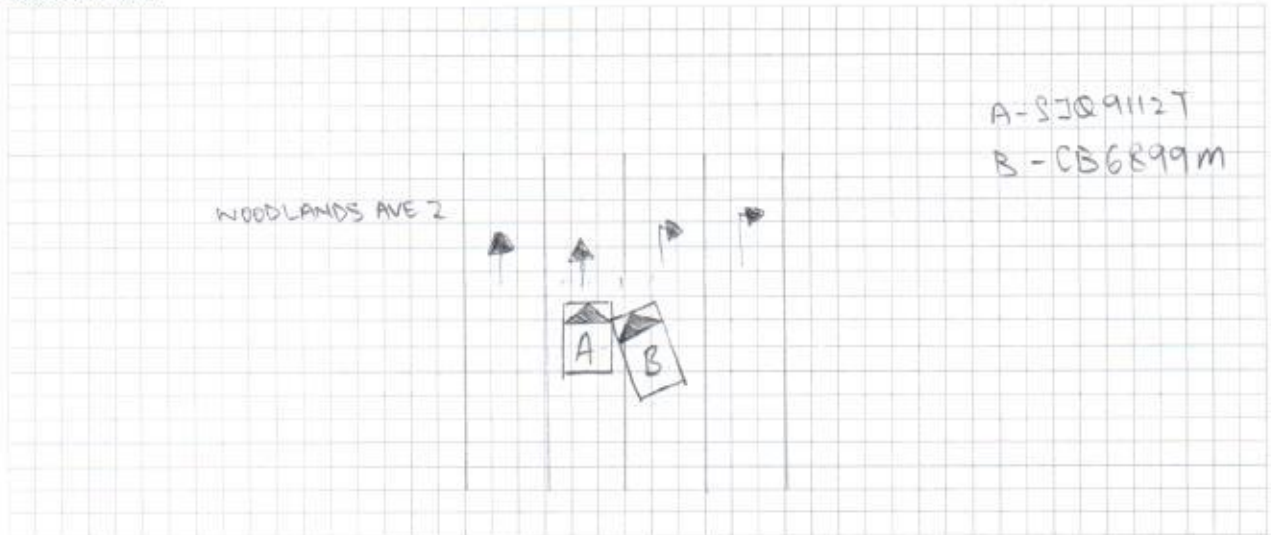


Policyholder's Signature  
Date & Time:

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

On the above mentioned date & time, I was stationary waiting for traffic light. Suddenly, I felt an impact from the side. I realised vehicle B was hit the right portion of my car.

## 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.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man with glasses.

License Number: **S1296122G**

Name: **TAN CHIAH CHUAN**

Birth Date: **25 Jun 1958**

Issue Date: **30 Apr 2012**

Barcode: 0020609508

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1296122G**

Portrait of a man with glasses.

Name: **TAN CHIAH CHUAN**

陳 聲 端

Race: **CHINESE**

Date of birth: **25-06-1958**

Sex: **M**

Country of birth: **SINGAPORE**

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

EFFECTIVE DATE

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

18 May 1989

NP 4284

Licence No: S1296122G

Barcode

NRIC No **S1296122G**

4802904

Portrait of a man with glasses.

Date of issue: **17-12-2011**

**APT BLK 560 ANG MO KIO AVENUE 10 #03-1746**

**SINGAPORE 560560**

NRIC No: **S1296122G**

Date: **18/12/2011**

No: **6987359**

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"/>	5097256244	I-DE INFOTECH & FACILITY PTE LTD	201709447C	GPC	drive CLASSIC	SJQ9112T	SJQ9112T	14/01/2018	13/01/2019



## Claim Handling

## Accident MT/1002627

Policy No.	5097256244	Vehicle No.	SJQ9112T	GST Registration No.	
Policyholder Name	I-DE INFOTECH & FACILITY PTE LTD			Policyholder NRIC	201709447C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90699761	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(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	12/07/2018 09:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	10/07/2018	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 1 AND AVE 2 JUNCTION				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	21 HOUGANG STREET 51	Address 2	#01-01C HOUGANG GREEN SHC	Address 3	SINGAPORE 538719
Address 4		Address Type	Singapore address	Post Code	538719
Unit No.	01-01C	Related Policy Number	5097256244		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/06/1958
Unnamed driver Name	TAN CHIAH CHUAN	Driver NRIC	S1296122G	Driving Experience	29
Register Date of Driver License	18/05/1989	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	90699761	Contact No.(Office)		Address 3	SINGAPORE 560560
Address 1	BLK 560 #03-1746	Address 2	ANG MO KIO AVENUE 10	Post Code	560560
Address 4		Address Type	Singapore address		
Unit No.	03-1746				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser 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-MX	Insured Name	I-DE INFOTECH & FACILITY PTE	Insured NRIC	201709447C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63862324
Email Address		OI Vehicle Number	SJQ9112T	TP Vehicle Number	CB6899M
Claim Description	SJQ9112T / CB6899M ON 10 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/07/2018 00:00
Date Registered	12/07/2018 09:21	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1002627	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/07/2018 09:22		
Path *		Category *	Confidential	Urgency *	Descr
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	SAS	Normal	SAS 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:22	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:21	Photos	Normal	Photos 2018-7-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:21	Photos	Normal	Photos 2018-7-12

Video List

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