

NATIONAL Assessment Centre Services

Ref: Jan'05

Date In: 31/01/2019 13:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002050/14	SAS e-filing		
Veh No: SJZ5796Z	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 31/01/2019 11:10	I-Motor Claim Form	MT/1030392-001	31/1/19 17:46
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: GT7806H	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%; 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)	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

NA1900881

Invoice Preparation Checklist

Amt (\$)
1st Bill

Amt (\$)
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) HT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD*
- *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 (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

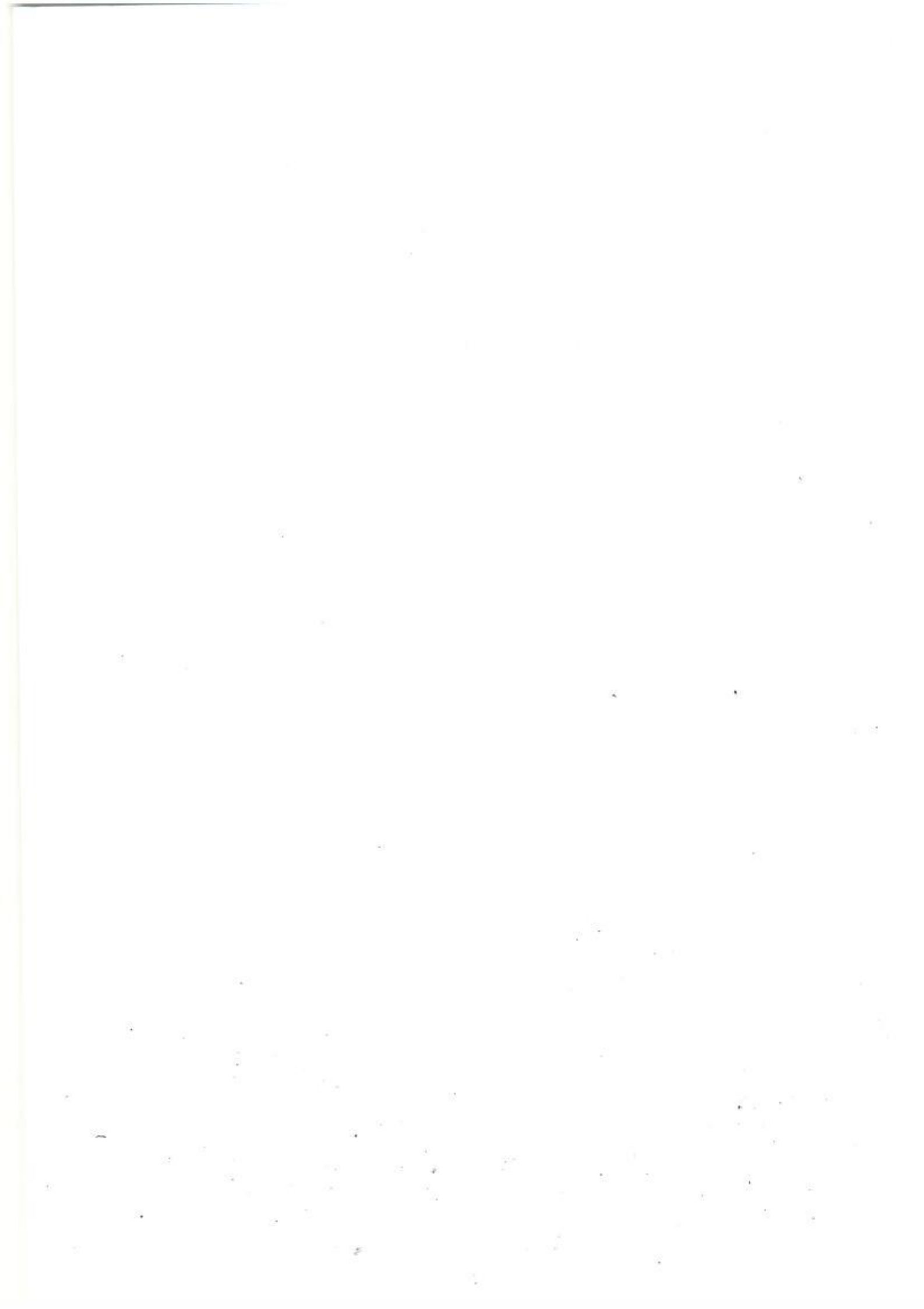
Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:



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	31/01/2019 13:43
Date Of Accident	31/01/2019 11:10
Exact Location Of Accident	BERRIMA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ5796Z
Insured/Policyholder	
Name Of Registered Owner	TAN KAY SING
NRIC No	S1115575H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96310309
Alternative Phone No	OTHERS-96310309
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD
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	5101117770
Cover Note Number	
Driver	
Name of Driver	TAN KAY SING
NRIC No	S1115575H
Date Of Birth	17/03/1955
Occupation	INDOOR
Date Of Driving Pass	01/10/1973
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96310309
Fax Number	
Contact Number	OTHERS-96310309
Email Address	NOEMAIL

Address	39A SENNETT LANE
Postcode	466933
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 (including own vehicle) involved in the accident	2
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

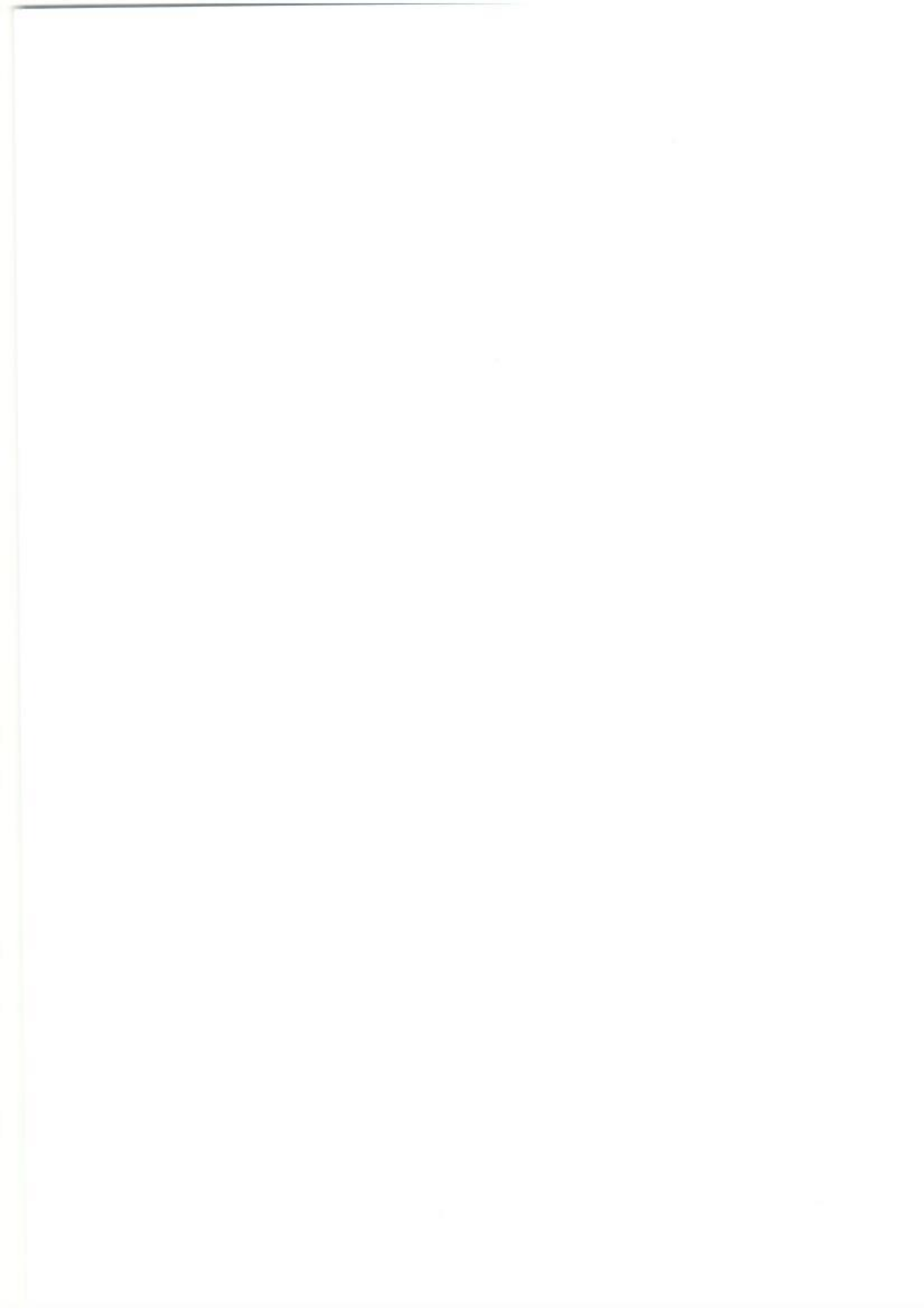
PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GT7806H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PETER CHAN
NRIC/Passport Number	
Contact Number	97696057
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



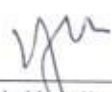
SKETCH PLAN


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)**

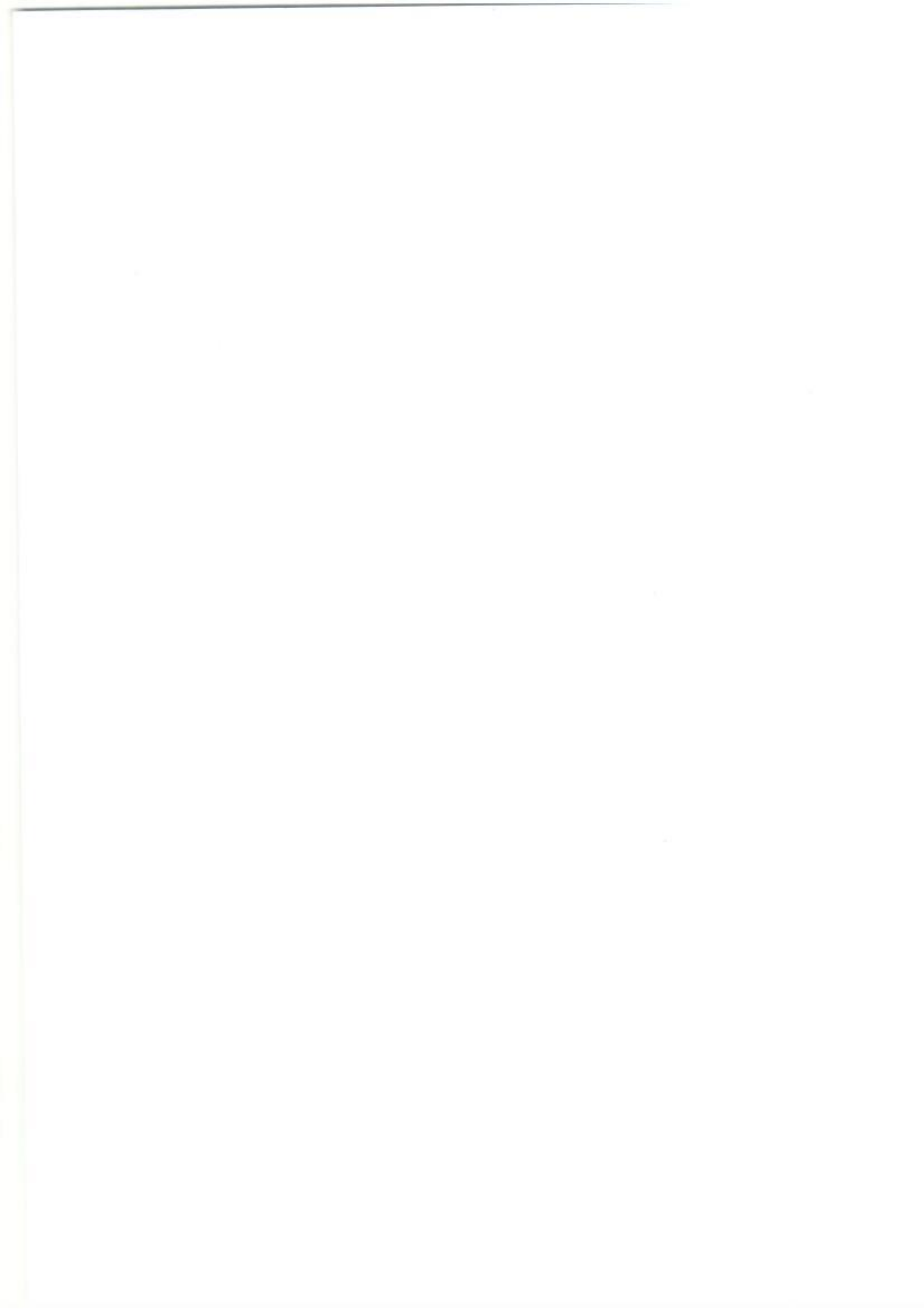
I understand, acknowledge, agree and consent that:

- (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.

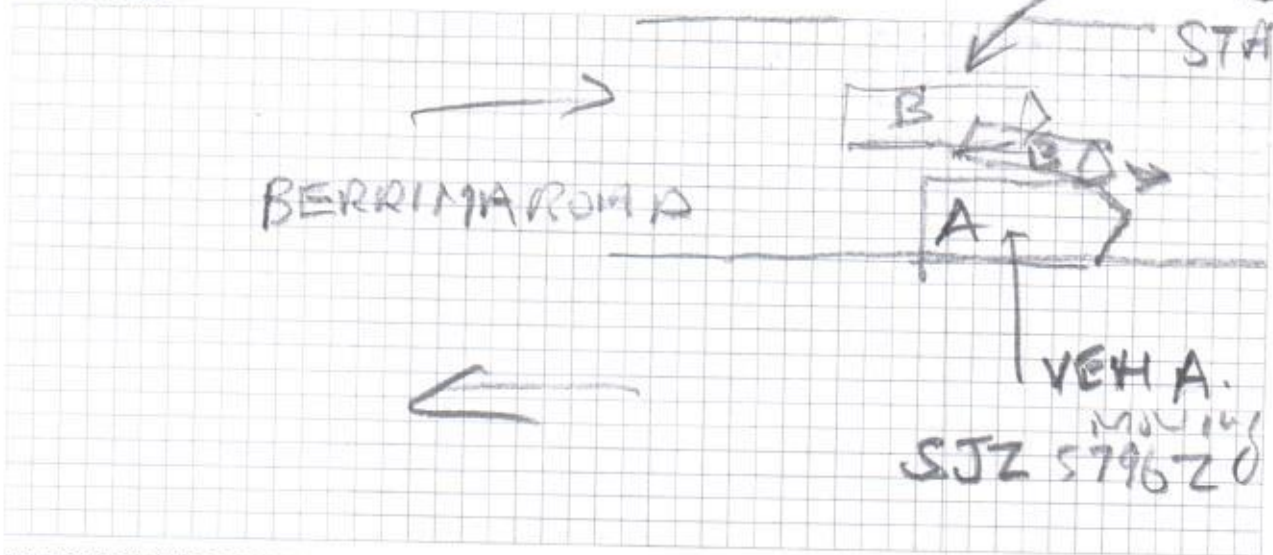

Policyholder's Signature
Date & Time:


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


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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stationery. I drive past vehicle ~~at about~~ A and it moved out and his right hand mudguard hit my left hand mudguard. This can be evidenced by the ~~car~~ my car's in-camera.

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.:



GT 7806 H SJZ 5796 Z

Accident between the above car.

I agreed to pay damages to

SJZ 5796 Z as it was my
fault for not looking out.

KSTAN ym

Peter Chan 31/1/19



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1115575H



Name
TAN KAY SING
陳啟昇

Race
CHINESE

Date of birth
17-03-1955

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1115575H**

Name
TAN KAY SING


Birth Date **17 Mar 1955**

Issue Date **27 Jan 2003**




000167343H

5616691



NRIC No. S1115575H

ABWIN 譚 輝
TEL : 6842 3332
TEL : 6593 7443

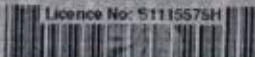
Date of issue
04-06-2016

Address
**39A SENNETT LANE
SINGAPORE 466933**

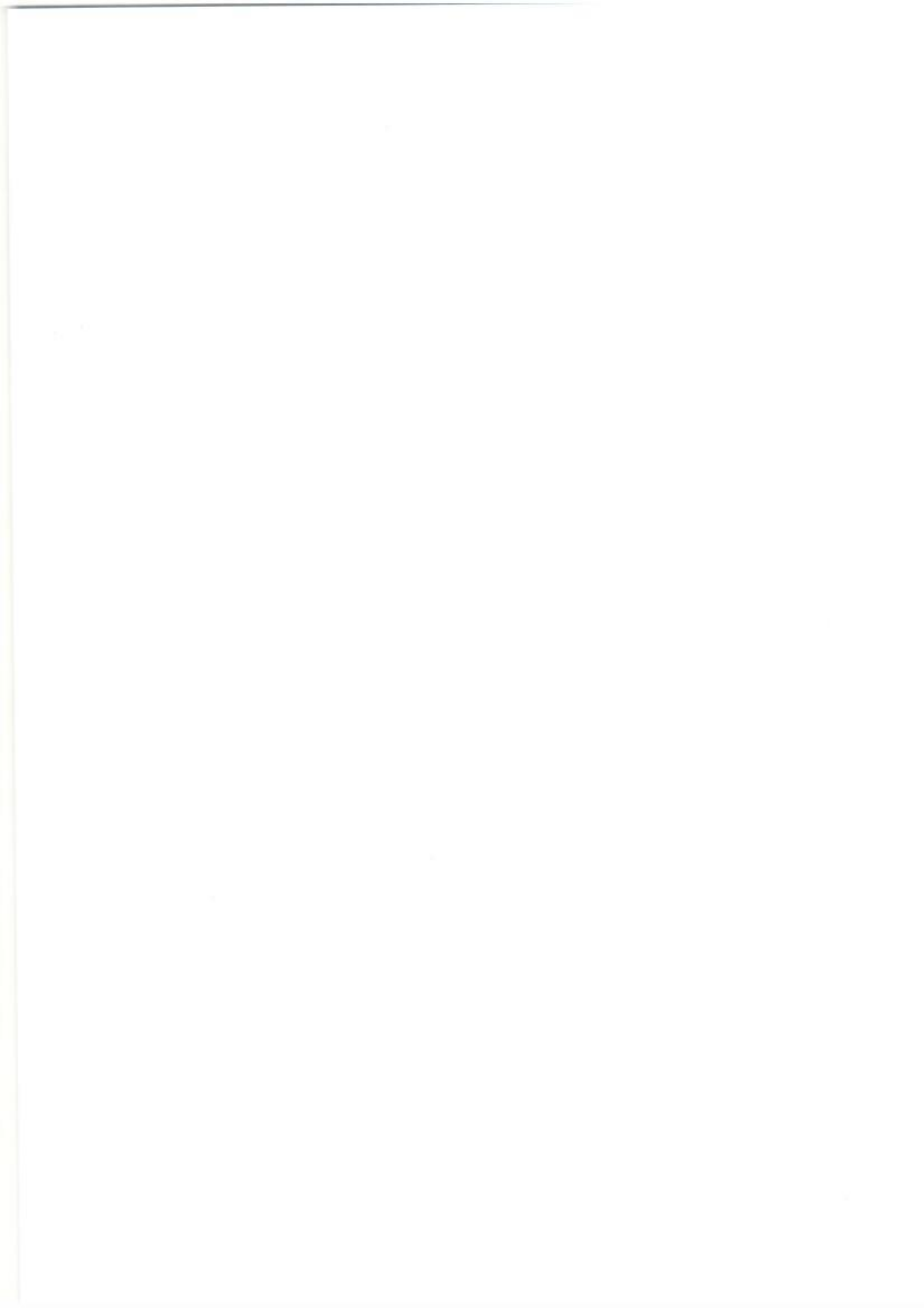
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	VEHICLE CLASS	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Feb 1980
Class 2A	Motorcycles between 201 cc and 400 cc	15 Feb 1980
Class 2	Motorcycles exceeding 400 cc	15 Feb 1980
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Oct 1973
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Jan 1980
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	15 Feb 1980

Licence No. S1115575H



NP 426A



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="31/01/2019 11:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJZ5796Z"/>	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"/>	5101117770		TAN KAY SING	S1115575H	GPC	drive CLASSIC	SJZ5796Z	SJZ5796Z	04/06/2018	03/06/2019



▼ Policy Information

Policy No.	5101117770	Policyholder Name	TAN KAY SING	Policyholder NRIC	S1115575H
Certificate No.					
Address	39A SENNETT LANE SINGAPORE 466933				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/05/2018	Effective Date	04/06/2018 00:00	Expiry Date	03/06/2019 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	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	39A SENNETT LANE	Address 2	SINGAPORE 466933	Address 3	
Address 4		Address Type	Singapore address	Post Code	466933
Unit No.		Related Policy Number	5101117770		

▶ Insured Object: SJZ5796Z

▼ Endorsements

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



Claim Handling

Accident MT/1030392

Policy No.	5101117770	Vehicle No.	SJZ5796Z	GST Registration No.
Certificate No.				
Policyholder Name	TAN KAY SING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96310309	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	31/01/2019 17:39	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	31/01/2019	Time of Accident hh:mm	11:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BERRIMA ROAD			
▼ Excess				
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		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	39A SENNETT LANE	Address 2	SINGAPORE 466933	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101117770	
▼ OI Driver Info				
Driver Name	TAN KAY SING	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S111557SH	Driving Experience
Register Date of Driver License	01/10/1973	Driver Age	63	Contact No.(Home)
Contact No.(Mobile)	96310309	Contact No.(Office)	0	Address 3
Address 1	39A SENNETT LANE	Address 2		Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Code
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault

Contract No. Finalisation Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered

Report Taken By

☐ Print AK letter

OD-MX	Insured Name	TAN KA
96310309	Contact No. (Home)	654552
	O1 Vehicle Number	SJZ579
SJZ5796Z / GT7806H ON 31 Jan 2019		
31/01/2019 17:47	Claim Close Date	
	Workshop Repairer	

Save Submit

Attachment



Accident No.	MT/1030392	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2019 17:46

Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:46	NRIC/ Driving License	Normal	NRIC/ Driving l
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:44	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:42	Photos	Normal	Photos

