

NATIONAL Assessment Centre Services. [ver 1 Jan'09] MNA 119006196

Date In: 14/11/19 16:26	Job description	Date & Time Completed	Done by
Ref No: NA11MC 19000815 164	SAS e-filing		
Veh No: SGE 8055E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/01/19 12:40	I-Motor Claim Form	MT/1027732 ⁰⁰¹	14/11/19 18:56
OD: <input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Veh No: SGM 503P. 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

NA1900368		Invoice Information	Amo (\$)	Ref (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) PT: 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 2003)		
Dat. 1:		6) TR: Re-inspection \$75		
Dat. 2/3:		7) NI: Idan DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		Q1:		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idan 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	14/01/2019 16:26
Date Of Accident	12/01/2019 13:40
Exact Location Of Accident	JALAN SENANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE8055E
Insured/Policyholder	
Name Of Registered Owner	TAN KAI QIN
NRIC No	S8121647I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833427
Alternative Phone No	OFFICE-81833427
Vehicle Particulars	
Manufacturer	BMW
Model	528I AT D/AB SR LED NAV
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5098668364
Cover Note Number	-
Driver	
Name of Driver	TAN CHENG DANIEL (CHEN QING, DANIEL)
NRIC No	S8127795H
Date Of Birth	03/09/1981
Occupation	INDOOR
Date Of Driving Pass	06/12/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94764165
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 339 HOUGANG AVE 7 #03-415
Postcode	530339
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	BUILDING CCTV
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM503P
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.:

96 L.

96 K

Iln Senang

A = SGE 8055E
B = SGM 503P.

Please Refer to Police Report

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

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



**SINGAPORE
POLICE FORCE**



T/20190113/2083

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

1 of 3

Report No. T/20190113/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2019 17:03	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: TAN CHENG, DANIEL			Address: APT BLK 339 HOUGANG AVENUE 7 #03-415 SINGAPORE 530339		
ID Type / ID No.: NRIC NO / S8127795H			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/01/2019 13:40	Type of Location:
Location: Along Road 1 JALAN SENANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGE8055E	Car				Slightly Damaged	0
SGM503P	Car					0



**SINGAPORE
POLICE FORCE**



T/20190113/2083

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

2 of 3

Report No. T/20190113/2083

CONTINUATION OF REPORT

Brief Details.

On 12/01/2019 at about 1340hrs, I had parked my vehicle(Registration Number: SGE8055E) along the roadside at 96L Jalan Senang and everything is intact at that point of time. On the same day at about 1340hrs, I saw a vehicle, (Registration Number: SGM503P) that had hit on the front side of my vehicle. I saw that the said vehicle had tried to maneuver out of the said road and while doing so, the said driver had hit on my front side of the vehicle. I tried to gave chase however the driver had drive out of the vicinity quickly. I had only manage to take photo of the said vehicle however did not manage to stopped the car. I then went into my office to retrieved the CCTV footages and affirmed that the said vehicle had hit the front side of my vehicle. I wish to state that I'm willing to pass the investigation officer the CCTV footages if they need it for further investigation.



**SINGAPORE
POLICE FORCE**



T/20190113/2083

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 3

Report No. T/20190113/2083

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/01/2019 17:03

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8127795H

Name: TAN CHENG, DANIEL (CHEN QING, DANIEL)

Birth Date: 03 Sep 1981

Issue Date: 08 Jul 2003

000638550F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8127795H

Name: TAN CHENG, DANIEL (CHEN QING, DANIEL)

Race: CHINESE

Date of birth: 03-09-1981

Sex: M

Country of birth: SINGAPORE

陈清




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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	11 Jul 2002
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	06 Dec 2003

S8127795H

S / No. 9000002942

NP 428A

Licence No: S8127795H

4878965

NRIC No. S8127795H

Date of issue: 01-09-2012

Address: APT BLK 339 HOUGANG AVENUE 7 #03-415 SINGAPORE 530339




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="12/01/2019 16:26"/>							
Vehicle No.(For Motor)	<input type="text" value="SGE8055E"/>	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"/>	5098668364		TAN KAI QIN	S81216471	GPC	drivo CLASSIC	SGE8055E	SGE8055E	12/03/2018	18/06/2019
<input type="button" value="Continue"/>										

Accident MT/1027732

Modification History




















Claim 001 New

Claim Type *	OD-MX		Insured Name	TAN KAI QIN
Contact No.(Mobile)	81833427		Contact No. (Home)	NIL
Email Address	canf81@hotmail.com		OI Vehicle Number	SGE8055E
Claim Description	SGE8055E / SGM503P ON 12 Jan 2019			
Preferred Workshop	Insured Liability	Not at Fault		
Contact No. Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2019 18:55		Claim Close Date	
Report Taken By	LIEW SHAN HUI			

Attachment

Accident No.	MT/1027732	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2019 18:56
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	SAS	Normal	SAS 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:56	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:55	Photos	Normal	Photos 2019-1-14

Video List

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