

**NATIONAL Assessment Centre Services.** [wef 1 Jan'05]

Date In: 05/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020021/13	SAS e-filing		
Veh No: SKF7353A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/10/18 1730	I-Motor Claim Form	05/10/18 671 - 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: SJF6394.2	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:	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

NA1807332	<b>Invoice Preparation Checklist</b>	Am (\$)	Adj (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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: 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	05/11/2018 14:25
Date Of Accident	04/11/2018 17:30
Exact Location Of Accident	RAFFLES CITY CARPARK LVL B2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7353A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARRIANN CHAN YI LIN
NRIC No	S1548775E
Email Address	MARRIANNCHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90711828
Alternative Phone No	OTHERS-90711828

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	5090938912-01
Cover Note Number	

### Driver

Name of Driver	MARRIANN CHAN YI LIN
NRIC No	S1548775E
Date Of Birth	02/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90711828
Fax Number	
Contact Number	OTHERS-90711828
EMail Address	MARRIANNCHAN@GMAIL.COM

Address	21 JALAN SEMPADAN #02-06
Postcode	457398
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	
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SJF6394Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JANICE
NRIC/Passport Number	
Contact Number	97540151
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**.
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.**
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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.

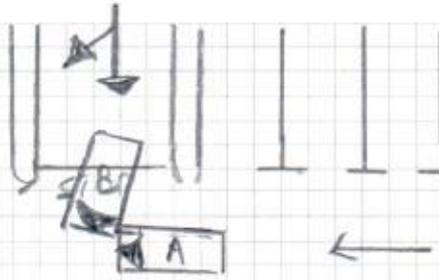
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A - SKT 7353A  
B - SJF 6394Z



RAFFLES CITY CARPARK  
LVL B2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

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.:

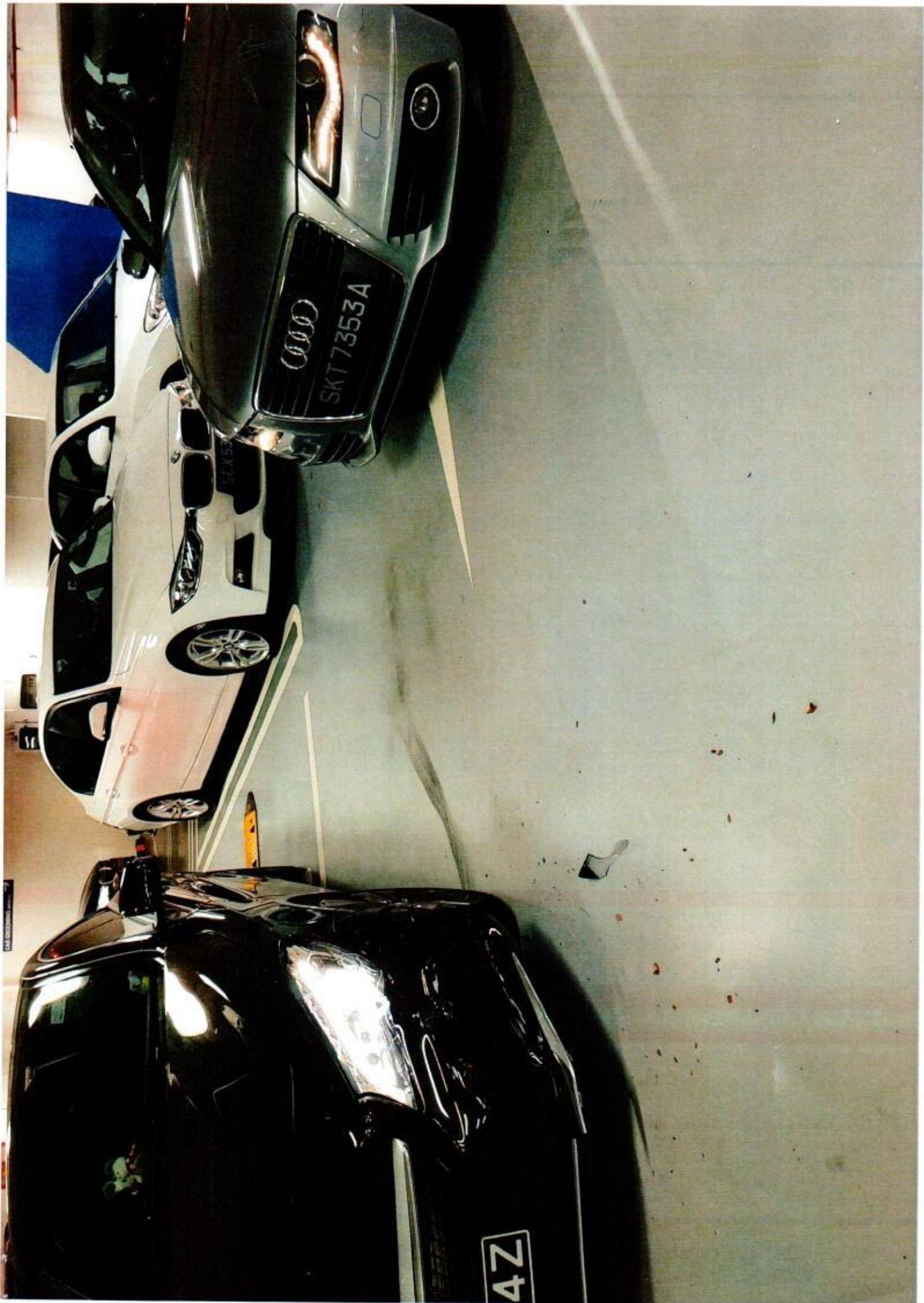
## Accident Report

1. Location @ Raffles City Carpark Level B2
2. I was driving down a declining road to B2 carpark looking for a parking lot.
3. When I reached B2, I was driving straight. It was one way traffic with arrow showing either to go straight or turn left to go to B3
4. I was going straight when a black car suddenly shot out in-front of me from the right side.  
I could not stop in time despite going at a slow speed and hit the left side front corner of the car.
5. I got out my car and saw that the car from the right was a black Merc SFJ6394Z turning right from a side lane. There was a STOP sign to give way to vehicles going straight but the driver of the black Merc apparently did not stop and had rushed out.
6. A lady driver came out from the Merc and she quickly apologised and she said that the BMW SCX 537G on her left had blocked her view (she mentioned something like blind-spot).
7. I took some photos and exchanged info and agreed to report the matter.
8. Particulars of the lady driver of SJF6394Z: Janice

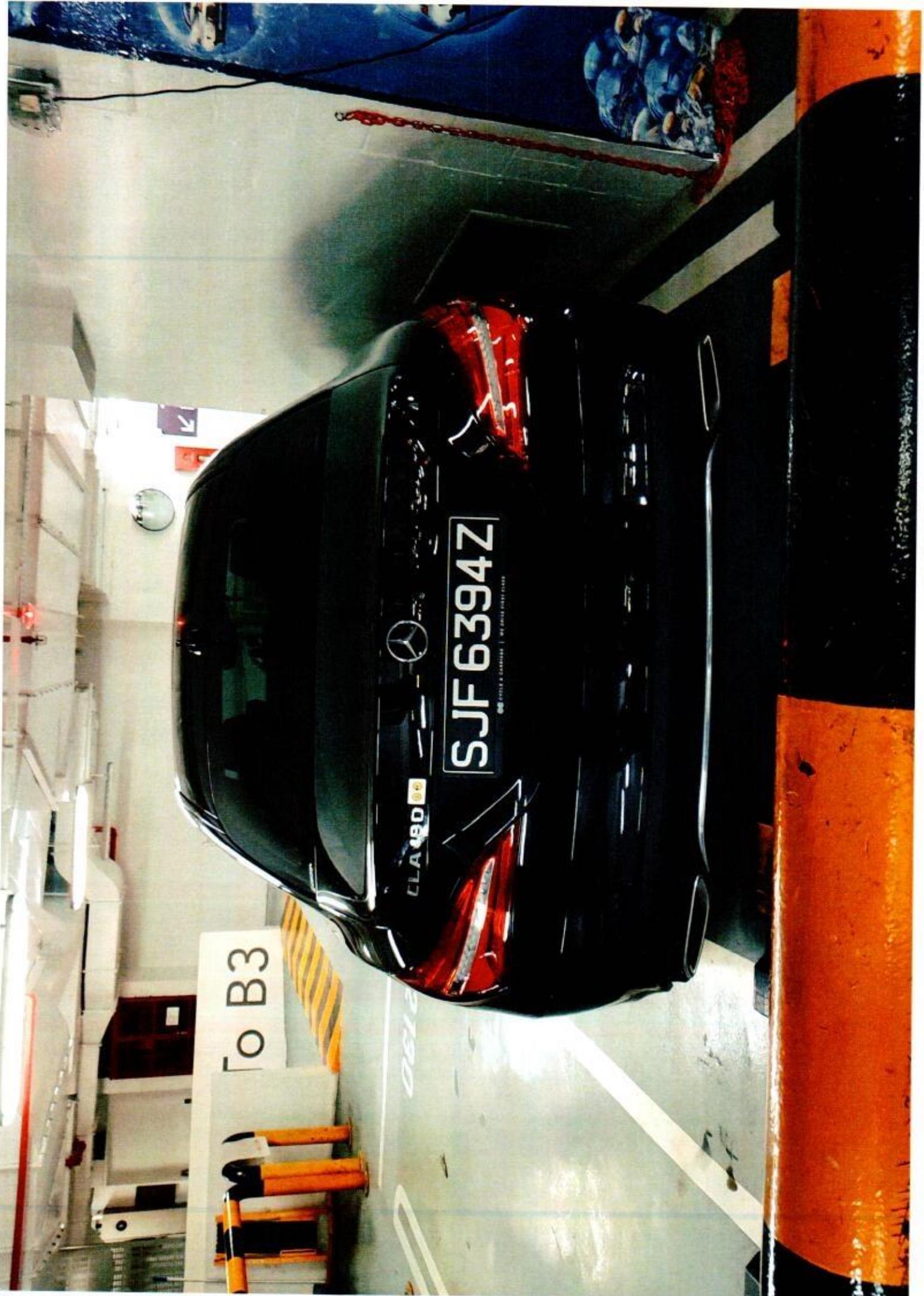
Name

Etc. ....

That's all.







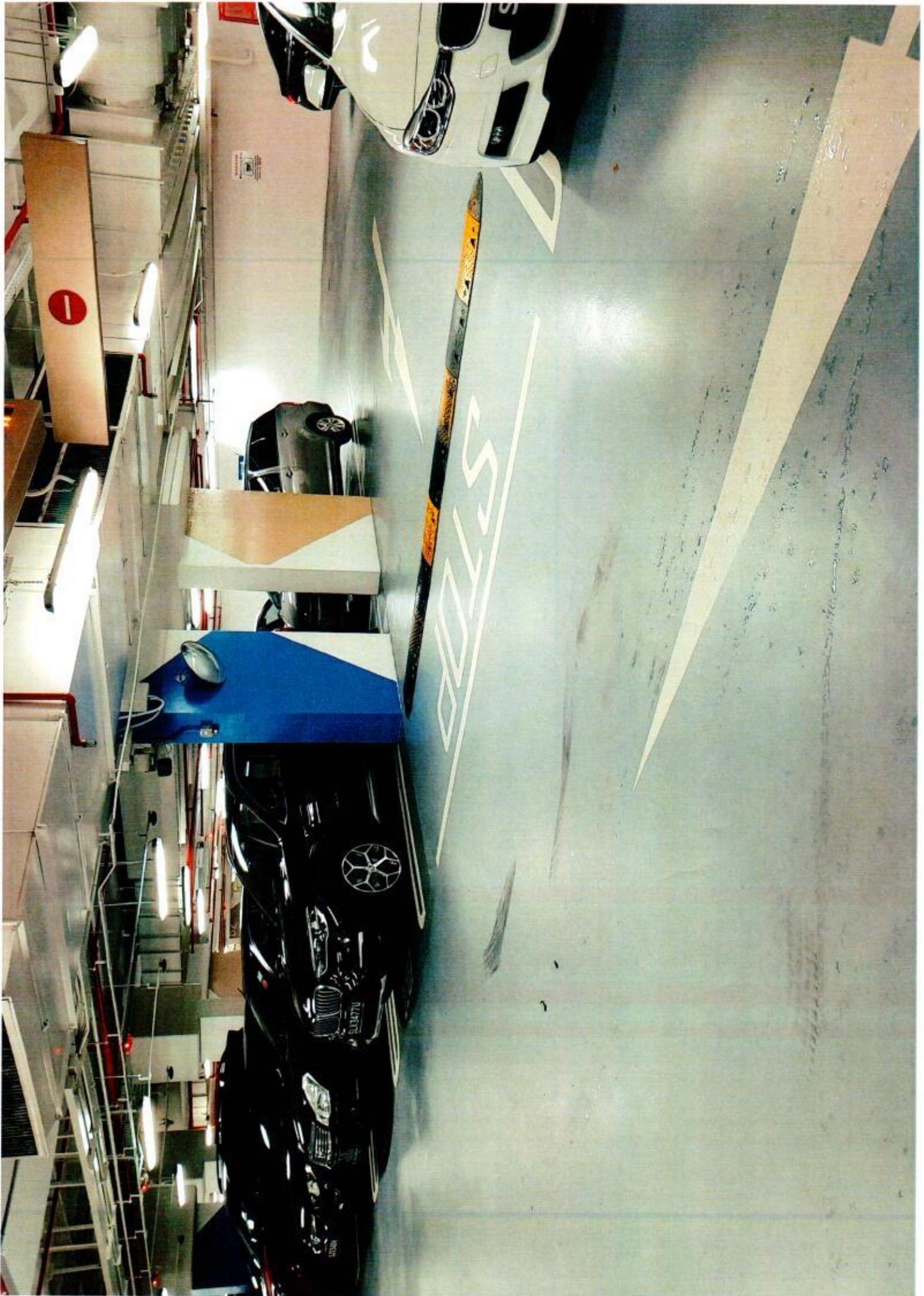
SJF 6394Z



CLA 450 4MATIC

To B3





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1548775E



Name  
MARRIANN CHAN YI LIN

陳怡霖

Race  
CHINESE

Date of birth  
02-02-1962

Sex  
F

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1548775E

Name  
MARRIANN CHAN YI LIN

Birth Date: 02 Feb 1962

Issue Date: 29 Oct 2003



5915467



NRIC No. S1548775E



Date of issue  
30-01-2018

Address  
21 JALAN SEMPADAN  
#02-06  
SINGAPORE 457398

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
24 May 1990



Licence No. S1548775E

NP 428A

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 type="radio"/>	5090938912-01		MARRIANN CHAN YI LIN	S1548775E	GPC	drive CLASSIC	SKT7353A	SKT7353A	25/05/2018	24/05/2019

**Claim Handling**

**Accident MT/1018671**

Policy No.	5090938912-01	Vehicle No.	SKT7353A	GST Registration No.	
Certificate No.					
Policyholder Name	MARRIANN CHAN YI LIN	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	90711828	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	
KFK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	
<b>Accident Details</b>					
Report Date	07/11/2018 14:47	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	04/11/2018	Time of Accident hh:mm	17:30	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	RAFFLES CITY CARPARK LVL B2				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
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	21 JALAN SEMPADAN	Address 2	#02-06 TOWER 9 VILLA MARINA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5090938912-01		
<b>OI Driver Info</b>					
Driver Name	MARRIANN CHAN YI LIN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1548775E	Driving Experience	
Register Date of Driver License	24/05/1990	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	90711828	Contact No.(Office)	0	Address 3	
Address 1	21 JALAN SEMPADAN	Address 2	TOWER 9 VILLA MARINA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#02-06				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Com	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MARRIANN CHAN YI LIN
Contact No.(Mobile)	90711828	Contact No.(Home)	NIL
Email Address	marriannchan@gmail.com	OI Vehicle Number	SKT7353A
Claim Description	SKT7353A / SJF6394Z ON 4 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	07/11/2018 14:52	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLINDA	GIA report	Received
Print AK letter	<input checked="" type="checkbox"/>	Claim Close Date	
		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1018671 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 07/11/2018 00:00

Path \*

Category \*

Confidential

- Choose File No file chosen

- Clear

Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 14:52	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 14:52	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 14:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 14:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 14:51	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 14:51	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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