

NATIONAL Assessment Centre Services

(w.e.f. 1 Jan 2005)

N/A 41811869

Date In: 29/08/2008 12:13	Job description	Date & Time Completed	Done by
Ref No: N/A 41811869	SAS e-filing		
Veh No: 5JK 9544	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/08/2008 14:25	I-Motor Claim Form	mt/100961-002	29/08/2008 14:17
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 56Q1092	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TP: Towing Fee \$40/\$45			
	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
ON*				
*N3: Courtesy Car / Tpl 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 \$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	29/08/2018 12:13
Date Of Accident	28/08/2018 14:25
Exact Location Of Accident	CITY SQUARE MALL CARPARK EXIT SLOPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9554H
Insured/Policyholder	
Name Of Registered Owner	TAN THIAM THEAM
NRIC No	S0154780A
Email Address	TTTANEDWARD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97908041
Alternative Phone No	OTHERS-97908041

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	REPORTING ONLY
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	5074709788-02
Cover Note Number	

Driver

Name of Driver	TAN THIAM THEAM
NRIC No	S0154780A
Date Of Birth	17/09/1953
Occupation	INDOOR
Date Of Driving Pass	16/01/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908041
Fax Number	
Contact Number	OTHERS-97908041
Email Address	TTTANEDWARD@GMAIL.COM

Address	BLK 48 STRATHMORE AVENUE #06-221
Postcode	140048
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 - HEAD TO REAR
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?	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

PLEASE REFER TO SKETCH PLAN

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	SGQ109Z
Vehicle Make/Model/Colour	BMW 520i
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOONG POOI CHAN
NRIC/Passport Number	S8176038A
Contact Number	97338498
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

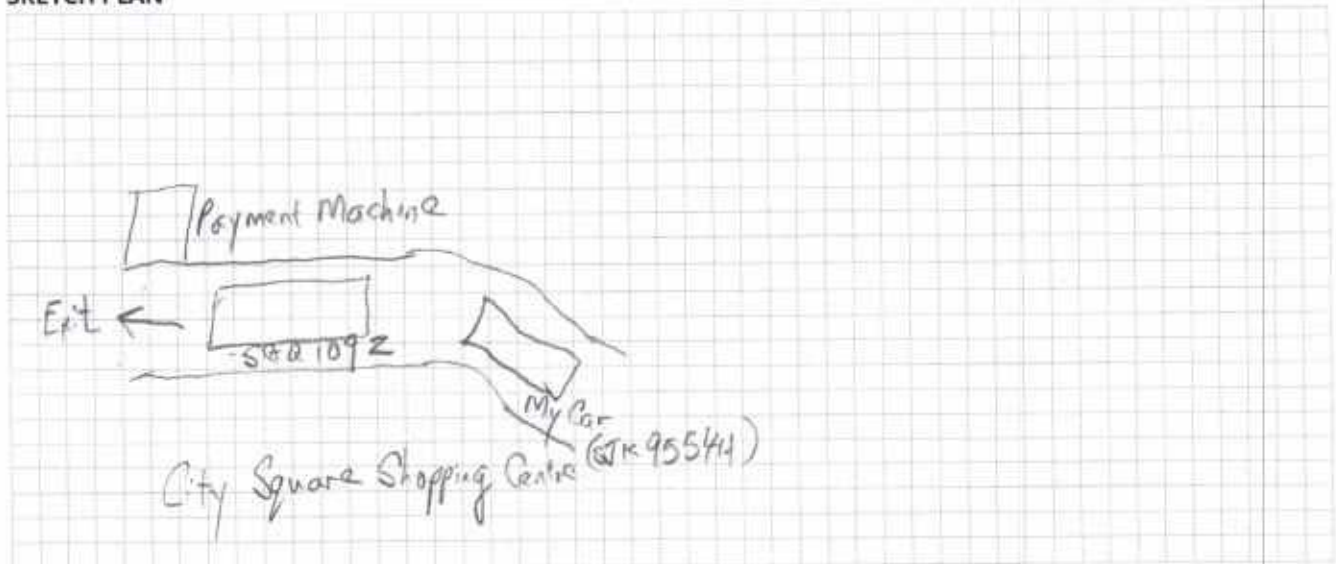
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

In the carpark exit payment machine queing up to make payment Towards the exit, there is a steep slope. After payment of the other party, I need to move forward. To move ~~move~~ ^{forward}, I had to accelerate a bit. I accelerate but I forget to let go the accelerator. So the car continued to move forward, knocking the back portion of the BMW.

DECLARATION

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

Jan 29/08/18
Policyholder's Signature 1220
Date & Time:

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

29/08/2018
Reporting Centre Personnel's Signature
Name: JSDi WONG
NRIC/FIN No.:

Claim Handling

Accident MT/1009261

Policy No.	9074709788-02	Vehicle No.	SJK0554H	GST Registration No.	
Certificate No.					
Policyholder Name	TAN THIAM THEAM	Cover Type	drive CLASSIC	Policyholder NRIC	S0154780A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No
MTK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available
▼ Accident Details					
Report Date	29/08/2018 11:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2018	Time of Accident (h:mm)	14:48	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CITY SQUARE MALL CARPARK EXIT SLOPE				
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	900.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 48 #06-221	Address 2	STRAITHMORE AVENUE	Address 3	SINGAPORE 140048
Address 4		Address Type	Singapore address	Post Code	140048
Unit No.		Related Policy Number	9074709788-02		
▼ OI Driver Info					
Driver Name	TAN THIAM THEAM	Driver Type	Main Driver	Driver DOB	17/09/1953
Unnamed Driver Name		Driver NRIC	S0154780A	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	87908841	Contact No.(Office)		Address 1	SINGAPORE 140048
Address 1	BLK 48 #06-221	Address 2	STRAITHMORE AVENUE	Address 3	SINGAPORE 140048
Address 4		Address Type	Singapore address	Post Code	140048
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN THIAM THEAM	Insured NRIC	S0154780A
Contact No.(Mobile)	87908841	Contact No.(Home)	88948829	Contact No.(Office)	
Email Address	edwardttham@hotmail.com	Of Vehicle Number	SJK0554H	TP Vehicle Number	SGQ101
Claim Description	SJK0554H / SGQ101Z On 28 Aug 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
BasexMT No. Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered				Claim Close Date	29/08/2018 14:17
Report Taken By				Date Received	29/08/2018
▼ Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1009261	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/08/2018 14:17
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Descr
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			
▼ Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_000670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:17		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:17	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:17	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:17	Photos	Normal	Photos 2018-8-29
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:16	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:16	SAS	Normal	SAS 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:16			
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:16			

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28/08/2018 (DD/MM/YYYY), TIME: 14:35 (HH:MM)

LOCATION: CITY SQUARE MALL Car Park Exit Slope

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STK 955417
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: S014709788-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios 1.8 auto
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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 Thiam Theam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0154780A CONTACT: 97908041
 c) ADDRESS: Bk 48, Strathmore Avenue
#06-221 (S140048)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 17/09/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/1/1999

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) CLEAR
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NO

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGA 109Z MODEL: BMW 520i
 b) DRIVER'S NAME: CHOONG POOI CHAN
 c) NRIC/FIN/PASSPORT: S8176038A CONTACT: 97338498


9. THIRD PARTY VEHICLE

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

Email: TTTANKEWARD@GMAIL.COM

fax

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0154780A



TAN THIAM THEAM
陳添丁
CHINESE
Date of birth: 17-09-1953
Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S0154780A
Name: TAN THIAM THEAM
Birth Date: 17 Sep 1953
Valid till: 23 Dec 2002




1261593



NRIC No: S0154780A
35304
Blood Group: O+ Date of issue: 09-09-1993
APT BLK 48 STRATHMORE AVENUE #06-221
SINGAPORE 140048
NRIC No: S0154780A Date: 29-04-2005 No: 5405735




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: 16 Jan 1999

Licence No: S0154780A



NP 436A

Hello, NAC_BUKIT_MERAH_800676

[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="28/08/2018 12:06"/>
Vehicle No.(For Motor)	<input type="text" value="SJK9554H"/>	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"/>	5074709788-02		TAN THIAM THEAM	50154780A	GPC	drive CLASSIC	SJK9554H	SJK9554H	11/11/2017	10/11/2018