NATIONAL Assessment Centre Services

Date In 16/03/19	Job description	Date & Time Completed	Done by
Ref No NA/INC1900477/13	SAS e-filing		
Veh No SGL7978L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 15/03/19 1930	i-Motor Claim Form	MT/1036184 - 001	
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: (MY CAR Tel: Fax:)

TP Particulars: Veh No: SLS1092K 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

NA1901981

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 ($) 1st Bill	Amt ($) 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) 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:-			
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: 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 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	16/03/2019 11:34
Date Of Accident	15/03/2019 19:30
Exact Location Of Accident	RIVER VALLEY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL7978L
Insured/Policyholder	
Name Of Registered Owner	GODSPEED AUTOMOBILE
Co Reg No	53365140M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96116333
Alternative Phone No	OFFICE-90072033
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094093503-01
Cover Note Number	
Driver	
Name of Driver	TAN SOON LIANG(CHEN SHUNLIANG)
NRIC No	S7209147G
Date Of Birth	15/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96116333
Fax Number	(LOCAL) +65-90072033
Contact Number	
EMail Address	NOEMAIL

Address	BLK 926 TAMPINES ST 91 #03-307
Postcode	520926
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	COLLISION - CHANGE/CROSS LANE
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	SLS1092K
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SUN FEI
NRIC/Passport Number	S1661515C
Contact Number	96531129
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. The 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.

GODSPEED REG. NO. 53351140M

Policyholder's Signature
Date & Time:

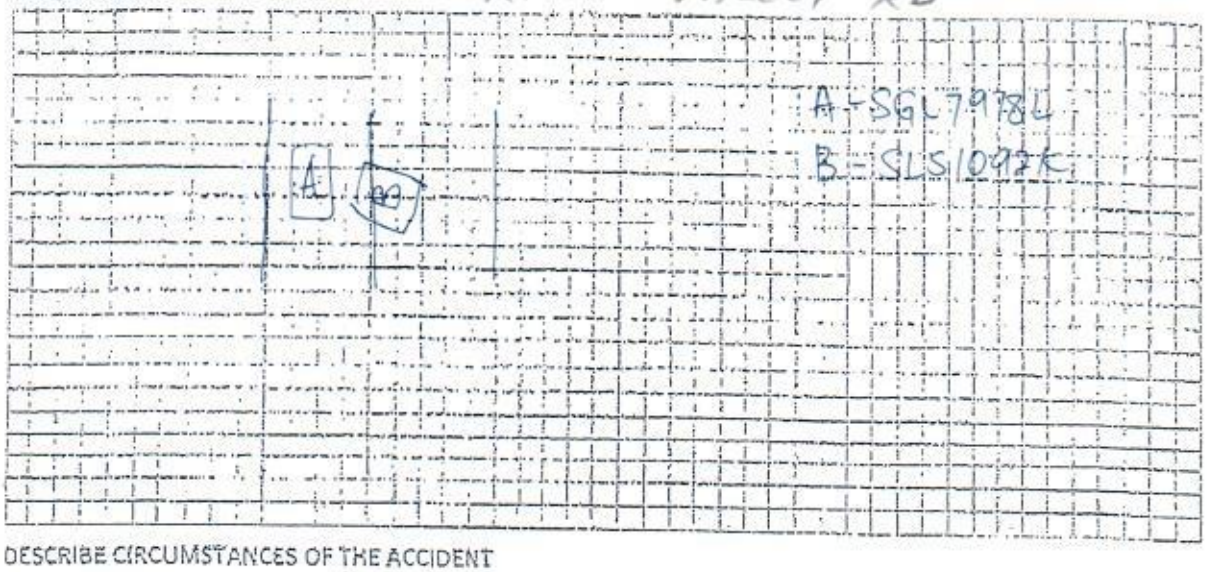
Driver's Signature
(If driver is not the policyholder)
Date & Time:

16/03/19

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

SKETCH PLAN

RIVER VALLEY RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/3/2019 at 730pm at River Valley Road. Vehicle B bearing SLS1092K Fitter to my lane and collide onto my right portion of my Car.

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.:

16/03/19

Date of Accident : 15 March 2019 Accident Time: 19.30 pm (24-HR-Format)

Accident Place : River valley Road

Vehicle Reg. No. (Car Plate No.) : SGL 7978L

Vehicle Make/Model : Toyota Wish

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : God speed

Owner or Company Contact No. : — Owner's Hp — Company Tel

DRIVER'S Name / IC No. : Tang Soon Liang / S7209147G

DRIVER'S Date Of Birth : 15/3/72 DRIVER'S License Pass Date 10/3/92

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNER

DRIVER'S Address :

DRIVER'S Contact No./ Alt No. :1) 90072033 2) 96116333

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : —

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): —

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLS 7978L 1092K

Vehicle Make\Model: ICIA

Name Driver: Lee Sun Fei

IC No. Driver: S1661515C

Driver's Contact & Add: 96531129

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7209147G

Name

TANG SOON LIANG
(CHEN SHUNLIANG)
陈 顺 亮

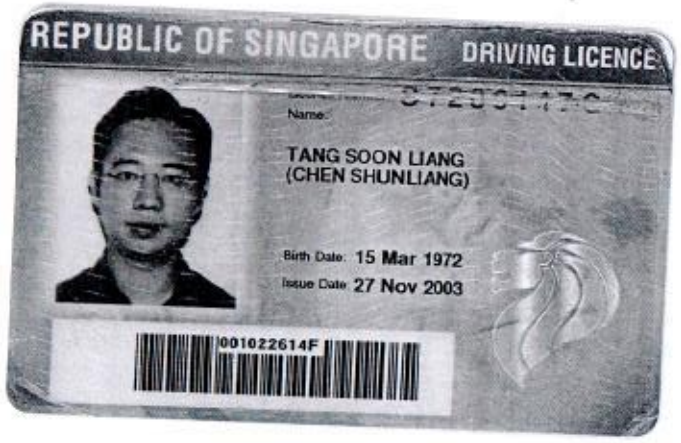
Race
CHINESE

Date of Birth
15-03-1972

Sex
M

Country of Birth
SINGAPORE

S7209147G

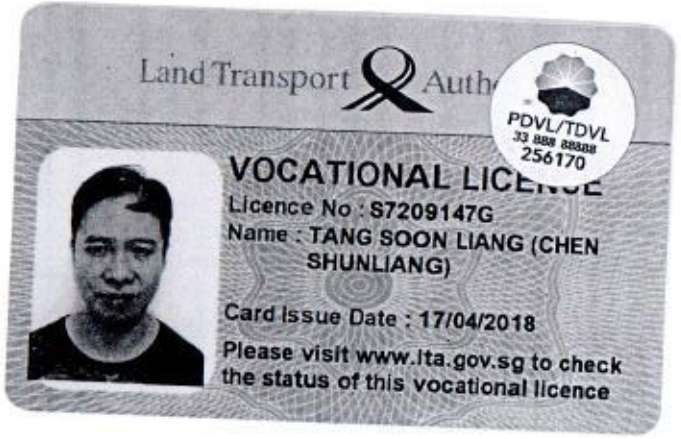

REPUBLIC OF SINGAPORE DRIVING LICENCE

Name

TANG SOON LIANG
(CHEN SHUNLIANG)

Birth Date: 15 Mar 1972
Issue Date: 27 Nov 2003

001022614F

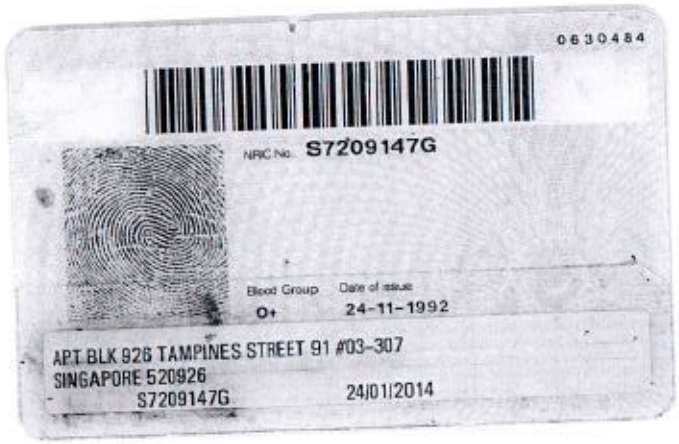

Land Transport Auth

PDVL/TDVL
33 888 88888
256170

VOCATIONAL LICENCE
Licence No : S7209147G
Name : TANG SOON LIANG (CHEN SHUNLIANG)

Card Issue Date : 17/04/2018

Please visit www.lta.gov.sg to check the status of this vocational licence



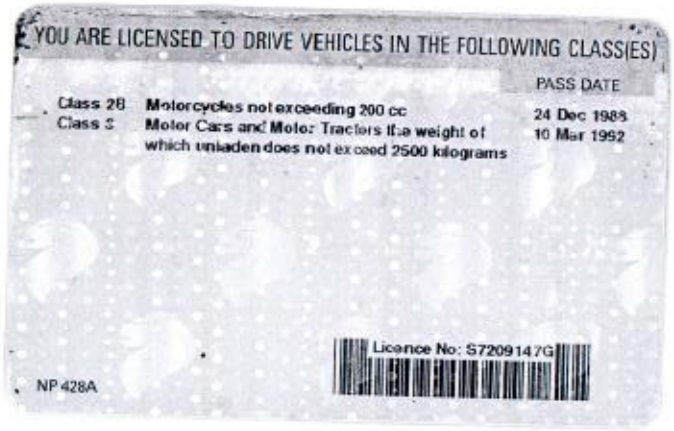
0630484

NRIC No. S7209147G

Blood Group: O+

Date of issue: 24-11-1992

APT BLK 926 TAMPINES STREET 91 #03-307
SINGAPORE 520926
S7209147G 24/01/2014

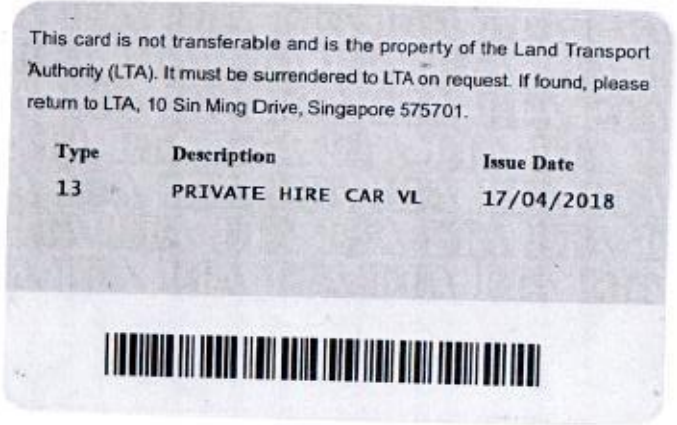


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Dec 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Mar 1992

Licence No: S7209147G

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	17/04/2018

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 15/03/2019 19:30
Vehicle No.(For Motor): SGL7978L | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5094093503-01		GODSPEED	53365140M	GPC	drivo CLASSIC	SGL7978L	SGL7978L	28/09/2018	27/09/2019

Continue

Claim Handling

Accident MT/1036184

Policy No.	5094093503-01	Vehicle No.	SGL7978L	GST Registration No
Certificate No.				
Policyholder Name	GODSPEED			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90072033	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	16/03/2019 16:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2019	Time of Accident hh:mm	19:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RIVER VALLEY RD			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		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 Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 926 #03-307	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520926	Address Type	Singapore address	Post Code
Unit No.	03-307	Related Policy Number	5094093503-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN SOON LIANG(CHEN SHUNLI	Driver NRIC	S7209147G	Driver DOB
Register Date of Driver License	10/03/1992	Driver Age	47	Driving Experience
Contact No.(Mobile)	96116333	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 926	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520926	Address Type	Singapore address	Post Code
Unit No.	#03-307			
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Modification History

Claim 001 OD-MX New

Claim Type * OD-MX — Insured Name GODSP

Contact No.(Mobile) 86869991 — Contact No. (Home)

Email Address — OI Vehicle Number SGL797

Claim Description SGL7978L / SLS1092K ON 15 Mar 2019

Preferred Workshop — Insured Liability Not at Fault

Service No. Finalisation Yes — Preferred Repair Option Preferred Workshop (refer below) — GIA report Received

Date Registered 16/03/2019 16:56 — Claim Close Date

Report Taken By ROSLINDA — Workshop Repairer

☑ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1036184	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	16/03/2019 00:00

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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:56	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:56	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:56	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2019 16:55	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading