

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA119041395

| | | | |
|---------------------------|--|-----------------------|---------------|
| Date In: 30/3/19-12:12 | Job description | Date & Time Completed | Done by |
| Ref No: NA/14C19005648/24 | SAS e-filing | | |
| Veh No: J6T10657 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A : 29/3/19-08:00 | i-Motor Claim Form | M7/1038107-00 | 30/3/19 14:26 |
| 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: Vch No: FBE2712R 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: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| NA1902314 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | for Bill | Add Bill |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Dat. 1: | 6) TR : Re-inspection \$75 | | |
| Dat. 2 / 3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QJ* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | 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 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 | 30/03/2019 12:12 |
| Date Of Accident | 29/03/2019 08:00 |
| Exact Location Of Accident | CTE (AYE) BEFORE BUKIT TIMAH RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGT1065T |
| Insured/Policyholder | |
| Name Of Registered Owner | KUEH WEE CHEW |
| NRIC No | S7974080B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98000126 |
| Alternative Phone No | OFFICE-98000126 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | STREAM 1.8 A |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5106819331 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN BOON KIAT |
| NRIC No | S8177628H |
| Date Of Birth | 03/10/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/03/2004 |
| Driving Experience | 15 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91516853 |
| Fax Number | |
| Contact Number | OFFICE-91516853 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 276B JURONG WEST AVENUE 3 #02-87 |
| Postcode | 642276 |
| 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 | 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? | |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--|
| Vehicle Registration Number | FBE2712R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SYED REHMAN SHAH BIN SYED ABDUL RAHIM SHAH |
| NRIC/Passport Number | S8133690C |

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

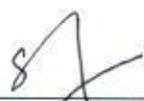
IMPORTANT NOTICE

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:

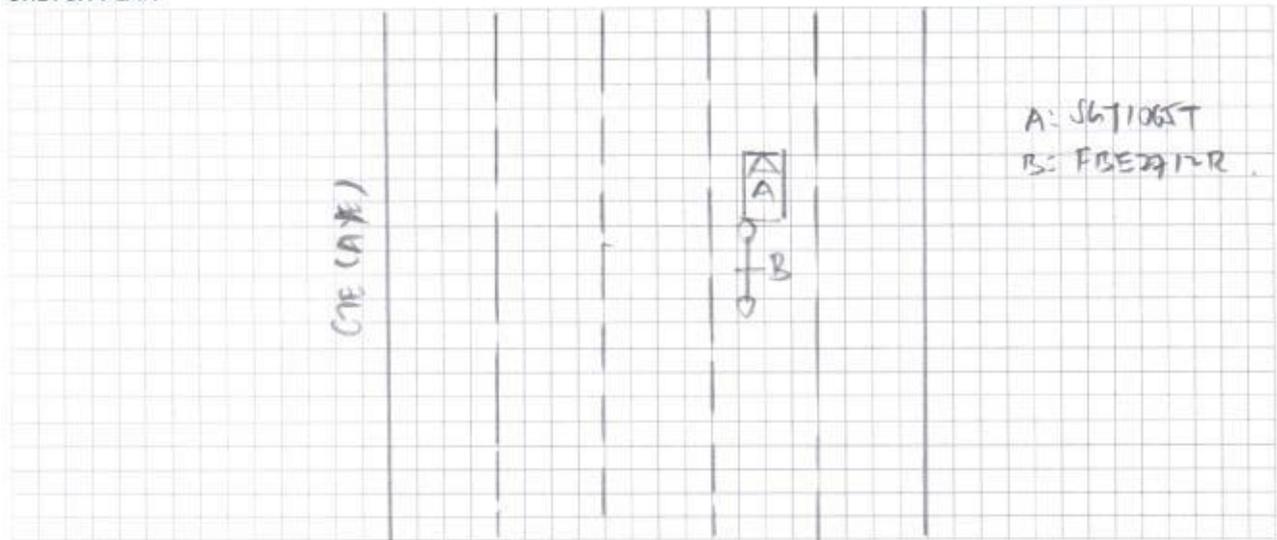


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S8177628H



Name
TAN BOON KIAT

陈延杰
 Race
CHINESE

Date of birth Sex
03-10-1981 M

Country of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8177628H**

Name
TAN BOON KIAT

Birth Date **03 Oct 1981**

Issue Date **30 Dec 2005**




001391059A

4365602



NRIC No: S8177628H



Date of issue
20-04-2009

APT BLK 276B JURONG WEST AVENUE 3 #02-87
 SINGAPORE 642276
 NRIC No: S8177628H Date: 17/07/2011 No: 6833623

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 02 Mar 2004 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 02 Mar 2004 |

NP 428A

Licence No: S8177628H



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="29/03/2019 08:00"/> |
| Vehicle No. (For Motor) | <input type="text" value="SGT1065T"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5106819331 | | KUEH WEE CHEW | 579740808 | GPC | drivo CLASSIC | SGT1065T | SGT1065T | 05/01/2019 | 04/01/2020 |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|-------------------|----------------------------------|
| Policy No. | 5106819331 | Policyholder Name | KUEH WEE CHEW | Policyholder NRIC | S7974080B |
| Certificate No. | | | | | |
| Address | BLK 276B #02-87 JURONG WEST AVENUE 3 SINGAPORE 642276 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 05/01/2019 | Effective Date | 05/01/2019 00:00 | Expiry Date | 04/01/2020 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | Young/Inexperience Driver Excess |
| Agent | AUTOSHIELD PTE. LTD. | Agent Tel. | 63850777 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BLK 276B #02-87 | Address 2 | JURONG WEST AVENUE 3 | Address 3 | SINGAPORE 642276 |
| Address 4 | | Address Type | Singapore address | Post Code | 642276 |
| Unit No. | | Related Policy Number | 5106819331 | | |

Insured Object: SGT1065T

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Claim Handling

Exit

Accident MT/1038107

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|--------------------------|
| Policy No. | S106819331 | Vehicle No. | SGT1065T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | KUEH WEE CHEW | | | Policyholder NRIC | S7974080B |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 98000126 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| 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 | Yes |
| Accident Details | | | | | |
| Report Date | 30/03/2019 14:24 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 29/03/2019 | Time of Accident hh:mm | 08:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | CTE (AYE) BEFORE SUKIT TIMAH RD EXIT | | | | |
| Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | 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 Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification history | | | | | |

| | | | | | |
|---|---|-----------------------|----------------------|------------------------|------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 276B #02-67 | Address 2 | JURONG WEST AVENUE 3 | Address 3 | SINGAPORE 642276 |
| Address 4 | | Address Type | Singapore address | Post Code | 642276 |
| Unit No. | | Related Policy Number | S106819331 | | |
| DI Driver Info | | | | | |
| Driver Name | TAN BOON KIAT | Driver Type | Named Driver | | |
| Unnamed driver Name | | Driver NRIC | S8177628H | Driver DOB | 03/10/1981 |
| Register Date of Driver License | 02/03/2004 | Driver Age | 37 | Driving Experience | 15 |
| Contact No.(Mobile) | 91514853 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 276B | Address 2 | JURONG WEST AVENUE 3 | Address 3 | SINGAPORE 642276 |
| Address 4 | | Address Type | Singapore address | Post Code | 642276 |
| Unit No. | 02-67 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

| | | | |
|-------------------------------------|------|-------------|---|
| Declaration | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Modification History

Claim 001 **New**

| | | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|--|
| Claim Type * | DO-MX | Insured Name | KUEH WEE CHEW | Insured NRIC | S7974080B | |
| Contact No.(Mobile) | 98000126 | Contact No.(Home) | 64057472 | Contact No.(Office) | | |
| Email Address | ALICE_KUEH@YAHOO.COM | OJ vehicle Number | SGT1065T | TP Vehicle Number | FBE2712R | |
| Claimant Type | Please Select | Type of Benefit * | Please Select | | | |
| Claimant Name * | | Claimant NRIC * | | | | |
| Claimant Address | | | | | | |
| Claim Description | SGT1065T / FBE2712R ON 29 Mar 2019 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received | |
| Date Registered | 30/03/2019 14:26 | Claim Close Date | | Date Received | 30/03/2019 00:00 | |
| Report Taken By | Jackson | | | | | |

Print Aik letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1038107 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 30/03/2019 14:27 |

| Path * | Category * | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |

