

NATIONAL Assessment Centre Services (2007-2009)

Date In: 16/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012822/13	SAS e-filing		
Veh No: SLC7467H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/07/18 1230	i-Motor Claim Form	MT/1003055-001	
OD: (P) 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:	Veh No: GBD1446X	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

NA1804439	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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	16/07/2018 09:51
Date Of Accident	14/07/2018 12:30
Exact Location Of Accident	HOUGANG AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7467H
Insured/Policyholder	
Name Of Registered Owner	TAN MUI LENG
NRIC No	S1679191A
Email Address	MARIE_MARIETAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81126938
Alternative Phone No	OTHERS-81126938

Vehicle Particulars

Manufacturer	SUBARU
Model	XV
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	5100751876
Cover Note Number	

Driver

Name of Driver	TAN MUI LENG
NRIC No	S1679191A
Date Of Birth	17/12/1964
Occupation	INDOOR
Date Of Driving Pass	23/12/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81126938
Fax Number	
Contact Number	OTHERS-81126938
Email Address	MARIE_MARIETAN@YAHOO.COM.SG

Address	BLK 955 HOUGANG AVE 9 #07-514
Postcode	530955
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : ETHAN CHAN GENDER: : MALE
Passenger 2	NAME: : NICHOLAS CHAN 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

I WAS TURNING OUT OF THE CARPARK DRIVEWAY INTO HOUGANG AVE 9 AT BLK 951. WAITING AT THE YELLOW BOX DUE TO TRAFFIC LIGHT WAS RED AND THERE WERE VEH B4 THE YELLOW BOX OCCUPYING THE LEFT LANE. WHEN I EASED ON THE YELLOW BOX TWDS THE RIGHT LANE AS THE VEH ON LEFT SLOWLY MOVED OFF. THE RIGHT LANE WAS CLEAR AND I SLOWLY MOVED TWDS RIGHT BUT THE VEH B CAME FROM THE RIGHT LANE HIT MY VEH WITH AN IMPACT, DAMAGING MY RIGHT HEADLIGHT, SIDE AND BUMPER.

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	GBD1446X
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KEK CHOON THONG
NRIC/Passport Number	S7111455D
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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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:

14/7/2018 4.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

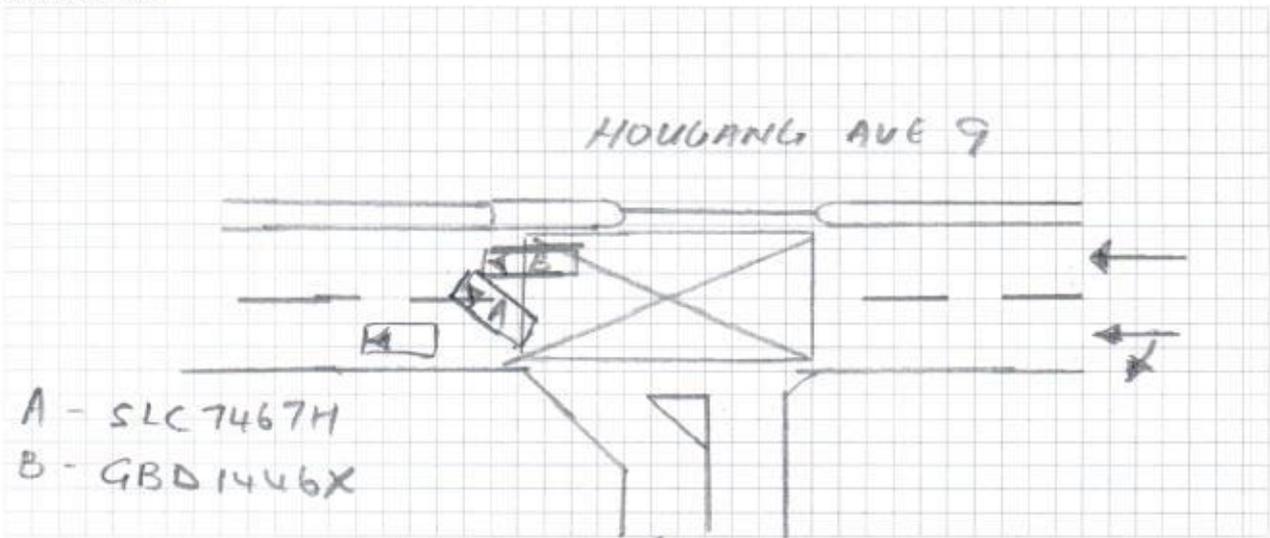


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning out of the carpark driveway into ~~the~~ Hougang Ave at Blk 951. Waiting at the yellow box due to Traffic light was Red and there were ~~some~~ vehicles before the yellow box occupying the left lane. When ~~the~~ I ~~started~~ ^{eased} on the yellow box towards the right lane as the vehicles on left slowly moved off. ~~As I was easing~~, The right lane was clear and I slowly moved towards right but the ^{goods} van came from the right lane ~~and~~ knocked my vehicle with an impact, damaging my right headlight, side and bumper.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

14/7/2018 4:50pm

QUANAL SKETCHPLAN 01M V.1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 16/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (14/07/2018) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: Hougang Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 7467 H
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5100751876
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Subaru XV
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: TAN MUI LING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1679191A CONTACT: 8126938
c) ADDRESS: Blk 955 Hougang Ave 9 #07-574
SE 530955

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* No of passengers
(Including driver)
(3)

PAX 1 ETHAN CHAN (M)

* d) DATE OF BIRTH: (17/12/1964) (DD/MM/YYYY)

PAX 2 NICHOLAS CHAN (M)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 34

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (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) (NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G BD 1446 X MODEL: NISSAN
b) DRIVER'S NAME: KEK CHUAN HONG
c) NRIC/FIN/PASSPORT: S7111455D CONTACT: _____

* No of passenger
(Including driver)
(0)

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

14/07/18
waiting for
d/r and photos
at
scene.

Email =
fax =
video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1679191A



Name



TAN MUI LENG

陳美玲

Race

CHINESE

Date of Birth

17-12-1964

Sex

F

Country of Birth

SINGAPORE

S1679191A

1235979



NRIC No: S1679191A



Blood Group: Date of issue

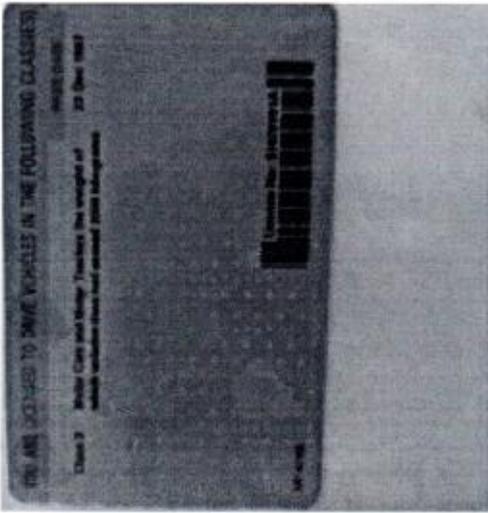
O+ 17-07-1994

APT BLK 955 HOUGANG AVENUE 9 #07-514
SINGAPORE 530955

NRIC No: S1679191A

Date: 21/07/2009

No: 6263337



23/12/1987



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"/>	5100751876	TAN MUI LENG	S1679191A	GPC	drivo CLASSIC	SLC7467H	SLC7467H	25/05/2018	24/05/2019

Continue

Claim Handling

Accident MT/1003055

Policy No.	5100751876	Vehicle No.	SLC7467H	GST Registration No.	
Policyholder Name	TAN MUI LENG			Policyholder NRIC	S1679191A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81126938	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ **Accident Details**

Report Date	16/07/2018 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	14/07/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOU GANG AVE 9				

▼ **Benefits**

▼ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed 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 955 #07-514	Address 2	HOU GANG AVENUE 9	Address 3	SINGAPORE 530955
Address 4		Address Type	Singapore address	Post Code	530955
Unit No.		Related Policy Number	5100751876		

▼ **OI Driver Info**

Driver Name	TAN MUI LENG	Driver Type	Main Driver	Driver DOB	17/12/1964
Unnamed driver Name		Driver NRIC	S1679191A	Driving Experience	10
Register Date of Driver License	01/01/2008	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	81126938	Contact No.(Office)	0	Address 3	SINGAPORE 530955
Address 1	BLK 955	Address 2	HOU GANG AVENUE 9	Post Code	530955
Address 4		Address Type	Singapore address		
Unit No.	#07-514				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	TAN MUI LENG	Insured NRIC	S1679191A
Contact No.(Mobile)	81126938	Contact No.(Home)	66890628	Contact No.(Office)	68269618
Email Address	marietan@toppanleefung.com	O1 Vehicle Number	SLC7467H	TP Vehicle Number	GBD1446X
Claim Description	SLC7467H / GBD1446X ON 14 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	16/07/2018 00:00
Date Registered	16/07/2018 11:32	Claim Close Date			
Report Taken By	ROSLINDA				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1003055	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2018 11:34			
Path *						
Choose File	No file chosen	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

Clear	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 16 Jul 2018 11:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:33	SAS	Normal	SAS 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 11:32	Photos	Normal	Photos 2018-7-16

Video List

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