

NATIONAL Assessment Centre Services

(APR - JAN 03)

MY04/812151

Date In: 29/08/2018 16:53	Job description	Date & Time Completed	Done by
Ref No: NBD/INC/2015776/Y	SAS e-filing		
Veh No: SKR 4820Z	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 29/08/2018 05:00	I-Motor Claim Form	MT/009099-002 29/08/2018	17.04
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: SHB 8096R

INC () / Non-INC ()

Tel:

Owner / Driver: (

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:

Cal 1:

Cal 2 / 3:

Invoice Preparation Checklist

- 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: Idno DA + SMRT Survey \$160
- 8) NTUC Additional Services:

ON*

- *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 (N'n INC) against INC \$20
- 9) N12: Idno Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am't (\$)
In Bill

Am't (\$)
Add Bill

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 16:53
Date Of Accident	28/08/2018 05:00
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4820Z
Insured/Policyholder	
Name Of Registered Owner	TAN BAO AN, KELVIN
NRIC No	S8848948I
Email Address	JUS-KELVIN@LIVE.COM
Mobile Phone No	(LOCAL) +65-97980884
Alternative Phone No	OTHERS-97980884

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5101306446
Cover Note Number	

Driver

Name of Driver	TAN BAO AN, KELVIN
NRIC No	S8848948I
Date Of Birth	13/12/1988
Occupation	INDOOR
Date Of Driving Pass	10/01/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97980884
Fax Number	
Contact Number	OTHERS-97980884
Email Address	JUS-KELVIN@LIVE.COM

Address	BLK 155 MEI LING STREET #04-289
Postcode	140155
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	SIDE SWIPE
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	SHB8098R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

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 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 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:

29/08/2018
15:35

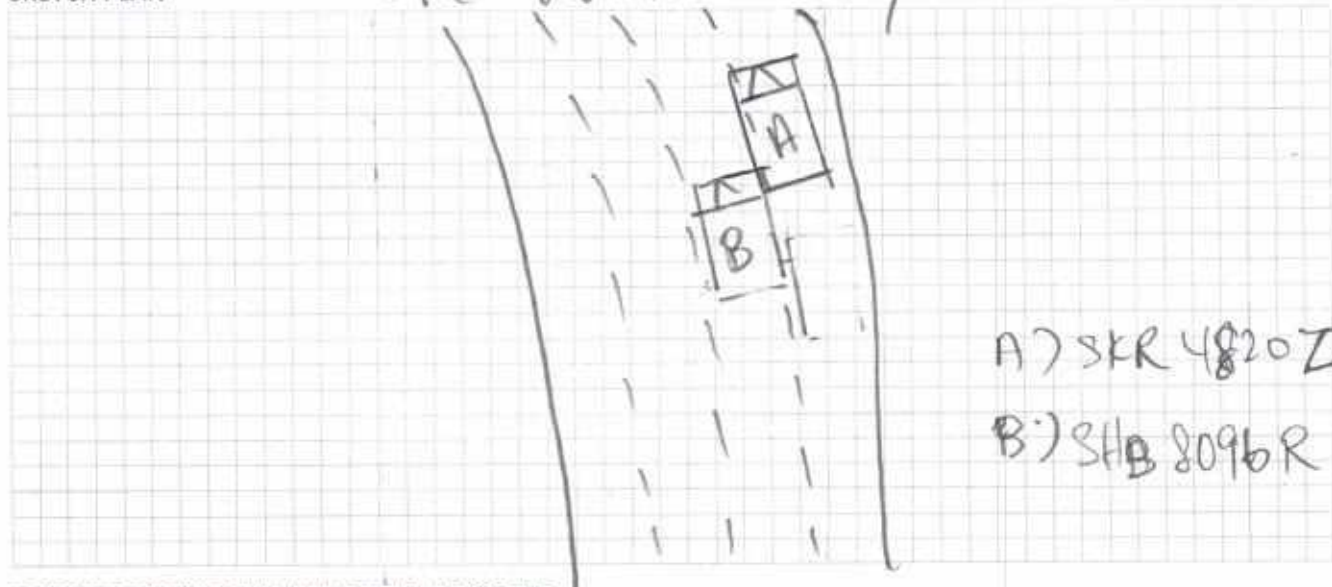
Driver's Signature
(If driver is not the policyholder)
Date & Time:

29/08/2018
15:35

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

29/08/2018
Roshni Wani

CHE WARDOS CITY



A7SKR 4820Z

B) SHB 8096 R

AS I WAS DRIVING ALONG CTE, THERE WAS A SLIGHT TURNING BEND AND I WAS UNSURE WHETHER MY VEHICLE CROSSED TO OTHER LANE OR THE THIRD PARTY CROSSED TO MY LANE.

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



Policyholder's Signature _____
Date & Time: 29/08/2018
15:42

◎ 4月14日 星期三



Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/08/2018
15:42

29/08/2018

Reporting Centre Personnel's Signature
Name: Keshi W. H. B.
NRIC/FIN No.:

Claim Handling

Accident MT/1009099

Policy No.	5101305448	Vehicle No.	SKR4820Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S8848948J
Policyholder Name	TAN BAO AN, KELVIN	Cover Type	Drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remarks		eCode	No
Email Address		TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
Report Date	28/08/2018 13:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	28/08/2018	Time of Accident (hh:mm)	05:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE-CITY				
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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 155 #04-289	Address 2	MEI LING STREET	Address 3	MEI LING VISTA
Address 4	SINGAPORE 140155	Address Type	Singapore address	Post Code	140155
Unit No.	04-289	Related Policy Number	5101305448		
DI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN BAO AN, KELVIN	Insured NRIC	S8848948J
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI		TP	
Claim Description	SKR4820Z / SH88096H ON 28 Aug 2018			Vehicle Number	SH880
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Reclaim No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	29/08/2018 17:03
Report Taken By				Date Received	29/08/2018
Print All letter					

Save Submit

Attachment

Accident No.	MT/1009099	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	28/08/2018 17:04		
Path *					
Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *
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	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
Message Read		Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:04	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:04	Photos	Normal	Photos 2018-8-29

8/29/2018

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	SAG	Normal	SAG 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29

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: 05 : 00 (HH:MM)

LOCATION: CTE TOWARDS CITY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 4820 Z
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5101306446
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: _____
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: KELVIN TAN BAO AN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8848948I CONTACT: 97980884
c) ADDRESS: BLK 155 MEI LIN STREET #01-289 S(140155)

* 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: (13 / 12 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/01/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 8096 R MODEL: HYUNDAI
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 = Jus - KELVIN @ LIVE . com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88489481



Name

TAN BAO AN, KELVIN

陳保安

Race

CHINESE

Date of birth

13-12-1988

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

IDENTITY CARD NO. S88489481



TAN BAO AN, KELVIN

Birth Date: 13 Dec 1988

Issue Date: 10 Jan 2018



002762413E

5414855



NRIC No. S88489481



Date of issue

06-01-2015

APT BLK 155 MEI LING STREET #04-289
SINGAPORE 140155

NRIC No: S88489481

Date: 02/07/2015

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 10 Jan 2018

NP 428A



Licence No: S88489481

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101306446

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKR4820Z**
Chassis Number : **WVWZZZAUZFW171382**
2. Name of Policyholder : **TAN BAO AN, KELVIN**
3. Effective Date of Insurance : **11 Jun 2018**
4. Expiry Date of Insurance : **10 Jun 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN BAO AN, KELVIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 11 Jun 2018 11:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive