

# NATIONAL Assessment Centre Services. (wef 1 Jan 2005)

Date In: <b>24/10/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18019344/13</b>	SAS e-filing		
Veh No: <b>SKA5158K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. <b>23/10/18</b> <b>1215</b>	I-Motor Claim Form	<b>MT/1017009-</b>	<b>001</b>
OD / TP: <b>Reporting Only</b>	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: ( <b>J MARI</b> )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SBN1063P</b>	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

<b>NA1806921</b>	<b>Invoice Preparation Checklist</b>	<b>Fee (\$)</b>	<b>Remarks</b>
<b>Claimant's Particulars:</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TP: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) PT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Ref 1:</b>	6) TR: Re-inspection \$75		
<b>Ref 2/3:</b>	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idao 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	24/10/2018 14:30
Date Of Accident	23/10/2018 12:15
Exact Location Of Accident	CAUSEWAY TWDS MALAYSIA CUSTOM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5158K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HONG THYE
NRIC No	S1101882C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94368766
Alternative Phone No	OTHERS-94368766

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250
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	5069304379-04
Cover Note Number	

### Driver

Name of Driver	TAN HONG THYE
NRIC No	S1101882C
Date Of Birth	28/03/1955
Occupation	INDOOR
Date Of Driving Pass	22/07/1974
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94368766
Fax Number	
Contact Number	OTHERS-94368766
Email Address	NOEMAIL

Address	BLK 842G TAMPINES ST 82 #03-88
Postcode	527842
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?	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

I FAILED TO BRAKE IN TIME AND HIT ONTO VEH B DUE TO THE IMPACT VEH B BEING PUSHED FORWARD AND HIT VEH C.

#### 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	SBN1063P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM6921R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

Causing



DOA: 23/10/18

A: SKA 5158 K

B: SBN 1063 P

C: SJM 6921 R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I failed to brake in time hit into veh B  
 1 veh B moved forward I hit veh C

## 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.:



### Personal Particulars

Date of Accident: ~~23/4~~ 23/10/18 Time of Accident: 12.15 pm  
Exact Location of Accident: Causeway towards Malaysia Custom  
Owner's Name: Tan Hong Thye NRIC No: S1101882C HP No: 94368766  
Driver's Name: u NRIC No: 2 HP No: u  
Date of Birth: 28/3/1955 Driving Licence Passing Date: 22/7/1974 Occupation: Indoor / Outdoor  
Address: 8426 Tampines St 82 #03-88 (S27842)  
Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
Vehicle No: SKA 5158K Make & Model: Lexus  
Insurance Co: NTUC Coverage: Comprehensive Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, ☒ Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ ☒ Wet / ☐ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: 1+1 D: \_\_\_\_\_  
man woman

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No) ☒

### Third Party Driver's Particulars

Vehicle B No: SBN 1063P Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1101882C



Name

TAN HONG THYE

陳鴻大

Race  
CHINESE

Date of birth 28-03-1955 Sex M

Country of birth  
SINGAPORE

S1101882C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1101882C  
Name

TAN HONG THYE

Birth Date: 28 Mar 1955

Issue Date: 02 Jun 2003



4078849

NRIC No. S1101882C



Date of issue  
30-07-2007

Address  
APT BLK 842G TAMPINES STREET 82  
#03-88  
SINGAPORE 527842

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jul 1974
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Jan 1977
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	21 Jan 1978

NP 428A





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="23/10/2018 12:15"/>
Vehicle No.(For Motor)	<input type="text" value="SKA5158K"/>	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"/>	5069304379-04		TAN HONG THYE	S1101882C	GPC	drive CLASSIC	SKA5158K	SKA5158K	08/09/2018	07/09/2019

## Claim Handling

## Accident MT/1017009

Policy No.	5069304379-04	Vehicle No.	SKA5158K	GST Registration No.
Certificate No.				
Policyholder Name	TAN HONG THYE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94368766	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	10	Private Hire

Accident Details

Report Date	24/10/2018 16:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/10/2018	Time of Accident hh:mm	12:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CAUSEWAY TWDS MALAYSIA CUSTOM			

Excess

Own damage Excess	600.00	Additional Excess	1000	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	BLK 842-G #03-88	Address 2	TAMPINES STREET 82	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069304379-04	

OI Driver Info

Driver Name	TAN HONG THYE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1101882C	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	63	Driving Experience
Contact No.(Mobile)	94368766	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 842G	Address 2	TAMPINES STREET 82	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-88			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Fully at Fault

Preferred Repair Option  Preferred Workshop (refer below)

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name TAN HO

94368766 Contact No. (Home) 943687

 OI Vehicle Number SKA515

SKA5158K / SBN1063P ON 23 Oct 2018

GIA report Received

24/10/2018 16:26 Claim Close Date

ROSLINDA Workshop Repairer



## Attachment



Accident No.:	MT/1017009	Claim No.:	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/10/2018 00:00
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Confidential"/> NO
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:26	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:26	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 16:25	Photos	Normal	Photos ;

## Video List

Uploaded By/Date	Folder Date	File Name	
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