

NATIONAL Assessment Centre Services

(ver 1.2/2000)

NA1806822

Date In: 18/10/2018 16:34

Ref No: NA1806822/8954/4

Veh No: SJH 8051P

D.O.A: 17/10/2018 17:20

OD: (TP) Reporting Only

TP Insured:

Job description

SAS e-illing

E-mail (within 2hrs, AIC 2hrs)

1-Motor Claim Form

1-Motor W/O (within 100 hrs, TP 2hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/ Whsp

Date & Time Completed

Done by

18/10/2018 17:02

18/10/2018 17:02

Preferred Wksp / INC Assign Wksp / OW:

Tell

Fax

TP Particulars

Veh No: SL2374S

INC () / Non-INC ()

Owner / Driver:

Tell

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

() % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 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 repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In ()

/ Towed-In ()

Invoice: YES ()

/ NO ()

Towing Co: ()

Remarks

INC online 6788 6016

Date & Time Completed

Done by

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Order Line

Action

NA1806822

Insurance Broker/Owner:

Contact No:

Amaged Portion:

C. Checked by (Engn-In-Charge):

White-Box Comment:

L 1:

L 2/2:

Invoice Breakdown of Charges	Amount	Notes
1) AR: Accident Reporting (\$30)	\$30	
2) DA: Damage Assessment (\$100)	\$100	INC (\$30)
3) TP: Towing Fee	\$40/\$43	
4) FT: Follow-Through Survey	\$120	
5) XT: Follow-Through Survey (Resurvey)	\$20	
For claiming against INC Only (waf 10 Jan 2019)		
6) TR: Re-inspection	\$25	
7) NI: Day DA + SMRT Survey	\$160	
8) NTUC Additional Services		
Q11:		
*NI: Courtesy Car / Tol Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$15	
*NI: DY / Collision Classes Coordination	\$5	
TP (NI) / TP (Non-INC) against INC	\$20	
9) NTUC Mileage	10	
Invoice dated	Not Charged	
Invoice total	\$320	

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 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. 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	18/10/2018 16:34
Date Of Accident	17/10/2018 17:20
Exact Location Of Accident	DEPOT ROAD CARPARK OUTSIDE CMPB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8051P
Insured/Policyholder	
Name Of Registered Owner	TAN WEI LING, JUDY
NRIC No	S9126474I
Email Address	JUDYGERRARDTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83383080
Alternative Phone No	OTHERS-83383080

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	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	5099765399
Cover Note Number	

Driver

Name of Driver	TAN WEI LING, JUDY
NRIC No	S9126474I
Date Of Birth	27/07/1991
Occupation	INDOOR
Date Of Driving Pass	25/09/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83383080
Fax Number	
Contact Number	OTHERS-83383080
Email Address	JUDYGERRARDTAN@GMAIL.COM

Address	BLK 416 SAUJANA ROAD #03-46
Postcode	670416
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLZ374S
Vehicle Make/Model/Colour	SUBARU IMPREZA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW JING SHUN DANIEL
NRIC/Passport Number	S8607883Z
Contact Number	90403485
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.
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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:

18/01/8
1454

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/01/8
1454

Reporting Centre Personnel's Signature

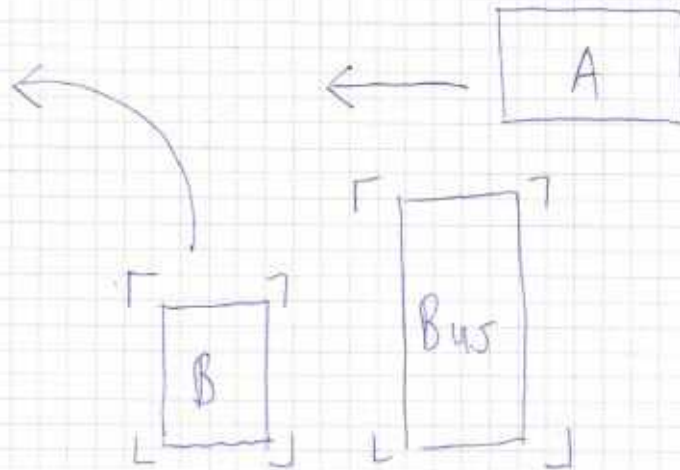
Name:

NRIC/FIN No.:

SKETCH PLAN

CARPARK OPPOSITE CMPS DEPOT ROAD

B) SL2374S
A) SJH 8051 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/6/18, at around 1722hrs, My car 'A' is on the major road towards the exit of the carpark. Due to the bus, I could not see the exiting of car 'B', and when I noticed, car 'B' was already on my left and being on the left side of my car 'A'. Car 'B' was exiting from a carpark lot.

DECLARATION

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


Policyholder's Signature
Date & Time: 18/6/18
1500hrs


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/6/18
1500hrs


Reporting Centre Personnel's Signature
Name: Rose Norton
NRIC/FIN No.: 1806/2018

Claim Handling

Accident NT/1016224

Policy No.	5099765399	Vehicle No.	SHH051P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN WEI LING, JUDY			Policyholder NRIC	991264741
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83383080	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	= No Yes	TCA	= No YES	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Report Date		18/10/2018 16:48	Accident Report Within 24 hrs		Yes	Accident Type		Side Swipe
Date of Accident		17/10/2018	Time of Accident (hh:mm)		17:20	Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location		DEPOT ROAD CARPARK OUTSIDE CMPS						

Own damage Excess		600.00	Additional Excess		1500	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			

GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

Policyholder Mailing Address					
Address 1	BLK 415 #03-46	Address 2	SAUJANA ROAD	Address 3	SINGAPORE 670416
Address 4		Address Type	Singapore address	Post Code	670416
Unit No.		Related Policy Number	5099765399		

Driver Name		TAN WEI LING JUDY	Driver Type		Main Driver	Driver DOB		27/07/1991
Unnamed driver Name			Driver NRIC		SB1264741	Driving Experience		1
Register Date of Driver License		25/09/2017	Driver Age		27	Contact No.(Home)		
Contact No.(Mobile)		83383080	Contact No.(Office)			Address 3		SINGAPORE 670416
Address 1		BLK 415 #03-46	Address 2		SAUJANA ROAD	Post Code		670416
Address 4			Address Type		Singapore address			
Unit No.								
Does he own a Singapore Registered car?		Yes = No	Driver Vehicle No.		SHH051P	Driver Insurer Company		NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?		Yes = No	

Modification History

Claim 901 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN WEI LING, JUDY	Insured NRIC	9912
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Q1		TP	
		Vehicle Number	SHH051P	Vehicle Number	SLZ3
Claim Description	SHH051P / SLZ374S ON 17 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	Q1A report	Received
Preferred Workshop, Name unknown					
Date Registered	18/10/2018 16:53	Claim Close Date		Date Received	18/10/2018
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	NT/1016224	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/10/2018 17:02
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
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10/18/2018

Claim Handling(accident reporting Claim Task: 001 OD-MX)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 17:02

SAS

Normal

SAS 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 17:02

NRIC/ Driving license

Normal

NRIC/ Driving License 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 17:02

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 17:02

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 17:02

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 17:02

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 16:53

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 16:53

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 16:53

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 16:53

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 16:53

Photos

Normal

Photos 2018-10-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2018 16:52

Photos

Normal

Photos 2018-10-18

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 17/10/2018 (DD/MM/YYYY), TIME: 17:22 (HH:MM)

LOCATION: Deport Road Carpark outside, CMPB

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH8051P
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: SD79765399
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA FIT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Tan Wei Ling, Judy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9126474T CONTACT: 83389080
 c) ADDRESS: Blk 416, Seangwan Road, #03-46 SC(70416)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Wei Ling, Judy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9126474T CONTACT: 83389080
 c) ADDRESS: Blk 416, Seangwan Road, #03-46 SC(70416)

* d) DATE OF BIRTH: 27/07/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/09/2017

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: SLE374C MODEL: SUBARU IMPREZA

b) DRIVER'S NAME: CHOW JING SHUN DANIEL

c) NRIC/FIN/PASSPORT: S2607873T CONTACT: 90403485

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

EMAIL = judygerrardtan@gmail.com
 VIDEO =

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



S91264741

TAN WEI LING, JUDY

Birth Date: 27 Jul 1991
Issue Date: 25 Sep 2017

002727193H



SINGAPORE ARMED FORCES
IDENTITY CARD



Name
TAN WEI LING, JUDY



NRIC No
S91264741

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE
25 Sep 2017



NP 428A

00MAL709GP100421201118

00000050304005

NRIC No/Colour
S91264741/ PINK

Race
CHINESE

Date Of Birth
27/07/1991

Service Status
REGULAR

Address

Blk 416 SAUJANA ROAD
#03-46 SINGAPORE 670416

Blood Group

B (+)

Country Of Birth

SINGAPORE

Military Rank Status

OFFICER

Sex
F



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	17/10/2018 14:46
Vehicle No.(For Motor)	SJHB051P	Certificate Number	

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	S099765399		TAN WEI LING, JUDY	S91264741	GPC	drive CLASSIC	SJHB051P	SJHB051P	13/04/2018	12/04/2019