NATIONAL Assessment Centre Services. [wef 1 Jan'05] MA1904582

Date In: 8/4/19 - 18:24	Job description	Date & Time Completed	Done by
Ref No: MA/INC 1902683/24	SAS e-filing		
Veh No: SKT5964A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/4/19 - 14:45	i-Motor Claim Form	M1/10393/4-001	8/4/19 19:32
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: SKT5964A 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

MA1905736

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 : Idao 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: Idao 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	08/04/2019 18:24
Date Of Accident	06/04/2019 14:45
Exact Location Of Accident	OUTSIDE BLK 328A KANG CHING RD MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT5964A
Insured/Policyholder	
Name Of Registered Owner	TIAN JUN
NRIC No	S8787861I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84119706
Alternative Phone No	OFFICE-84119706
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS C 1.5 HYBRID CVT
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	5107404978
Cover Note Number	
Driver	
Name of Driver	TIAN JUN
NRIC No	S8787861I
Date Of Birth	02/12/1987
Occupation	INDOOR
Date Of Driving Pass	29/01/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84119706
Fax Number	
Contact Number	OFFICE-84119706
EMail Address	NOEMAIL

Address	BLK 312C SUMANG LINK #16-149
Postcode	823312
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	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?	YES
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?	YES
If Yes,Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	**ROAD**: NO. 2 JURONG WEST AVENUE 5 , **POSTCODE:** 649482 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7910000 - **FAX NO**: 68965649
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20190408/7023.

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	SLU3264H
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)

DETAILS OF INJURED PERSON 1	
Name	TIAN JUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKT5964A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 Purpose(s) 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.

Tian Jun

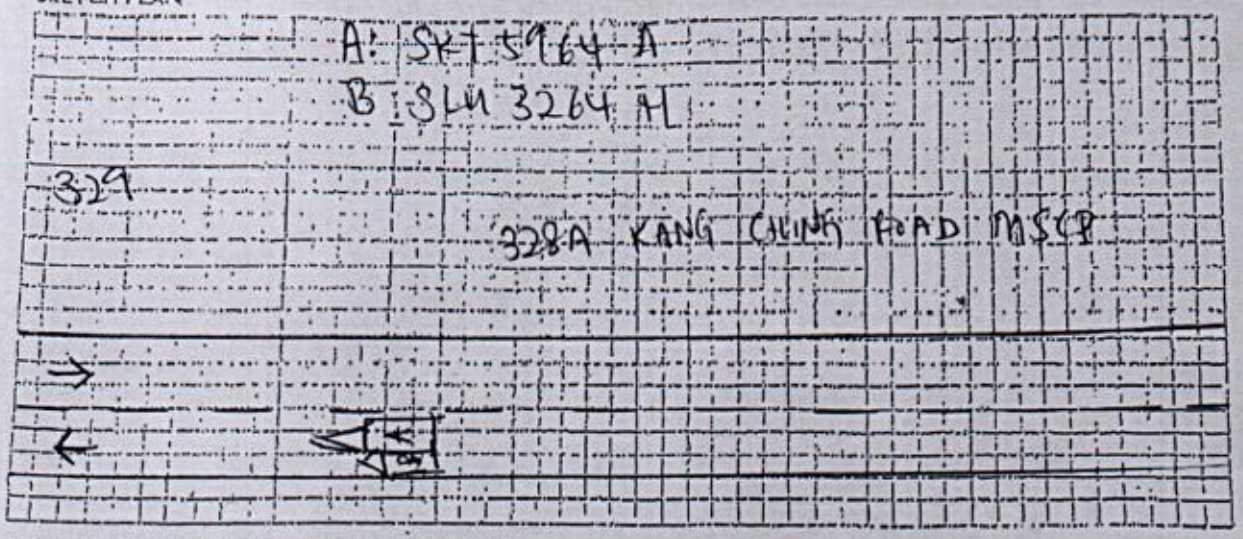
Policyholder's Signature
Date & Time:

Tian Jun

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

ON THE STATED TIME AND DATE, I (SKT 5964A) WAS TRAVELLING ALONG THE STATED VENUE. AS I ENTERED THE GANTRY OF ESTATE OF BLK 321-330, I PROCEEDED TO TURN LEFT TO MY DESTINATION (BLK 329), I WAS TRYING TO LOOK FOR THE CORPECT PLACE TO PARK MY VEHICLE. AS I WAS STILL TRYING TO PROCEED TO MY BLOCK, AN IMPATIENT DRIVER (SLH3264H) WHO WAS BEHIND ME ACCELERATED FROM MY LEFT WHERE THERE WAS A SMALL GAP AND OVERTOOK ME FROM MY LEFT IN THAT NARROW ROAD AND COLLIDED ONTO MY FRONT LEFT PORTION, CAUSING DAMAGES. I WISH TO STATED THAT I WAS VERY SLOW BECAUSE I WAS LOOKING FOR DIRECTIONS AND HE HASTILY ACCELERATE AND COLLIDED ONTO MY VEHICLE.

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.:

Date of Accident : 06.04.2019 Accident Time: 1445 (24-HR-Format)

Accident Place : OUTSIDE OF 328A KANG ~~ROAD~~ CHNG RD MSCP

Vehicle Reg. No. (Car Plate No.) : SKT 5964 A

Vehicle Make/Model : TOYOTA PRIUS C

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : TIAN JUN (S8787861I)

Owner or Company Contact No. : ~~8~~ 84119706 Owner's Hp Company Tel

DRIVER'S Name / IC No. : TIAN JUN (S8787861I)

DRIVER'S Date Of Birth : 02-12-1987 DRIVER'S License Pass Date 29-01-2019

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

DRIVER'S Address : BLK 312C SUMANG LINK #16-149, S823312

DRIVER'S Contact No./ Alt No. :1) 84119706 2)

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

Email Address : ADMIN@MYCAR.SG

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): 01

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: ~~SLH 3164 H~~ SLH3264H

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

SINGAPORE POLICE FORCE

J/20190408/7023

POLICE REPORT (NP299)

Report No. J/20190408/7023

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No:1800-7910000

Date/Time Report Made	Vide Report No.	Station Diary No.
08/04/2019 16:29		

Name Of Informant	Address
TIAN JUN	APT BLK 312C SUMANG LINK #16-149 SINGAPORE 823312
ID Type / ID No. NRIC NO / S8787861I	Contact No. Home/Office: Mobile: 84119706
Nationality CHINESE	Email Address tianjunbonnie@gmail.com

Occupation	Sex	Age	Date of Birth	Race
Self employed	Female	31	02/12/1987	Chinese

Institution/School Name	Language
	English
Date/Time Of Incident 06/04/2019 14:45 - 06/04/2019 15:30	Location Of Incident KANG CHING ROAD 328a SINGAPORE 611328

Brief details.

On the stated time and date, I (SKT5964A) was travelling along the stated venue looking for directions in the carpark for Blk 329. As I turned into the estate's carpark, there's was another vehicle behind my vehicle (SLU3264H). As I was looking for my direction, suddenly the impatient driver behind my vehicle tried to squeeze thru between the left curb and my vehicle and collided onto my left front side, causing damages. After the accident, I felt some pain at my neck and shoulder portion. I went to Panhealth Family Clinic for consultation and was given 2 days of Mc.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2019 16:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

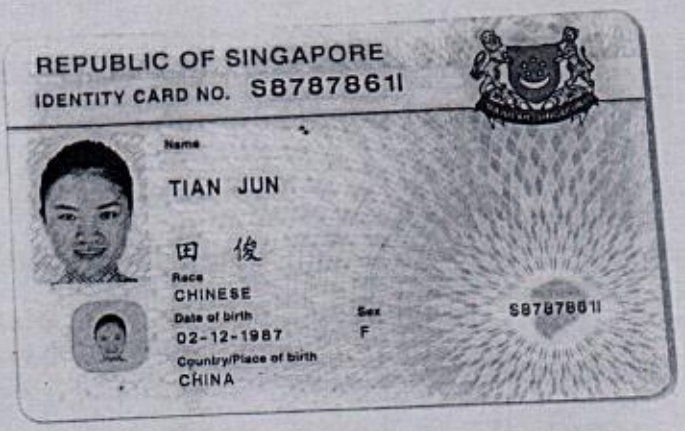
Report No. J/20190408/7023

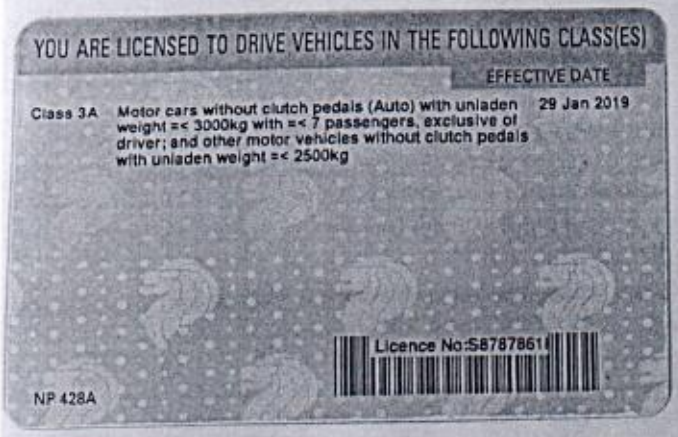
Subjects Involved			
Victim			
Person Name	TIAN JUN		
ID Type	NRIC NO	ID No	S8787861I
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Self employed	Address Type	
Address	APT BLK 312C SUMANG LINK #16-149 SINGAPORE 823312	Mobile No	84119706
Is Informant A Victim?	Yes		
Person Name	TIAN JUN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2019 16:29
Officer In-Charge Of Case:	Classification Of Case:

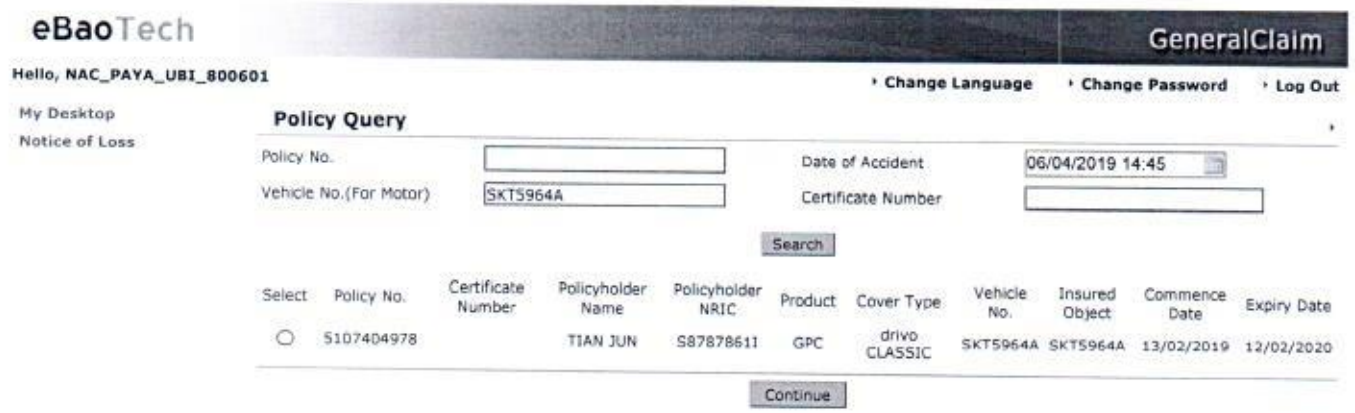
Authentication Stamp


9484300
NRIC No. S8787861I
Nationality
CHINESE
Date of issue
05-05-2018
Address
APT BLK 312C SUMANG LINK
#16-149
SINGAPORE 823312


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8787861I
Name
TIAN JUN
田 俊
Race
CHINESE
Date of birth
02-12-1987
Sex
F
Country/Place of birth
CHINA
S8787861I


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg
29 Jan 2019
Licence No:S8787861I
NP 428A


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S8787861I
Name:
TIAN JUN
Birth Date: 02 Dec 1987
Issue Date: 29 Jan 2019
002897165J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GeneralClaim
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Change Password
Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Date of Accident
06/04/2019 14:45
Vehicle No.(For Motor)
SKT5964A
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5107404978
TIAN JUN
S8787861I
GPC
drivo CLASSIC
SKT5964A
SKT5964A
13/02/2019
12/02/2020
Continue

Policy Information

Policy No.	5107404978	Policyholder Name	TIAN JUN	Policyholder NRIC	S8787861I
Certificate No.					
Address	BLK 312C #16-149 SUMANG LINK PUNGGOL PARCVISTA SINGAPORE 823312				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/02/2019	Effective Date	13/02/2019 00:00	Expiry Date	12/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 312C #16-149	Address 2	SUMANG LINK	Address 3	PUNGGOL PARCVISTA
Address 4	SINGAPORE 823312	Address Type	Singapore address	Post Code	823312
Unit No.		Related Policy Number	5107404978		

Insured Object: SKT5964A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1039314

Policy No.	5107404978	Vehicle No.	SKT5964A	GST Registration No.	
Certificate No.					
Policyholder Name	TIAN JUN			Policyholder NRIC	S8787861I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	84119706	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KPK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/04/2019 19:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/04/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE BLK 328A KANG CHONG RD MULTISTORY CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

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 312C #16-149	Address 2	SUMANG LINK	Address 3	PUNGGOL PARCVISTA
Address 4	SINGAPORE 823312	Address Type	Singapore address	Post Code	823312
Unit No.		Related Policy Number	5107404978		

OI Driver Info

Driver Name	TIAN JUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8787861I	Driver DOB	02/12/1987
Register Date of Driver License	29/01/2019	Driver Age	31	Driving Experience	0
Contact No.(Mobile)	84119706	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 312C	Address 2	SUMANG LINK	Address 3	PUNGGOL PARCVISTA
Address 4	SINGAPORE 823312	Address Type	Singapore address	Post Code	823312
Unit No.	16-149				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TIAN JUN	Insured NRIC	S8787861I
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKT5964A	TP Vehicle Number	SLU3264H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SKT5964A / SLU3264H ON 6 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2019 19:32	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

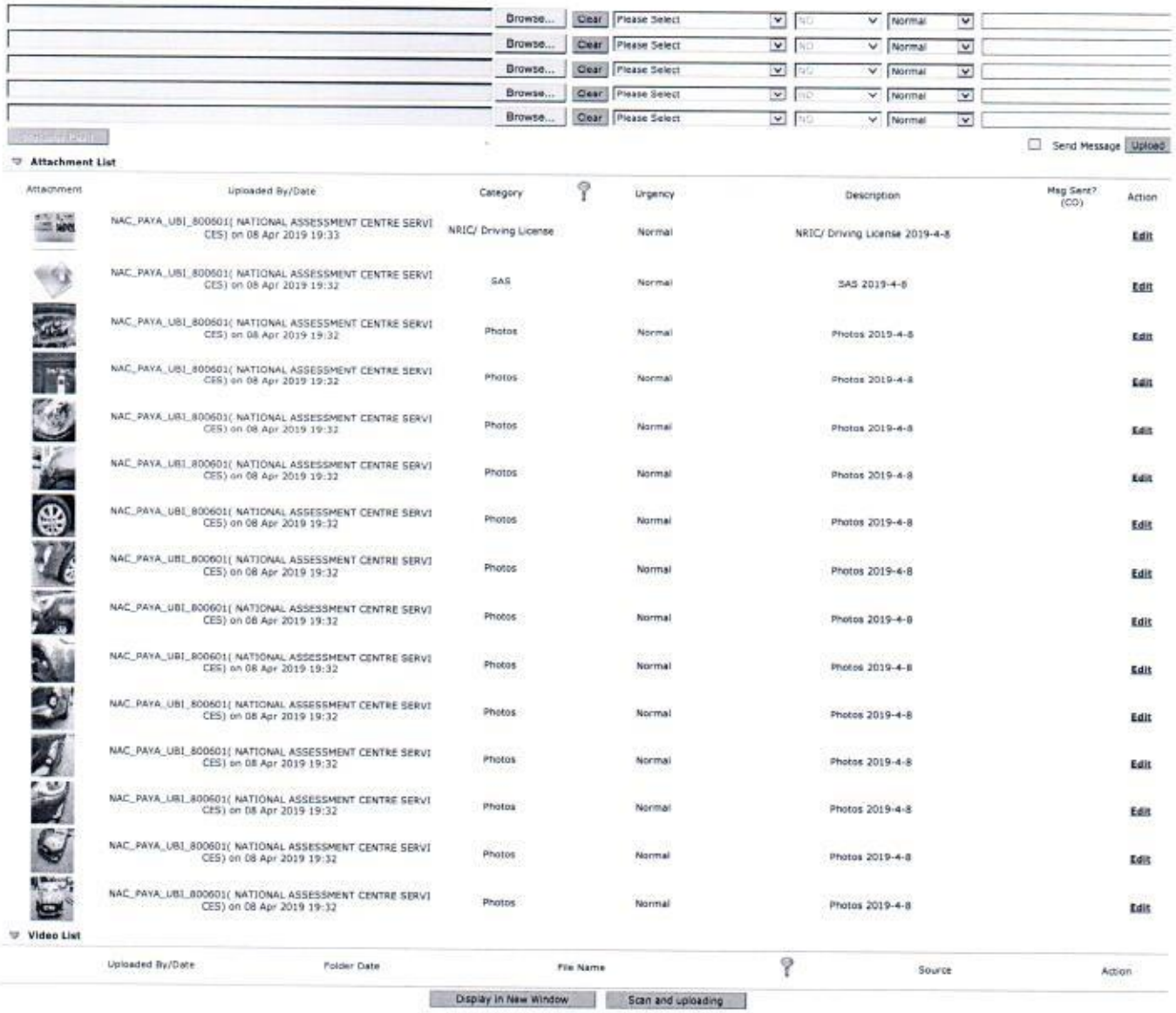
[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1039314	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	08/04/2019 19:33

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


Browse...
Clear
Please Select
NO
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:33
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-4-8
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:32
SAS
Normal
SAS 2019-4-8
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:32
Photos
Normal
Photos 2019-4-8
Edit
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading