

NATIONAL Assessment Centre Services

(Ref: JAR/03)

22

Date In: 18/01/2019 17:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006204/K4	SAS e-filing		
Veh No: SKC 2732L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/01/2019 18:50	i-Motor Claim Form	M71028895-001	21/1/19 23:20
OD (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/Wksr		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Yeh No: SKZ14384	INC () / Non-INC ()
Owner / Driver: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
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 repairer.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time Actions

NA1900629

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat 1:

Cat 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est. Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:
 - ON*
 - *N5: Courtesy Car / Tpl Allowance \$5
 - *N6: Repair Co-ordination \$10
 - *N7: Post Repair Inspection \$25
 - *N8: DV / Collect Excess Coordination \$5
 - TP (N11): TP (N/n INC) against INC \$20
 - 9) N12: Idac 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	18/01/2019 17:38
Date Of Accident	17/01/2019 18:50
Exact Location Of Accident	EXIT 15 OF PIE (CHANGI) TWDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC2732L
Insured/Policyholder	
Name Of Registered Owner	KWEK MEEK LIN
NRIC No	S7029800G
Email Address	JERRYTHAMWEILUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96916062
Alternative Phone No	OTHERS-96916062
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	5082945672-02
Cover Note Number	
Driver	
Name of Driver	THAM WEI LUN, JERRY (TAN WEILUN)
NRIC No	S8514209G
Date Of Birth	16/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84681272
Fax Number	
Contact Number	OTHERS-84681272
Email Address	JERRYTHAMWEILUN@GMAIL.COM

Address	BLK 119 POTONG PASIR AVE 1 #05-1002
Postcode	350119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	AFTER RAIN
Road Surface	WET

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?	YES
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: : LARRY CHEW 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

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	SKZ1438Y
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 INJURED PERSON 1

Name	THAM WEI LUN, JERRY (TAN WEILUN)
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SKC2732L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:



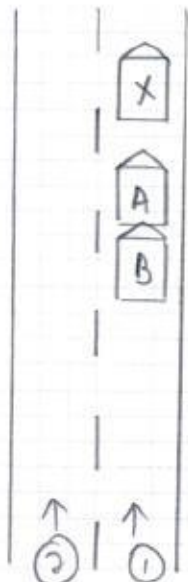
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

18/11/2019

SKETCH PLAN



A = SKC 2732L

B = SKZ 1438Y

Exit 15 of PIE (Changi)
towards Upper Serangoon Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 18/1/2019

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

On 17.01.19 at about 18:50 hours along Exit 15 of PIE (Changi) towards Upper Serangoon Road. I was stationary on lane 1 and it was heavy traffic.

Suddenly I heard a loud bang from behind. When I alighted I realised vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SKC 2732L



Vehicle (B): SKZ 1438Y

Date of Accident : 17/01/2019 Accident Time: 18:50 (24-HR-Format)
Accident Place : Exit 15 of PIE (Changi) towards Upp Serangoon RD
Vehicle No. (Car Plate No.) : SKC2732L Make/Model: Toyota Camry
Insurance Company : NTUC Policy No: _____
Owner or Company Name / IC No. : KNEK Meek Lin (S70298006)
Owner or Company Contact No. : 96916062 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tham Wei Lun, Jerry (S85142096)
DRIVER'S Date Of Birth : 16/03/1995 DRIVER'S License Pass Date 19/04/2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friend
DRIVER'S Address : BLK 119 Potong Pasir Ave 1 #05-1002 S(350119)
DRIVER'S Contact No./ Alt No. : 1) 8468 1272 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : * Jerrythamweilun@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2
Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: (Private use) Work purpose
Any Injury (If YES, Pls state): Tham Wei Lun, Jerry Body Pain.

Other Party Driver's Particular (if any)

Vehicle No:	<u>SKZ 1438 Y</u>	Vehicle No:	<u>-</u>
Vehicle Make/Model:	<u>-</u>	Vehicle Make/Model:	<u>-</u>
Name Driver:	<u>-</u>	Name Driver:	<u>-</u>
IC No. Driver/Contact:	<u>-</u>	IC No. Driver/Contact:	<u>-</u>

*** NEW - Passenger's name & gender:**

Passenger = Larry Chew (M).

Email: visionauto work@gmail.com ✓
Tel: 6341 6789

SKC2732L (Colour)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7029800G



Name

KWEK MEEK LIN



郭蜜玲

Race

CHINESE

Date of Birth

01-09-1970

Sex

F

Country of Birth

SINGAPORE



0853113



NRIC No. S7029800G



Blood Group

B+

Date of issue

26-03-1993

APT BLK 73 TELOK BLANGAH HEIGHTS #14-311
SINGAPORE 100073

NRIC No: S7029800G

Date: 13-06-2007

No: 5695100

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8514209G



Name

THAM WEI LUN, JERRY
(TAN WEILUN)

譚 偉 倫

Race

CHINESE

Date of birth

16-03-1985

Sex

M

Country of birth

SINGAPORE

S8514209G

SKC 2732L

Driver

4272847



NRIC No. S8514209G

Date of issue

02-09-2008

Address

BLK 119 PETONG PASIR AVE 1 #05-1002

NRIC No. S8514209G

4272847

BLOCK 119 PETONG PASIR
AVE 1 #05-1002
S350119

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8514209G**
Name

THAM WEI LUN, JERRY
(TAN WEILUN)

Birth Date: **16 Mar 1985**
Issue Date: **18 Jul 2013**

002203671B



SKC 2732L

Driver

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **19 Apr 2006**

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="17/01/2019 18:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SKC2732L"/>	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"/>	5082945672-02		KWEK MEEK LIN	S7029800G	GPC	drivo CLASSIC	SKC2732L	SKC2732L	13/08/2018	12/08/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5082945672-02	Policyholder Name	KWEK MEEK LIN	Policyholder NRIC	S7029800G
Certificate No.					
Address	BLK 73 #14-311 TELOK BLANGAH HEIGHTS SINGAPORE 100073				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/07/2018	Effective Date	13/08/2018 00:00	Expiry Date	12/08/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Tel.	64690002	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 73 #14-311	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100073
Address 4		Address Type	Singapore address	Post Code	100073
Unit No.		Related Policy Number	5082945672-02		

► Insured Object: SKC2732L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1028895

Exit

Policy No.	5082945672-02	Vehicle No.	SKC2732L	GST Registration No.	
Certificate No.					
Policyholder Name	KWEK MEEK LIN	Cover Type	drive CLASSIC	Policyholder NRIC	S7029800G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96916062	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	70
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	21/01/2019 22:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/01/2019	Time of Accident (hh:mm)	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EXIT 15 OF PSE (CHANGI) TWDS UPPER SERANGOON RD				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 73 #14-311	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100073
Address 4		Address Type	Singapore address	Post Code	100073
Unit No.		Related Policy Number	5082945672-02		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/03/1985
Unnamed driver Name	THAM WEI LUN, JERRY (TAN W	Driver NRIC	S8514209G	Driving Experience	12
Register Date of Driver License	19/04/2006	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	94661272	Contact No. (Office)	0	Address 3	SINGAPORE 350119
Address 1	BLK 119	Address 2	POTONG PASIR AVENUE 1	Post Code	350119
Address 4		Address Type	Singapore address		
Unit No.	05-1002	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KWEK MEEK LIN	Insured NRIC	S7029800G
Contact No. (Mobile)	96916062	Contact No. (Home)	6270951B	Contact No. (Office)	NIL
Email Address		Q1 Vehicle Number	SKC2732L	TP Vehicle Number	SK2143BY
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKC2732L / SK2143BY ON 17 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/01/2019 23:02	Claim Close Date		Date Received	21/01/2019 23:04
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment













Accident No.	MT/1028895	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2019 23:04
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Browse...
Clear

Please Select
1/0
Normal

Please Select
1/0
Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:03	SAS	Normal	SAS 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 23:02	Photos	Normal	Photos 2019-1-21		Edit

Video List

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