

NATIONAL Assessment Centre Services

Jan 2019

Date In: 09/04/2019 14:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006255/K4	SAS e-filing		
Veh No: SJR4216E	E-mail (within 3hrs, At 2hrs)		
D.O.A: 08/04/2019 17:45	i-Motor Claim Form	MT/1039550-001	10/4/19/009
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: SLK4529R. 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

NA1902562

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao 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: 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	09/04/2019 14:49
Date Of Accident	08/04/2019 17:45
Exact Location Of Accident	JUNC OF CUSCADEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR4216E
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97292050
Alternative Phone No	OFFICE-97292050
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5093371571-01
Cover Note Number	
Driver	
Name of Driver	TAN CHOON BENG
NRIC No	S7379120J
Date Of Birth	16/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97292050
Fax Number	
Contact Number	OTHERS-97292050
EMail Address	NOEMAIL

Address	BLK 77 LORONG LIMA #15-49
Postcode	320077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	SLK4529R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM VISION
NRIC/Passport Number	S8860250A
Contact Number	92390250
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN CHOON BENG
------	----------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJR4216E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

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 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.

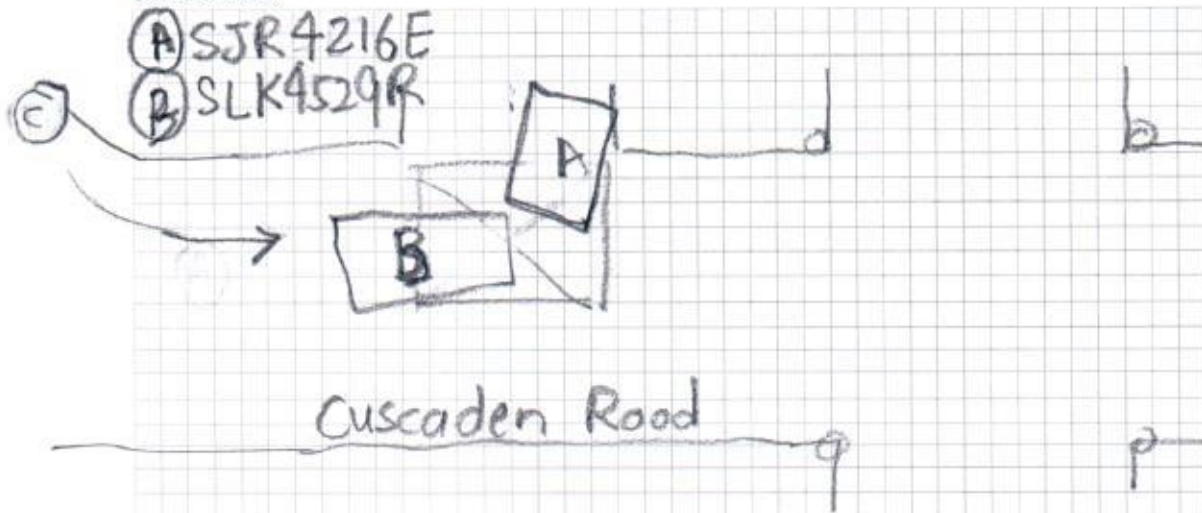


Policyholder's Signature
Date & Time:

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

I Tan Choon Beng S7379120.I was driving into Regent Hotel. SJR4216E. I realised it was wrong way/entry. Realising no car behind me, I reversed slowly out. Suddenly a car SLK4529R rushed out from the exit ~~B~~ of Regent Hotel. He did not see my vehicle and hit the side of my vehicle. The whole incident happened inside a yellow box before the traffic light.

SLK4529R was driven by S8860250A Lim Vision, I noted his phone ^{& tissue box} was in the middle of the screen. It may have blocked his vision the right.

DECLARATION

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.:

9/4/2019

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7379120J**



Name
TAN CHOON BENG



Race
CHINESE

Date of Birth
16-12-1973

Sex
M

Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7379120J**

Name
TAN CHOON BENG

Birth Date **16 Dec 1973**

Issue Date **30 Apr 2005**




001339988G

B357456



NRIC No. **S7379120J**



Nationality
MALAYSIAN

Blood Group
O+

Date of issue
13-05-2000

**#PT BLK 77 LORONG LIMAU #15-49
 SINGAPORE 320077**


NRIC No: **S7379120J** Date: **19/09/2008** No: **6087623**

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

PASS DATE
30 Apr 2005
30 Apr 2005

Class 2B Motorcycles ≤ 200 cc
Class 3 Motor cars ≤ 3000 kg with ≤ 7 passengers,
 exclusive of the driver; and motor tractors
 /vehicles ≤ 2500 kg

Licence No: S7379120J



NP 428A

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="08/04/2019 17:45"/>							
Vehicle No.(For Motor)	<input type="text" value="SJR4216E"/>	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 type="radio"/>	5093371571-01		VASRO RENTALS	53367446L	GFT	drivo CLASSIC	SJR4216E	SJR4216E	07/08/2018	
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5093371571-01	Policyholder Name	VASRO RENTALS	Policyholder NRIC	53367446L
Certificate No.					
Address	BLK 272 #03-22 TAMPINES STREET 22 SINGAPORE 520272				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/08/2018	Effective Date	07/08/2018 00:00	Expiry Date	06/08/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
Unit No.	03-22	Related Policy Number	5093371571-01		

► Insured Object: SJR4216E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/08/2018 00:00	Basic Information Endorsement	000001286883419	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 16 Aug 2018, the Hire Purchase Company is amended as follows for vehicle no SLQ5737T & SJX3638X: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING PTE LTD
2	30/08/2018 00:00	Basic Information Endorsement	000001286892444	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJJ7335S 24-08-2018 \$1,430.78 2. SJJ8772G 24-08-2018 \$1,196.65 3. SJH8158R 25-08-2018 \$1,193.21 4. SJJ334R 25-08-2018 \$1,305.61 In view of this amendment, a refund of \$5,126.25 (inclusive of GST) will be adjusted against the outstanding premium.
3	05/09/2018 00:00	Basic Information	000001286895928	Endorsement Take	Thank you for giving us the

Claim Handling

Accident MT/1039550

Policy No.	5093371571-01	Vehicle No.	SJR4216E	GST Registration No.
Certificate No.				
Policyholder Name	VASRO RENTALS			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97292050	Contact No.(Office)	0	Contact No.(Home)
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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	10/04/2019 10:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/04/2019	Time of Accident hh:mm	17:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF CUSCADEN ROAD			

▼ 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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-22	Related Policy Number	5093371571-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TAN CHOON BENG	Driver NRIC	S7379120J	Driving Experience
Register Date of Driver License	30/04/2005	Driver Age	45	Contact No.(Home)
Contact No.(Mobile)	97292050	Contact No.(Office)	0	Address 3
Address 1	BLK 77 #	Address 2	LORONG LIMAUI	Post Code
Address 4	SINGAPORE 320077	Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation ☐ Yes ☒ No Insured Liability Partially at Fault Preferred Workshop, Name unknown GIA report Received

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name VASRO

90187349 Contact No. (Home)

Vehicle Number SJR421

SJR4216E / SLK4529R ON 8 Apr 2019

10/04/2019 10:10 Claim Close Date

Workshop Repairer

Save Submit

Attachment

Accident No. MT/1039550 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 10/04/2019 10:05

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Message Read

Clear

Category *

Confidential

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:09	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2019 10:06	Photos	Normal	Photos