

# NATIONAL Assessment Centre Services

(wef: Jan/05)

MAA48126174

Date In: 28/09/2018 17:15	Job description	Date & Time Completed	Done by
Ref No: N01806176	SAS e-filing		
Veh No: SLU 1949D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2018 17:45	i-Motor Claim Form	M71013518-001	28/09/2018
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:48
	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:

SLU 421/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

N01806176

## Invoice Preparation Checklist

Ami (\$)

1st Bill

Ami (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

- 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) RT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac 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 (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

Invoice dated

Fee Charged

MAA48126174

## 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	28/09/2018 17:15
Date Of Accident	27/09/2018 19:45
Exact Location Of Accident	SLIP ROAD FROM EUNOS LINK INTO KAKI BUKIT AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1949D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KIEN WEI
NRIC No	S9202941G
Email Address	TANKW.KENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93213413
Alternative Phone No	OTHERS-93213413

### Vehicle Particulars

Manufacturer	BMW
Model	316I
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	5099712576
Cover Note Number	

### Driver

Name of Driver	TAN KIEN WEI
NRIC No	S9202941G
Date Of Birth	07/01/1992
Occupation	INDOOR
Date Of Driving Pass	12/05/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93213413
Fax Number	
Contact Number	OTHERS-93213413
Email Address	TANKW.KENT@GMAIL.COM



Address	BLK 109 ANG MO KIO AVENUE 4 #07-20
Postcode	560109
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	SKL4211M
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOOTHA SISA RANGANALHAPPA
NRIC/Passport Number	S7681201B
Contact Number	93363478
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.

 28/9/18  
Policyholder's Signature  
Date & Time:

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

 28/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

## Claim Handling

Accident MT/1012518

Policy No.	S099712576	Vehicle No.	SLU1949D	GST Registration No.	
Certificate No.				Policyholder NRIC	S9202941G
Policyholder Name	TAN KIEN WEI	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	93213413	Special Remark		eCode	No *
Email Address		TCA	= No Yes	eCode Reason	
WPK	= No Yes	NCD Entitlement(%)	30	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	28/09/2018 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	27/09/2018	Time of Accident (hh:mm)	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIB ROAD FROM EUNGS LINK INTO KAKI BUKIT AVENUE 1				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 105 #07-20	Address 2	ANG MO KIO AVENUE 4	Address 3	KESUN BAKU HEIGHTS
Address 4	SINGAPORE 560109	Address Type	Singapore address	Post Code	560109
Unit No.		Related Policy Number	S099712576		
<b>OI Driver Info</b>					
Driver Name	TAN KIEN WEI	Driver Type	Main Driver	Driver DOB	07/01/1992
Unnamed driver Name		Driver NRIC	S9202941G	Driving Experience	1
Register Date of Driver License	12/05/2017	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	93213413	Contact No.(Office)		Address 3	KESUN BAKU HEIGHTS
Address 1	BLK 105 #07-20	Address 2	ANG MO KIO AVENUE 4	Post Code	560109
Address 4	SINGAPORE 560109	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLU1949D	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OD-NA	Insured Name	TAN KIEN WEI	Insured NRIC	S9202941G	
Contact No.(Mobile)	93213413	Contact No. (Home)	N/A	Contact No. (Office)		
Email Address		OI	TP	Vehicle Number	SLU1949D	
Claim Description	SLU1949D / SKL4211H ON 27 Sept 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	
Barriers Re-Evaluation	Yes	Repaired	Option	Preferred Workshop, Name unknown		
Date Registered						
Report Taken By						
Print AK letter						

Save

Submit

## Attachment

Accident No.	MT/1012518	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/09/2018 17:48
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 17:48	Photos	Normal	Photos 2018-9-28	

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

Photos

Normal

Photos 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

SAS

Normal

SAS 2018-9-28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Sep 2018 17:48

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-9-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/09/2018 (DD/MM/YYYY), TIME: 19:45 (HH:MM)

LOCATION: Kaki Bukit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 1949D  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5099712576  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW 316I  
 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: Tan Kien Wei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2029416 CONTACT: 93213413  
 c) ADDRESS: Any Mo Kio Ave 3 Bk109 #07-20 S560104

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AP ARJUN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 07/01/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/5/2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 4211M MODEL: Toyota Vios  
 b) DRIVER'S NAME: Goolha Sisa Ranganahappa  
 c) NRIC/FIN/PASSPORT: S7681201B CONTACT: 93363478

## 9. THIRD PARTY VEHICLE

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

EMAIL = tankw.kent@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9202941G



Name

TAN KIEN WEI

陳建偉

Race

CHINESE

Date of birth

07-01-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S9202941G



TAN KIEN WEI

Birth Date: 07 Jan 1992

Valid Date: 12 May 2017



002683150G



3966876

NRIC No. S9202941G



Date of issue

15-01-2007

APT BLK 109 ANG MO KIO AVENUE 4 #07-20  
SINGAPORE 560109

NRIC No: S9202941G

Date: 13/01/2010

No: 6428262

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 12 May 2017

NP 428A



Licence No: S9202941G



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="27/09/2018 16:47"/>
Vehicle No. (For Motor)	<input type="text" value="SLU1949D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099712576		TAN KIEN WEI	S9202941G	GPC	drive CLASSIC	SLU1949D	SLU1949D	13/04/2018	12/04/2019