

NATIONAL Assessment Centre Services.

[waf 1 Jan 03]

MAA 49026097

Date In: 25/02/2019 16:28	Job description	Date & Time Completed	Done by
Ref No: MAA/2019002491/4	SAS e-filing		
Veh No: SDA 555TR	E-mail (w/da 8hrs, A/C 2hrs)		
D.O.A: 25/02/2019 13:55	I-Motor Claim Form	MT/1033584001	25/02/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:28
	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 4497U	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: ()	

Repair Details:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date/Time	Assign

Client's Particulars:	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Addition's Comments:	
Tel: 1:	
2 / 3:	

Invoice Information	
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 (waf 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
OD:	
*N5: Courtesy Car / Tpl Allowance \$3	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$3	
TP (Nil): TP (Non INC) against INC \$20	
9) NI: 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	25/02/2019 16:29
Date Of Accident	25/02/2019 13:55
Exact Location Of Accident	ALONG VICTORIA STREET TOWARDS OPHIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA5551R
Insured/Policyholder	
Name Of Registered Owner	NG AH SUAN DORIS
NRIC No	S1243332H
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96319039
Alternative Phone No	OTHERS-98185221

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5099520014
Cover Note Number	

Driver

Name of Driver	TAN SOO LEONG
NRIC No	S0240342J
Date Of Birth	29/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1973
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96319039
Fax Number	
Contact Number	OTHERS-98185221
Email Address	HANCARREPAIRS@GMAIL.COM

Address	1 LEICESTER ROAD #06-11
Postcode	358828
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	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

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	SLG4497U
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

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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:

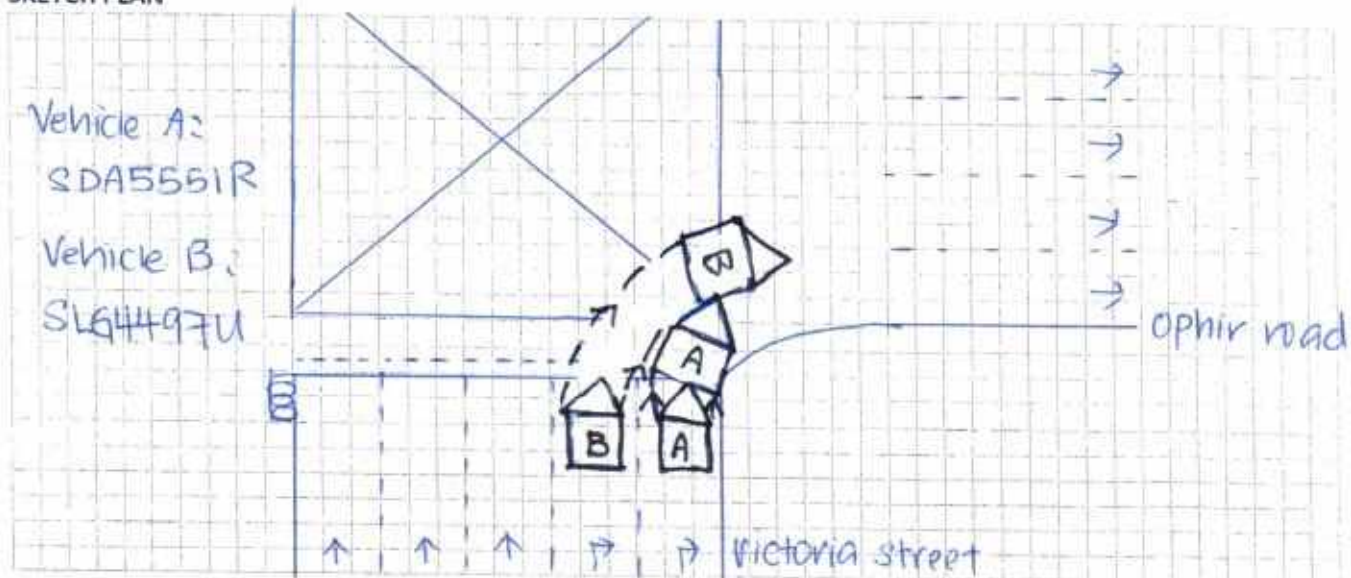
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

25/01/2019
Reporting Centre Personnel's Signature
Name: Rolli Luthar
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Victoria Street turning right to Ophir Road
 on 25/2/19 at 1.55pm.
 Whilst I was making my turn and keeping to my lane,
 Vehicle B cut into my lane and hit onto me.

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.:

25/02/2019
 Keshi

Claim Handling

Accident MT/1033584

Policy No.	509532014	Vehicle No.	SDA551R	GST Registration No.	
Certificate No.					
Policyholder Name	NG AH SUAN DORIS			Policyholder NRIC	S1243322H
Product Code	PRIVATE CAR INSURANCE	Cover Type	WHY CLASSIC	Leading	0
Contact No.(Mobile)	93339018	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="Na"/>
KPI	<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	25/02/2019 17:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/02/2019	Time of Accident (hh:mm)	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		DM No.	
Accident Location	ALONG VICTORIA STREET TOWARDS OTHER ROAD				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Withdrawn Excess	100.00
Uninsured Driver Excess	\$00.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

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

Policyholder Mailing Address

Address 1	1 LEICESTER ROAD	Address 2	#06-11 ONE LEICESTER	Address 3	SINGAPORE 358828
Address 4		Address Type	Singapore address	Post Code	358828
Unit No.	06-11	Related Policy Number	509532014		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1954
Unnamed driver Name	TAN GOI LEONG	Driver NRIC	S03403422	Driving Experience	45
Register Date of Driver License	31/07/1973	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	98145221	Contact No.(Office)		Address 1	SINGAPORE 358828
Address 1	1 LEICESTER ROAD	Address 2	#06-11 ONE LEICESTER	Address 3	SINGAPORE 358828
Address 4		Address Type	Foreign address	Post Code	358828
Unit No.	06-11				
Does he/she a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SDA551R	Driver Insurer Company	NTUC

Declaration	
Breathalyzer or Blood Test Reading?	<input type="radio"/> No <input type="radio"/> Yes
Any injury?	<input type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text" value="GIA report"/>	Insured Liability	<input type="text" value="Not at Fault"/>	Insured Name	NG AH SUAN DORIS	Insured NRIC	S1243322H
Damage No. Finalization	<input type="text" value="Yes"/>	Discovered Repair Cycles	<input type="text" value="Preferred Workshop Name unknown"/>	Contact No.	97499708	Contact No. (Office)	62567790
Date Registered				OT Vehicle Number	SDA551R	Vehicle Number	SLG4487U
				SDA551R / SLG4487U ON 25 Feb 2019		Name of Preferred Workshop	

Report Taken By

☒ Print AK letter

CC-MK	Insured Name	NG AH SUAN DORIS	Insured NRIC	S1243322H
NR185221	Contact No.	97499708	Contact No. (Office)	62567790
DORIS@NPHOTONAL.COM	OT Vehicle Number	SDA551R	Vehicle Number	SLG4487U
SDA551R / SLG4487U ON 25 Feb 2019	Name of Preferred Workshop			
25/02/2019 17:28	Claim Date		Date Received	25/02/2019 00:00
ROSU WAHAG				

Attachment

Accident No.	MT/1033584	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2019 17:28

Choose File	No file chosen	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
Choose File	No file chosen	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Feb 2019 17:28	Photo	Normal	Photos 2019-2-25	
	NAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Feb 2019 17:28	Photo	Normal	Photos 2019-2-25	
	NAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Feb 2019 17:28	Photo	Normal	Photos 2019-2-25	

Thumbnail	File Name	File Type	File Size	Source	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	Photos	Normal	Photos 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	NRIC Driving License	Normal	NRIC Driving License 2019-2-25	View
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Feb 2019 17:28	SAS	Normal	SAS 2019-2-25	View

[Video List](#)

Uploaded By/Date	Public Date	File Name	Source	Action
		Display in New Window Scan and Utilization		

PERSONAL PARTICULARS

Date of Accident: 25/02/2019

Time of Accident: 1:55pm (24Hrs)

Vehicle No: SDASSIR

Vehicle Make/Model: Camry 2.0A

Exact Location of Accident: Near Victoria Street towards Ophir Road

Owner's Name/NRIC: Ng Ah Suan Donis / S124333211

Driver's Name/NRIC: Tan Sui Leng / IC No: S0240342/J

Driver's Contact: 98185221

Insurance Co & Policy No: NTUC Ins.

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: SL648974

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



Licence Number: **S0240342J**

Name: **TAN SOO LEONG**

Birth Date: **29 Dec 1954**

Issue Date: **19 Apr 2017**



IDENTITY CARD NO. **S0240342J**



NAME: **TAN SOO LEONG**

CHINESE

RACE

29-12-1954

DATE OF BIRTH

SINGAPORE

COUNTRY OF BIRTH

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

		EFFECTIVE DATE
Class 3:	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	13 Jul 1973
Class 4:	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	06 Apr 1979

NP 426A



Licence No: S0240342J



1137483



MRIC No: **S0240342J**

DATE OF ISSUE
10-11-2007

**1 LEICESTER ROAD #06-11
SINGAPORE 358828**

MRIC No: **S0240342J**

Date: **11/07/2008**

NR: **6927413**

Hello, NAC_BUKIT_MERAH_800676

[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="25/02/2019 16:28"/>
Vehicle No. (For Motor)	<input type="text" value="SDA5551R"/>	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 checked="" type="radio"/>	5099520014		NG AH SUAN DORIS	S1243332H	GPC	drive CLASSIC	SDA5551R	SDA5551R	10/04/2018	15/04/2019