

NATIONAL Assessment Centre Services

[ver 1. Jan 03]

MMA 118106630.

Date In: 17/18/18 15:17	Job description	Date & Time Completed	Done by
Ref No: MA1 INC18014995164	SAS e-filing		
Veh No: SLA 2950Y	E-mail (within 5hrs, APC 2hrs)		
D.O.A: 17/18/18 11:20	i-Motor Claim Form	MT11007692-001	17/18/18 16:22
OD: <input checked="" type="checkbox"/> 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 / OW: (Tel:	Fax:
TP Particulars:	Veh No: SJ74556 M.	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

MA1805169

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 -		
	9) N12: Idac Mobile		
	10) N13: Idac Mobile		
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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	17/08/2018 15:17
Date Of Accident	17/08/2018 11:20
Exact Location Of Accident	TPE(SLE) BEFORE TAMPINES AVE 12 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA2950Y
Insured/Policyholder	
Name Of Registered Owner	KOH HOCK CHUAN
NRIC No	S1309062I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98639996
Alternative Phone No	OFFICE-98639996
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5101200672
Cover Note Number	-
Driver	
Name of Driver	TAN MIN SHENG VINCENT
NRIC No	S8541859I
Date Of Birth	19/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98639996
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 659B PUNGGOL EAST #07-759
Postcode	822659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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	WET

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)	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 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	SJT4556M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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.

KOH

Policyholder's Signature
Date & Time:

Q

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

Handwritten signature

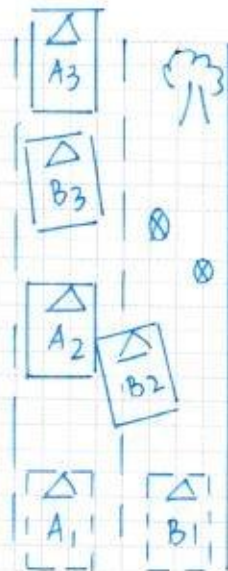
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLA 2950Y

Vehicle B: SGT 4556M

TPE (SLE), before Tampines Ave 12.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLA 2950Y, was travelling straight along the stated venue. Due to a fallen tree on Lane 1, the marshal directed vehicles on Lane 1 to Lane 2. I wish to state that I have all the while been travelling on Lane 2. Vehicle 'B', SGT 4556M, then filtered into my lane, colliding onto my vehicle's entire right portion. Vehicle 'B', SGT 4556M, then shifted the vehicle as stipulated on the sketch plan → A3 and B3.

DECLARATION

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

KOH

[Signature]

[Signature]

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 08 / 2018) (DD/MM/YYYY), TIME: (11 : 20) (HH:MM)

LOCATION: TPE (SLE) before Tampines Ave 12 Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 2950Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5101200672
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Volkswagen Golf
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: Koh Hock Chuan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S130 90621 CONTACT: 9863 9996
c) ADDRESS: 116B Punggol Field #15-499 S(822196)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Min Sheng, Vincent (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S85418591 CONTACT: 9863 9996
c) ADDRESS: 659B Punggol East #07-759 S(822659)

*d) DATE OF BIRTH: (19 / 12 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son-in-law

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: SJT4556M MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8541859I**



Name

TAN MIN SHENG, VINCENT



陈敏生

Race

CHINESE

Date of birth

19-12-1985

Sex

M

S8541859I

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8541859I**

Name:

TAN MIN SHENG, VINCENT

Birth Date: **19 Dec 1985**

Issue Date: **28 Nov 2013**



5543303



NRIC No. **S8541859I**



Date of issue

23-12-2015

**APT BLK 659B PUNGGOL EAST #07-759
SINGAPORE 822659**

NRIC No **S8541859I**

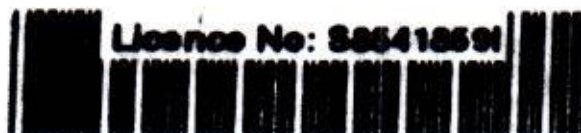
Date **16/12/2017**

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 28 Nov 2013

NP 428A



Licence No: S8541859I

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/08/2018 15:16"/>
Vehicle No. (For Motor)	<input type="text" value="SLA2950Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101200672		KOH HOCK CHUAN	S1309062I	GPC	drivo CLASSIC	SLA2950Y	SLA2950Y	05/06/2018	04/06/2019

Claim Handling

Accident MT/1007692

Policy No.	5101200672	Vehicle No.	SLA2950Y	GST Registration No.	
Certificate No.					
Policyholder Name	KOH HOCK CHUAN			Policyholder NRIC	S13090
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98639996	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFk	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Yes

Accident Details

Report Date	17/08/2018 16:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	17/08/2018	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE(SLE) BEFORE TAMPINES AVE 12 EXIT				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 196B #15-499	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	822191
Unit No.	15-499	Related Policy Number	5101200672		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN MIN SHENG VINCENT	Driver NRIC	S85418591	Driver DOB	19/12/
Register Date of Driver License	28/11/2013	Driver Age	32	Driving Experience	4
Contact No.(Mobile)	98639996	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 659B #07-759	Address 2	PUNGGOL EAST	Address 3	WATER
Address 4	SINGAPORE 822659	Address Type	Singapore address	Post Code	822659
Unit No.	07-759				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KOH HOCK CHUAN
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		O1 Vehicle Number	SLA2950Y
Claim Description	SLA2950Y / SJT4556M ON 17 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered		Claim Close Date	17/08/2018 16:16
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1007692	Claim No.	001
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Last Doc. Received

Yes

No

Upload Date

17/08/2018 16:22

Path *

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Message Read

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NO

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:22	SAS	Normal	SAS 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:17	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:17	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:17	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:17	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:17	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:16	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:16	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:16	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:16	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:16	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:16	Photos	Normal	Photos 2018-8-17

Video List

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