

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] **MNA 118150781**

Date In: 21/11/18 13:32	Job description	Date & Time Completed	Done by
Ref No: NAI INC 18021063/64	SAS e-filing		
Veh No: SLW 4952 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/18 11:45	I-Motor Claim Form	MT/1020822-001	21/11/18 17:28
OD: Q 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/WRSD		

Preferred Wksp / INC Assgn Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SDY 1343 A	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: 6733 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

NA1802624

Clientant's Particulars:	Invoice Preparation Checklist	Am (\$)	Adm (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.20	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Sub 1:	For claiming against INC Only (ver 10 Jan 2003)		
Sub 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	21/11/2018 13:32
Date Of Accident	21/11/2018 11:45
Exact Location Of Accident	JUNC OF CIRCUIT LINK & PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4952M
Insured/Policyholder	
Name Of Registered Owner	TANG SIEW CHUAN
NRIC No	S1319173E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97530422
Alternative Phone No	OFFICE-97530422

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY HYBRID 2.5G CVT
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	5098047294
Cover Note Number	-

Driver

Name of Driver	KOH LEE ENG
NRIC No	S1382398G
Date Of Birth	11/07/1959
Occupation	INDOOR
Date Of Driving Pass	09/03/1990
Driving Experience	28 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91397576
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	101 LORONG SARINA #01-14
Postcode	416729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	
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 STOP AT THE TRAFFIC JUNC OF CIRCUIT LINK & PAYA LEBAR RD, WHEN THE LIGHT TURN GREEN, I STARTED TO MOVE. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SDY1343A) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT & BACK CAMERA, HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY1343A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMARUZAMAN BIN MOHD YAZID
NRIC/Passport Number	S7216210B
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

Paya Lebar Rd

A = SLW 4952 M

B = SDY 1343 A

Circuit Link

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1382398G**
 Name: **KOH LEE ENG**
 Birth Date: **11 Jul 1959**
 Issue Date: **20 Feb 2003**



10002159670

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1382398G**



Name: **KOH LEE ENG**
许丽英
 Place: **CHINESE**
 Date of Birth: **11-07-1959** Sex: **F**
 Country of Birth: **SINGAPORE**

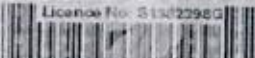


S1382398G

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

Issue Date: **09 Mar 1990**



Licence No: **S1382398G**

NP-294

0096642



NRIC No: **S1382398G**



Blood Group: **O+** Date of Issue: **20-09-1991**

101 LORONG SARINA #01-14
SINGAPORE 416729

NRIC No: **S1382398G** Date: **19/04/2014**

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="21/11/2018 13:26"/>
Vehicle No.(For Motor)	<input type="text" value="SLW4952M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098047294		TANG STEW CHUAN	S1319173E	GPC	drive PREMIUM	SLW4952M	SLW4952M	13/02/2018	12/02/2019

Claim Handling

Accident MT/1020822

Policy No.	5098047294	Vehicle No.	SLW4952M	GST Registration No.	
Certificate No.					
Policyholder Name	TANG SIEW CHUAN			Policyholder NRIC	S1319
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97530422	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/11/2018 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/11/2018	Time of Accident hh:mm	11:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CIRCUIT LINK & PAYA LEBAR RD				

Excess

Own damage Excess	600.00	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

Coverage	Sum Insured
Transport Allowance	9999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	101 LORONG SARJINA	Address 2	#01-14 CASA SARINA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41672
Unit No.		Related Policy Number	S100001817		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH LEE ENG	Driver NRIC	S1382398G	Driver DOB	11/07/
Register Date of Driver License	09/03/1990	Driver Age	59	Driving Experience	28
Contact No.(Mobile)	91397576	Contact No.(Office)		Contact No.(Home)	
Address 1	101 LORONG SARJINA	Address 2	#01-14 CASA SARINA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41672
Unit No.	01-14				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

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 New

Claim Type *	OD-MX	Insured Name	TANG SIEW CHUAN
Contact No.(Mobile)	97530422	Contact No. (Home)	67441794
Email Address	ms.leeeng@gmail.com	Vehicle Number	SLW4952M
Claim Description	SLW4952M / SDY1343A ON 21 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalised No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	21/11/2018 17:26	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1020822
☒ Yes ☐ No

Claim No.
Upload Date

001
21/11/2018 17:28

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:28	SAS	Normal	SAS 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:28	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:28	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:28	Photos	Normal	Photos 2018-11-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 17:26	Photos	Normal	Photos 2018-11-21

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window

Scan and uploading