

NATIONAL Assessment Centre Services

Part 1 JAROS

MNA118121166

Date In: 18/1/18 15:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18016997164	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SGB 3336T	i-Motor Claim Form	MT/1011975-001	18/1/18 16:48
D.O.A: 5/19/18 08:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

GB C4888P

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:-

Sat. 1:

Sat. 2 / 3:

MA1805932

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI2: Idac Mobile

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	18/09/2018 15:57
Date Of Accident	05/09/2018 08:00
Exact Location Of Accident	BLK 492 TAMPINES ST 45 MSCP LOT 39
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB3336T
Insured/Policyholder	
Name Of Registered Owner	TAN KOK BENG
NRIC No	S1169507H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81822387
Alternative Phone No	OFFICE-81822387

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5081648870-02
Cover Note Number	-

Driver

Name of Driver	CHEN YUNXIN
NRIC No	S8819395D
Date Of Birth	31/05/1988
Occupation	INDOOR
Date Of Driving Pass	10/07/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97936376
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 822 TAMPINES ST 81 #04-196
Postcode	520822
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 Witness 1

Name	ANG BOH CHUAN
Phone Number	84430662
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC4888P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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:


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


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

SKETCH PLAN

A = 5GB3336T
B = GBC4888P



Blk 492 Tampines St 45 MSCP Lot 39

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20180918/2089

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180918/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2018 15:37	Vide Report No.: G/20180905/7013	Station Diary No.: 22
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Informant's Particulars

Name of Informant: CHEN YUNXIN -			Address: APT BLK 822 TAMPINES STREET 81 #04-196 SINGAPORE 520822		
ID Type / ID No.: NRIC NO / S8819395D			Contact No.: Home/Office: Mobile: 97936376		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 31/05/1988	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Pre-primary education teacher			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2018 08:00	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 45 Blk 492 Tampines St 45 MSCP Lot 39				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4888P	Van	TOYOTA	HIACE MANUAL			0
SGB3336T	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180918/2089

2 of 3

Report No. T/20180918/2089

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHEN YUNXIN	ID No.	S8819395D
Related Vehicle	SGB3336T (Car)	Contact No.	97936376
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/09/2018, I lodged an ePC police report G/20180905/7013 under TP IO Qhairil to report a hit and run involving my Silver Toyota SGB3336T at the above mentioned location. There was a witness "Ang Boh Chuan" who informed me that it was a "DHL" company van, however, he was only able to recall the numbers of the van's license plate (4888), and not the full license plate. On 08/09/2018, I was at the same location and spotted a "DHL" van bearing license plate number GBC4888P. I informed TP, who came down to the location. I subsequently have been in contact with a Senior Manager from "DHL", namely Dave Chew Kah Wei (HP: 83336676) who confirmed with me that the van was indeed the one involved. I am lodging this further report for insurance purposes. I also wish to state that while lodging the ePC report, I had incorrectly entered the location of incident as my residential address at Tampines Street 81, however the incident happened at the above mentioned location.



**SINGAPORE
POLICE FORCE**



T/20180918/2089

3 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180918/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL
AZIZ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/09/2018 15:37

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8819395D**

Name: **CHEN YUNXIN**

Birth Date: **31 May 1988**

Issue Date: **10 Jul 2007**

001513746C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8819395D**

Name: **CHEN YUNXIN**

陈 蕴 欣

Race: **CHINESE**

Date of Birth: **31-05-1988**

Sex: **F**

Country of Birth: **SINGAPORE**



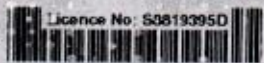

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE: **10 Jul 2007**

Licence No: **S8819395D**

NP 428A



A0018862

Barcode

NRIC No: **S8819395D**

Blood Group: **-**

Date of Issue: **16-06-2003**

APT BLK 822 TAMPINES STREET 81 #04-196
SINGAPORE 520822

NRIC No: **S8819395D**

Date: **14/03/2010**

No: **6467703**



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="05/09/2018 15:51"/>
Vehicle No.(For Motor)	<input type="text" value="SGB3336T"/>	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"/>	5081648870-02		TAN KOK BENG	S1169507H	GPC	drive CLASSIC	SGB3336T	SGB3336T	08/07/2018	07/07/2019

Claim Handling

Accident MT/1011975

Policy No.	5081648870-02	Vehicle No.	SG83336T	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KOK BENG			Policyholder NRIC	S11891
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81822387	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	18/09/2018 16:31	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	05/09/2018	Time of Accident hh:mm	08:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 492 TAMPINES ST 45 MSCP LOT 39				
▼ 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 822 #04-196	Address 2	TAMPINES STREET 81	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52082
Unit No.		Related Policy Number	5081648870-02		
▼ OI Driver Info					
Driver Name	CHEN YUNXIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S88193950	Driver DOB	31/05/
Register Date of Driver License	10/07/2007	Driver Age	30	Driving Experience	11
Contact No.(Mobile)	97936376	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 822 #04-196	Address 2	TAMPINES STREET 81	Address 3	TAMPIN
Address 4	SINGAPORE 520822	Address Type	Singapore address	Post Code	52082
Unit No.	04-196				
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		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN KOK BENG
Contact No.(Mobile)	81822387	Contact No. (Home)	67857955
Email Address		OI Vehicle Number	SG83336T
Claim Description	SG83336T / GBC4888P ON 5 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/09/2018 16:44
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1011975	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

18/09/2018 16:48

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

NO ▼

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:45	SAS	Normal	SAS 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:45	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:45	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:45	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:45	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:45	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2018 16:44	Photos	Normal	Photos 2018-9-18

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading