

NATIONAL Assessment Centre Services

Form 1-10-2019

2

Date In: 01/03/2019 15:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003867/K4	SAS e-filing		
Veh No: SFL9326S	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 01/03/2019 08:00	I-Motor Claim Form	MT/1034497-001	4/3/19/1614
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: SGL62A	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: 67886616)

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

NA1901650

Invoice Preparation Checklist	Amc (\$)	Amc (\$)
1) AR: Accident Reporting (\$30)	1) Bill	Add Bill
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)		
6) TR: Re-inspection \$75		
7) NI: Idas DA + SMRT Survey \$160		
8) NTUC Additional Services:		
on:		
*N5: Courtesy Car / Tp 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: Idas Mobile \$0		
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:

Date:

Date 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	01/03/2019 15:00
Date Of Accident	01/03/2019 08:00
Exact Location Of Accident	THOMSON RD RIGHT B4 TO PIE (CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFL9326S
Insured/Policyholder	
Name Of Registered Owner	TANG WAI YEE
NRIC No	S1328862C
Email Address	CK.TAN888@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-97380100
Alternative Phone No	OTHERS-97380100
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	TL TUCSON 1.6 GLS T-GDI DCT 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	5096721153-01
Cover Note Number	
Driver	
Name of Driver	TAN YIREN, LEON
NRIC No	S9120455Z
Date Of Birth	01/06/1991
Occupation	INDOOR
Date Of Driving Pass	29/11/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029940
Fax Number	
Contact Number	OTHERS-90029940
EEmail Address	CK.TAN888@LIVE.COM.SG

Address	56 JALAN KEMAJUAN
Postcode	369002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL62A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM GIM LEONG FRANKIE
NRIC/Passport Number	S7712787I
Contact Number	97480650
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.
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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:

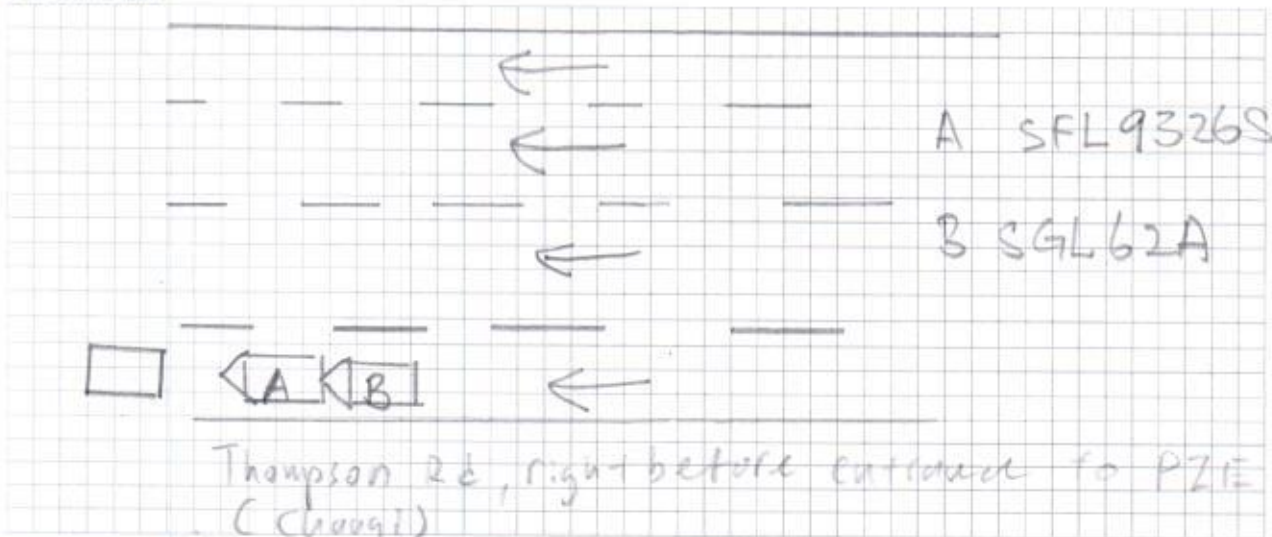
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

~~Driver's Signature~~

Date: 01/03/2019

Time: 0800 Hrs

Vehicle A was driving along Thompson Rd towards Marymount Rd. Vehicle A was near the entrance to PZIE (Changi) when it slowed down and stopped because of pedestrian crossing. Vehicle B was driving close behind and could not stop in time and so Vehicle B collided with the rear of Vehicle A.

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.:

Reported on 01/3/2019
@ 1240hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (01/3/2019) (DD/MM/YYYY), TIME: (08:00 AM) (HH:MM)

LOCATION: Thomson Rd, right before cut cause to PIE
(changji)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFL9326S
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97380100
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90029940
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SGL62A MODEL: _____
b) DRIVER'S NAME: SIM GIM LEONG FRANKIE
c) NRIC/FIN/PASSPORT: S7712787I CONTACT: 97480650

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = ckotan888@live.com.sg ✓

fax =

VIDEO =

Email: zoomautoworks@gmail.com ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9120455Z



Name
TAN YIREN, LEON

陈毅仁

Race
CHINESE

Date of birth
01-06-1991

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9120455Z

TAN YIREN, LEON

Birth Date 01 Jun 1991

Issue Date 29 Nov 2011



4442284



NRIC No. S9120455Z




Date of issue
13-07-2009

Address
56 JALAN KEMAJUAN
SINGAPORE 369002

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

EFFECTIVE DATE
29 Nov 2011

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg



NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096721153-01		TANG WAI YEE	S1328862C	GPC	drive PREMIUM	SFL9326S	SFL9326S	24/11/2018	23/11/2019

▼ Policy Information

Policy No.	5096721153-01	Policyholder Name	TANG WAI YEE	Policyholder NRIC	S1328862C
Certificate No.					
Address	56 JALAN KEMAJUAN MACPHERSON GARDEN ESTATE SINGAPORE 369002				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/11/2018	Effective Date	24/11/2018 00:00	Expiry Date	23/11/2019 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	56 JALAN KEMAJUAN	Address 2	MACPHERSON GARDEN ESTATE	Address 3	SINGAPORE 369002
Address 4		Address Type	Singapore address	Post Code	369002
Unit No.		Related Policy Number	5096721153-01		

► Insured Object: SFL9326S

▼ Endorsements

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

Claim Handling

Accident MT/1034497

Policy No.	5096721153-01	Vehicle No.	SFL93265	GST Registration No.	
Certificate No.					
Policyholder Name	TANG WAI YEE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	97380100	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No
Accident Details					
Report Date	04/03/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	01/03/2019	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD RIGHT B4 TO PIE (CHANGI)				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	56 JALAN KEMAJUAN	Address 2	MACPHERSON GARDEN ESTATE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5096721153-01		
OI Driver Info					
Driver Name	TAN YIREN LEON	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	SV1204552	Driving Experience	
Register Date of Driver License	29/11/2011	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	90029940	Contact No.(Office)	0	Address 3	
Address 1	56 JALAN KEMAJUAN	Address 2	# MACPHERSON GARDEN ESTA	Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input type="radio"/>		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TANG WAI YEE	Insured NRIC	
Contact No.(Mobile)	97380100	Contact No.(Home)	63824075	Contact No.(Office)	
Email Address		OI Vehicle Number	SFL93265	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SFL93265 / SGL62A ON 1 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	
Date Registered	04/03/2019 16:14	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1034497	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2019 16:10
Path *		Category *	Confidential Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select	<input type="checkbox"/> Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select	<input type="checkbox"/> Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select	<input type="checkbox"/> Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select	<input type="checkbox"/> Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select	<input type="checkbox"/> Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select	<input type="checkbox"/> Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:12	SAS	Normal	SAS 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:12	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:12	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:12	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:12	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:12	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:10	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:10	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:10	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:10	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:10	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:09	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:09	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:09	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:09	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:09	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:09	Photos	Normal	Photos 2019-3-4

Video List

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