

NATIONAL Assessment Centre Services

Form 1 (2000)

Ref = **MA180684137580**

Date In: **23/10/2018 14:31**
 Ref No: **MA180684137580**
 Vch No: **SJP 538 Z**
 D.O.A: **22/10/2018 18:40**
 OD / TP? **Reporting Only**

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (with photo, AIO photo)		
I-Motor Claim Form	MA1806841-001	23/10/2018
I-Motor W/O (with photo, TP photo)		17:04
I-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by	Fax/ Hand to Owner/Whisp	

Preferred Wksp / INC Assign Wksp / OW: ()
 TP Particulars: Vch No: **SJC 2963R** Toll () Fax ()
 Owner / Driver: () INC () / Non-INC ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 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 reporter.
 () Total Loss Case: I to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	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: _____

Time	Action

MA1806841

Item/Requirement	Invoice Preparation/Chrges	Amount	Unit
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee		\$10/\$14	
4) PT: Follow Through Survey		\$150	
5) FT: Follow Through Survey (Resurvey)		\$70	
6) TR: Re-inspection		\$75	
7) NI: 1 day DA + SMRT Survey		\$180	
8) NTUC Additional Services			
9) NI: Courtesy Car / Tpl Allowance		\$5	
10) NI: Repair Coordination		\$10	
11) NI: Post Repair Inspection		\$75	
12) NI: DV / Collision Course Coordination		\$5	
13) NI: TP (Non-INC) against INC		\$70	
14) NI: 1 days Mobile		\$10	
Invoice dated	Fee Charged		
Invoice total	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 14:31
Date Of Accident	22/10/2018 13:40
Exact Location Of Accident	BUONA VISTA MRT STATION PICK UP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5318Z
Insured/Policyholder	
Name Of Registered Owner	HAN TUANG JUAN
NRIC No	S0123731D
Email Address	MEIYUNHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86693234
Alternative Phone No	OFFICE-81273927

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS
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	5067650967-04
Cover Note Number	

Driver

Name of Driver	HAN MEI YUN
NRIC No	S7629697I
Date Of Birth	22/09/1976
Occupation	INDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86693234
Fax Number	
Contact Number	OFFICE-81273927
EMail Address	MEIYUNHAN@GMAIL.COM

Address:	16 PINE GROVE #11-02
Postcode	597593
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	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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3963R
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG
NRIC/Passport Number	
Contact Number	90674265
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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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.



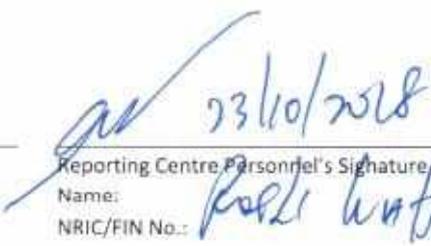
Policyholder's Signature

Date & Time: 23/10/18
940111

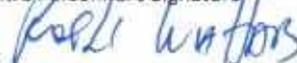


Driver's Signature

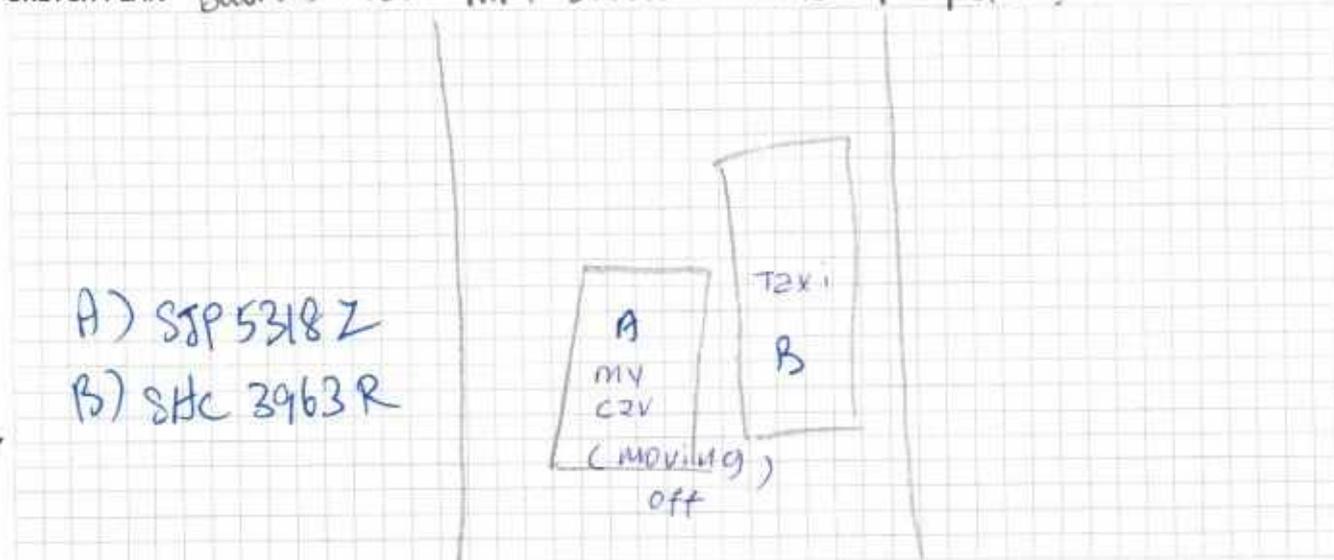
(If driver is not the policyholder)
Date & Time: 23/10/18
940111

 23/10/2018
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SKETCH PLAN BUONA VISTA MRT STATION PICK UP POINT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was picking my son up from Buona Vista MRT Station Pick up Point at around 2pm. After he got into car, I was preparing to move off when a taxi speedily passed my car and bumped into my front of the car.

DECLARATION

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

Han Ts
 Han Ts
 Policyholder's Signature

Date & Time: 23/10/18
 940AM

Han Ts
 Driver's Signature
 (If driver is not the policyholder)

Date & Time: 23/10/18
 940AM

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

Claim Handling

Accident MT/1016841

Policy No.	5067650967-04	Vehicle No.	SIP5318Z	GST Registration No.	
Certificate No.					
Policyholder Name	HAN TUANG JUAN			Policyholder NRIC	S01237310
Product Code	PRIVATE CAR INSURANCE	Cover Type	3rds CLASSIC	Loading	0
Contact No.(Mobile)	86693234	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	23/10/2018 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/10/2018	Time of Accident hh-mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUONA VISTA MKT STATION PICK UP POINT				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	16 PINE GROVE	Address 2	#11-04 CAVENDISH PARK	Address 3	SINGAPORE 387593
Address 4		Address Type	Singapore address	Post Code	597593
Unit No.		Related Policy Number	5067650967-04		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	6841 HEE YUW	Driver NRIC	S76296971	Driver DOB	22/09/1976
Register Date of Driver License	10/09/2015	Driver Age	43	Driving Experience	3
Contact No.(Mobile)	81273927	Contact No.(Office)		Contact No.(Home)	
Address 1	16 PINE GROVE	Address 2	#11-02 CAVENDISH PARK	Address 3	SINGAPORE 387593
Address 4		Address Type	Foreign address	Post Code	597593
Unit No.	11-02				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SIP5318Z	Driver Insurer Company	NTUC

Declarations

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 **Open**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

23/10/2018 17:03

Claim Class Date

Date Received

23/10/

Report Taken By

BOSLI WAHAB

Print AX letter

Save Submit

Attachment

Accident No. MT/1016841

Claim No. 001

Last Doc. Received Yes No

Upload Date 23/10/2018 17:04

Path *

Category *

Confidential

Urgency *

0/50

Choose File No file chosen

Clear Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_3006761 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 23 Oct 2018 17:04		Photos	Normal	Photos 2018-10-23



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:04	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:04	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:04	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:04	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:04	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:03	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:03	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:03	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:03	SAS	Normal	SAS 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-23

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

13:40

ACCIDENT DATE: (22/10/2018) (DD/MM/YYYY), TIME: (around 2PM) (HH:MM)

LOCATION: BUONA VISTA MRT STATION PICK UP POINT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STP5318Z
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER:
- d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: FORD FOCUS
- f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- 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: HAN TUANG JUAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 501237310 CONTACT: 86693234
- c) ADDRESS: BLOCK 16 PINE GROVE #11-04 SINGAPORE 597593

* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HAN MEI YUN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 57629697I CONTACT: 81273927
- c) ADDRESS: BLOCK 16 PINE GROVE #11-02 SINGAPORE 597593

* d) DATE OF BIRTH: (22/09/1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / (OUTDOOR)

f) DATE OF DRIVING PASS: 10 SEP 2015

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

- 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: SHC 3963R MODEL: COMFORT DELGRO CAB
- b) DRIVER'S NAME: WONG
- c) NRIC/FIN/PASSPORT: CONTACT: 90674265

9. THIRD PARTY VEHICLE

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

(Some)

No of passenger (including driver) (2)

No of passenger (including driver) ()

No of passenger (including driver) ()

email = mei yun han @ gmail . com

fax =

VIBRO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S76296971



Name

HAN MEI YUN



韩美云

Race
CHINESE

Date of Birth Sex
22-09-1976 F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S76296971

Name
HAN MEI YUN



Birth Date: 22 Sep 1976
Issue Date: 10 Sep 2015



003471679F

1516
SG

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0123731D



Name

HAN TUANG JUAN
@HONG TUAN JUAN



韩莊元

Race
CHINESE

Date of Birth Sex
11-05-1940 M

Country of Birth
PAHANG

S0123731D

2970622



NRIC No: **S76296971**



Blood Group: **O+** Date of issue: **17-07-1997**

16 PINE GROVE #11-02
SINGAPORE 597593
 NRIC No: **S76296971** Date: **13/01/2018**

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg **10 Sep 2015**

NP 426A



1253990



NRIC No: **S0123731D**



Blood Group: **O+** Date of issue: **06-09-1993**

16 PINE GROVE #11-04
SINGAPORE 597593
 NRIC No: **S0123731D** Date: **01/07/2010** No: **0497584**

Hello, NAC_BUKIT_MERAH_800676

[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 type="radio"/>	5067650967-04		HAN TUANG JUAN	50123731D	GPC	drivo CLASSIC	SJP5318Z	SJP5318Z	27/09/2018	26/09/2019