

NATIONAL Assessment Centre Services. [wef 1 Jan 2005]

| Date In: 23/10/18 | Job description | Date & Time Completed | Done by |
|---------------------------|--|-----------------------|---------|
| Ref No: NA/INC18019203/13 | SAS e-filing | | |
| Veh No: SKQ2962R | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A 22/10/18 1730 | i-Motor Claim Form | 23/10/18 799 - | 001 |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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: SMC5734M 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%. 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 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| Client's Particulars | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
|---------------------------------|---|-------------|-----------|
| Driver/Owner: | Am't (\$) | Am't (\$) | Add. Bill |
| NA1806865 | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Ref 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Ref 2/3: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: 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 30 | | |
| | 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 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 | 23/10/2018 09:01 |
| Date Of Accident | 22/10/2018 17:30 |
| Exact Location Of Accident | JUNC OF BAYSHORE RD & UPP EAST COAST RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | SKQ2962R |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN) |
| NRIC No | S7727812E |
| Email Address | TAN_GWEN@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-93690741 |
| Alternative Phone No | OTHERS-93690741 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | MAZDA 3 |
| 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 | 5075520807-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN) |
| NRIC No | S7727812E |
| Date Of Birth | 25/09/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/09/2001 |
| Driving Experience | 17 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93690741 |
| Fax Number | |
| Contact Number | OTHERS-93690741 |
| E-Mail Address | TAN_GWEN@YAHOO.COM.SG |

| | |
|---|---------------|
| Address | 114 KEW DRIVE |
| Postcode | 466094 |
| 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 | CHAIN COLLISION |
| 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? | YES |
| 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) | 2 |
| Passenger 1 | NAME: : ANN ANG SOK HOON |
| | GENDER: : FEMALE |

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

MY VEH WAS STATIONARY AT THE JUNCTION OF BAYSHORE RD & UPP EAST COAST RD GIVE WAY FOR ONCOMING VEH. SUDDENLY I FELT THE IMPACT FROM MY REAR PORTION, THE 3RD VEH(C) HIT ONTO THE 2ND VEH(B) DUE TO THE IMPACT VEH B BEING PUSHED FORWARD AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

| | |
|---|-----------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | CAN'T RETRIEVED |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMC5734M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | FOO EE LIN |
| NRIC/Passport Number | S7806227D |
| Contact Number | 98224209 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJM8266K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver DZULAZMI BIN ABD RASHID
NRIC/Passport Number S8730424H
Contact Number 88778465
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN)
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SKQ2962R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANN ANG SOK HOON
Approximate Age
Injuries Sustain BACK
Injured person in which vehicle? SKQ2962R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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:

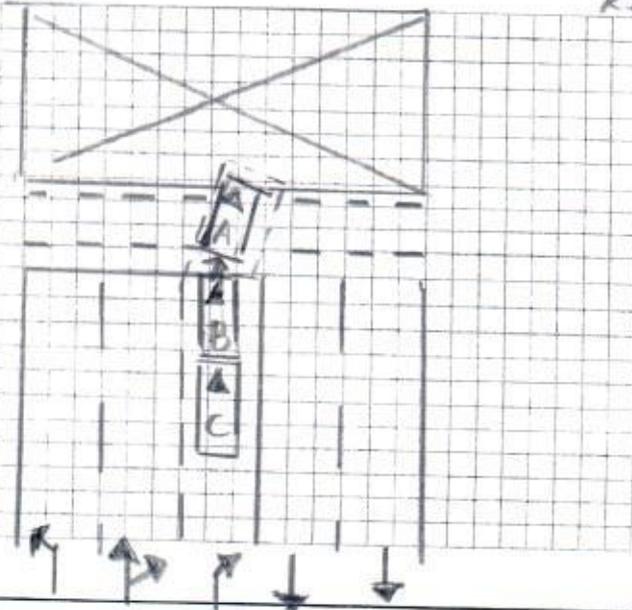
23/10/18

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



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

A - SKQ2962R
 B - SMC5734M
 C - SJM8266K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time:

23/10/18

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

Reporting Centre Personnel's Signature
 Name:

NRIC/FIN No.:

[Signature] 23/10/18

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7727812E**
 Name:
TAN HWEE KHENG GWENDOLIN
 (CHEN HUIQING GWENDOLIN)

Birth Date: **25 Sep 1977**
 Issue Date: **08 Mar 2003**



000270753J

REPUBLIC OF SINGAPORE 

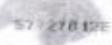
IDENTITY CARD NO. **S7727812E**

Name
TAN HWEE KHENG GWENDOLIN
 (CHEN HUIQING GWENDOLIN)
 陈慧卿

Race
CHINESE

Date of Birth: **25-09-1977** Sex: **F**

Country of Birth
SINGAPORE

S7727812E

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

| Class | Description | PASS DATE |
|---------|---|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which, unladen does not exceed 2500 kilograms | 10 Sep 2001 |

Licence No: **S7727812E**



NP 429A

3345556



NRIC No: **S7727812E**



Blood Group: - Date of issue: **22-03-2003**

114 KEW DRIVE
SINGAPORE 466094
 NRIC No: **S7727812E** Date: **25/09/2017**

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident:

Vehicle No.(For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|--|-------------------|---------|------------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5075520807-02 | | TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN) | S7727812E | GPC | drivo CLASSIC | SKQ2962R | SKQ2962R | 18/11/2017 | 17/11/2018 |

Claim Handling

Accident MT/1016799

| | | | | |
|---------------------|--|---------------------|---|----------------------|
| Policy No. | 5075520807-02 | Vehicle No. | SKQ2962R | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN) | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 93690741 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date | 23/10/2018 14:44 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 22/10/2018 | Time of Accident hh:mm | 17:30 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | JUNC OF BAYSHORE RD & UPP EAST COAST RD | | | |

Excess

| | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess |
| 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 | 114 KEW DRIVE | Address 2 | SINGAPORE 466094 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | #04-65 | Related Policy Number | 5075520807-02 | |

OI Driver Info

| | | | |
|---|---|---------------------|--------------------|
| Driver Name | TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN) | Driver Type | Main Driver |
| Unnamed driver Name | | Driver NRIC | S7727812E |
| Register Date of Driver License | 10/09/2001 | Driver Age | 41 |
| Contact No.(Mobile) | 93690741 | Contact No.(Office) | 0 |
| Address 1 | 114 KEW DRIVE | Address 2 | SINGAPORE 466094 |
| Address 4 | | Address Type | Singapore address |
| Unit No. | #04-65 | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | |
| | | | Driver Insurer Com |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX **New**

| | | | |
|--------------------------|------------------------------------|----------------------------------|--------------|
| Claim Type * | OD-MX | Insured Name | TAN HW |
| Contact No.(Mobile) | 93690741 | Contact No. (Home) | 644978 |
| Email Address | tan_gwen@dso.org.sg | OI Vehicle Number | SKQ296 |
| Claim Description | SKQ2962R / SMC5734M ON 22 Oct 2018 | | |
| Preferred Workshop | Yes | Insured Liability | Not at Fault |
| Contact No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 23/10/2018 14:49 | Received | |
| Report Taken By | ROSLINDA | Workshop Repairer | |

Print AK letter

Save Submit

Attachment

Accident No. MT/1016799 Claim No. 001
 Last Doc. Received Yes No Upload Date 23/10/2018 00:00

Path *

Category *

Confidential

- Choose File No file chosen
- Message Read

- Clear

| | |
|---------------|----|
| Please Select | NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|--|------------------|-----------------------|---------|-----------------|
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 14:48 | | NRIC/ Driving License | Normal | NRIC/ Driving L |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 14:48 | | SAS | Normal | SAS 20 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 14:48 | | Photos | Normal | Photos ; |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 14:48 | | Photos | Normal | Photos ; |
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|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 14:48 | | Photos | Normal | Photos ; |

Video List

| Uploaded By/Date | Folder Date | File Name |
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Display in New Window Scan and uploading