NATIONAL Assessment Centre Services. [wef 1 Jan'06] . NIA/190204 2

Date In: 13/02/2019 19:09	Job description	Date & Time Completed	Done by
Ref No: NIA/INC/190027094	SAS e-filling		
Veh No: SLG 5422B	E-mail (Mobile 8hrs, AIC 2hrs)		
D.O.A : 12/02/2019 23:00	I-Motor Claim Form	M7/103191 7-001	13/02/2019 19:24
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: SLG 6711M 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	Date	Time	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > $3000] ( )			

Injury :

Date	Action

NIA/901124

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Sal. 1:

2 / 3:

Invoice Information Checklist		Recall	Audit
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($50)		
3) TP : 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)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:			
*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: Idea 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 witholding 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	13/02/2019 19:09
Date Of Accident	12/02/2019 23:00
Exact Location Of Accident	BLK 723 BEDOK RESERVOIR ROAD CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ5422B
Insured/Policyholder	
Name Of Registered Owner	AJ TPT
Co Reg No	53362489D
Email Address	RYANBOBBYCHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98651105
Alternative Phone No	OFFICE-98217280
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101548444
Cover Note Number	
Driver	
Name of Driver	CHENG KIT YAN RYAN
NRIC No	S9049776F
Date Of Birth	08/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98651105
Fax Number	
Contact Number	OTHERS-98217280
EMail Address	RYANBOBBYCHENG@GMAIL.COM

Address	BLK 93 DAWSON ROAD #30-38
Postcode	142093
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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

PLEASE REFER TO SKETCH PLAN

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	SLG6711M
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KENG HOCK
NRIC/Passport Number	S1295107H
Contact Number	96333637
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:

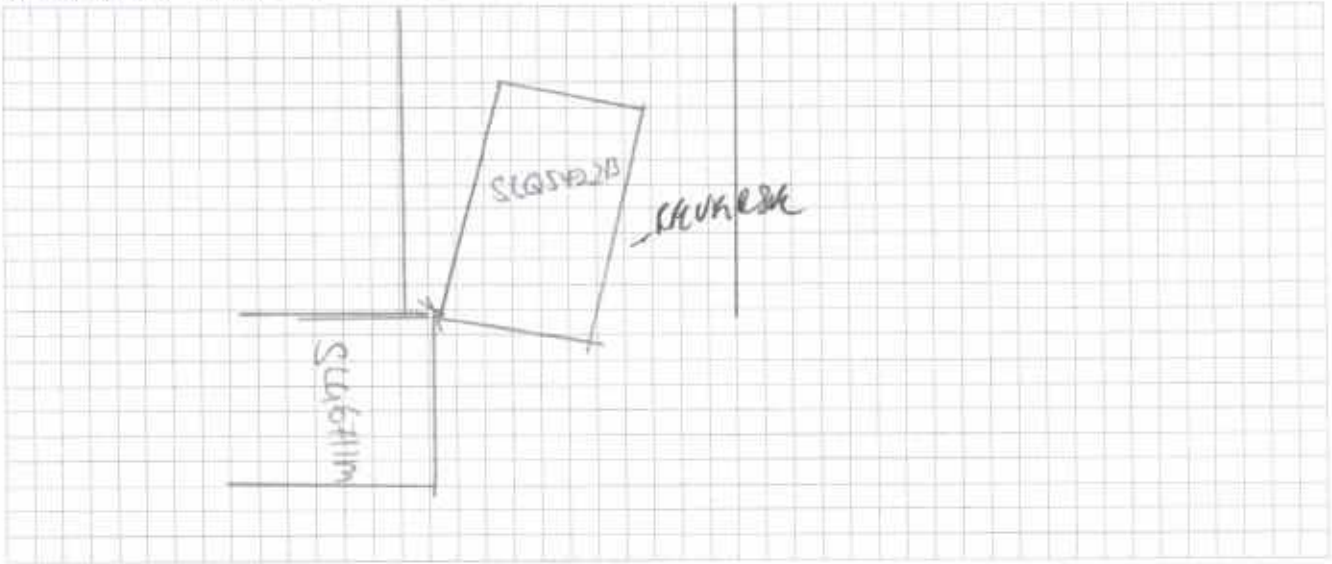
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

AJ TPT 53362489D UEN

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 13/2/2019 ; 5:43pm	13/02/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN BLK 723 BEACH RESERVOIR ROAD CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reversing from a dead end, car veered left and hit the front left bumper of, SLG7111M when the car was parked in a lot.

DECLARATION

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

AJ TPT UEN 53362489D

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/2/19, 5:48pm

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

Claim Handling

Accident MT/1031917

Policy No.	5101548444	Vehicle No.	SLQ5422B	GST Registration No.	
Certificate No.					
Policyholder Name	AJ TPT			Policyholder NRIC	S3362489D
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98651105	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	13/02/2019 19:16	Accident Report Within 24 hrs	Yes	Accident Type	Collided Into Parked Vehicle
Date of Accident	12/02/2019	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 723 BEDOK RESERVOIR ROAD CARPARK				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 101B #03-478	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 822101
Address 4		Address Type	Singapore address	Post Code	822101
Unit No.	03-478	Related Policy Number	5101548444		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHENG KIT YAN RYAN	Driver NRIC	S9049776	Driver DOB	30/04/1990
Register Date of Driver License	30/04/2014	Driver Age	28	Driving Experience	4
Contact No.(Mobile)	98217260	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 93 #30-30	Address 2	DAWSON ROAD	Address 3	SKYTERRACE @ DAWSON
Address 4	SINGAPORE 142093	Address Type	Foreign address	Post Code	142093
Unit No.	30-30				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLQ5422B	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AJ TPT	Insured NRIC	S3362489D
Contact No.(Mobile)	+	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SLQ5422B	TP Vehicle Number	SLG6711M
Claim Description	SLQ5422B / SLG6711M ON 12 Feb 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Surveyor No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/02/2019 19:24	Claim Close Date		Date Received	13/02/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1031917	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/02/2019 19:24

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:24	SAS	Normal	SAS 2019-2-13

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE:(12 / 02 / 2019)(DD/MM/YYYY). TIME:(23 : 00)(HH:MM)

BK 723

LOCATION: Bedok Reservoir Road carpark

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: SLQ 5422B
   b)INSURANCE COMPANY: ~~[illegible]~~ NTUC Income
   c)POLICY NUMBER:
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: Hyundai Elantra
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: Grab
   i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A)NAME: AJ ~~[illegible]~~ TPT (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT: 9065105
   c)ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) ( )

3. DRIVER
   a)NAME: CHENG KIT YAN Ryan (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: S9049776A CONTACT: 90217280
   c)ADDRESS: 93 Dawson Road #30-38
   *d)DATE OF BIRTH: (08 / 12 / 1990)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)DATE OF DRIVING PASS 30 APR 2014
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b)ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLG6711M MODEL: Mercedes
   b) DRIVER'S NAME: TAN KENG HOCK
   c) NRIC/FIN/PASSPORT: S1295[illegible]H CONTACT: 96333637

*No of passenger (Including driver) (0)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) ( )

email = ryonbobbycheng@gmail.com.

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9049776F

Name

CHENG KIT YAN RYAN

鄭 傑 恩

Race

CHINESE

Date of birth

08-12-1990

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9049776F

Name

CHENG KIT YAN RYAN

Birth Date 08 Dec 1990

Issue Date 30 Apr 2014

002300197D

4869034

NRIC No. S9049776F

Date of issue

20-07-2012

APT BLK 93 DAWSON ROAD #30-36
SINGAPORE 142093

NRIC No: S9049776F Date: 25/01/2016

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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	30 Apr 2014

NP 428A

Licence No: S9049776F

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident
Vehicle No.(For Motor) SLQ5422B
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5101548444		AJ TPT	S3362489D	GFT	Third Party, Fire & Theft	SLQ5422B	SLQ5422B	14/07/2018	

Continue