

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 13/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006601/13	SAS e-filing		
Veh No: SJV204	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/04/19 2130	i-Motor Claim Form	MT/1040040-001	
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: SHD69066 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1902795 Invoice Preparation Checklist

Claimant's Particulars :-	Amt (\$)	Amt (\$)
Driver/Owner:	1st Bill	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) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: (Inc 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		

Cat. 1: Invoice dated Fee Charged
 Cat. 2/3: 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	13/04/2019 15:18
Date Of Accident	12/04/2019 21:30
Exact Location Of Accident	T2 BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV20H
Insured/Policyholder	
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Co Reg No	201504673R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88117879

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	5096706334-01
Cover Note Number	

Driver

Name of Driver	TAN WEE BIN(CHEN WEIMIN)
NRIC No	S7601504Z
Date Of Birth	13/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96462262
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 20 HOUGANG AVE 3 #03-219
Postcode	530020
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	SHD6906G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TAN WEE BIN(CHEN WEIMIN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJV20H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

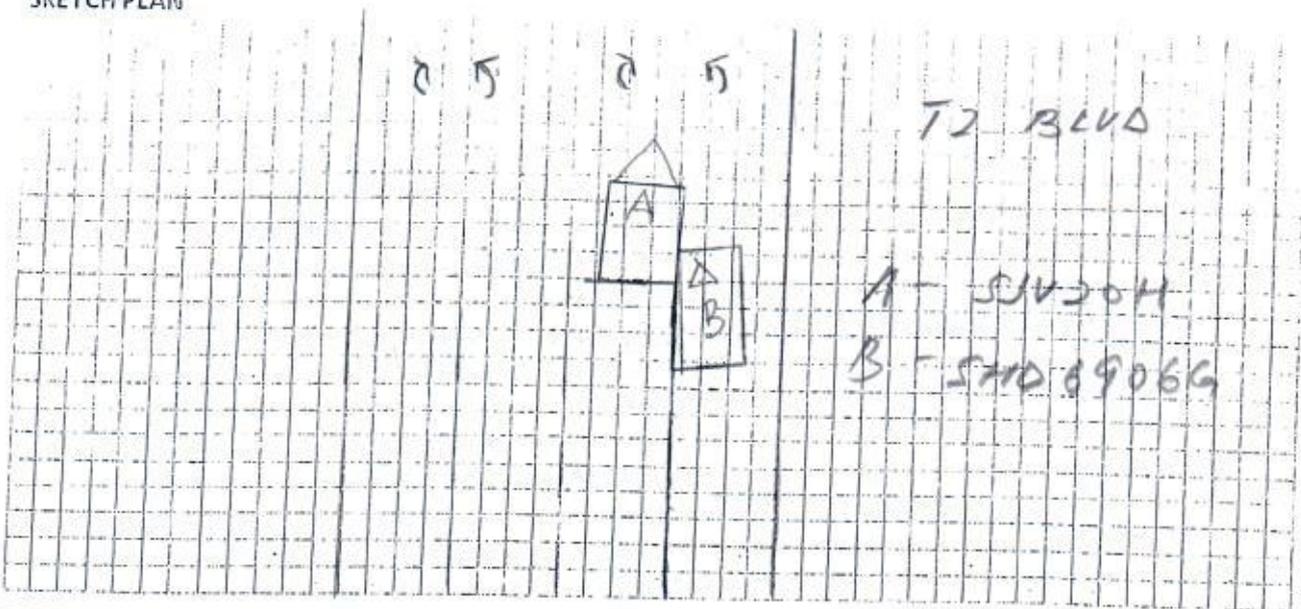


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



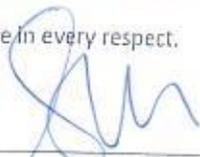
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I was driving (SJV20H) at lane 2, traffic was quite jam. While I was going in a merging lane suddenly I felt a great impact to my vehicle. I went down to take a look and saw (SHD6906G) have collided to my rear. I did signal and driving slow because its having a heavy traffic at that point of time.

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:

 13/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 12/4/2019 Accident Time: 2130 (24-HR-Format)

Accident Place : TJ Blvd

Vehicle Reg. No. (Car Plate No.) : SJV20H

Vehicle Make/Model : Vellfire

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : Fulthorn Motor Pte Ltd

Owner or Company Contact No. : 88117879 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Tan Wee Bin 876015047

DRIVER'S Date Of Birth : 13/01/1976 DRIVER'S License Pass Date 29/03/2001

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

DRIVER'S Address : 20 Hougang Ave 3 #03-219 9'(530020)

DRIVER'S Contact No./ Alt No. : 1) 96462262 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): 3 - 1 m 1 f

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
hiker

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SHD 6906G</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Hyundai I40</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7601504Z



Name
TAN WEE BIN
(CHEN WEIMIN)
陈伟民



Race
CHINESE
Date of birth
13-01-1976
Country/Place of birth
SINGAPORE

Sex
M

S7601504Z

5891217



NRIC No. S7601504Z



Date of issue
26-02-2018

Address
APT BLK 20 HOUGANG AVENUE 3
#03-219
SINGAPORE 530020

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7601504Z

Name
TAN WEE BIN
(CHEN WEIMIN)

Birth Date: 13 Jan 1976
Issue Date: 08 May 2003



000462560E

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	12 Aug 1994
Class 2A	Motorcycles between 201 cc and 400 cc	29 Dec 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Mar 2001

NP 42BA



Licence No: S7601504Z



VOCATIONAL LICENCE

Licence No : **S7601504Z**
Name : **TAN WEE BIN (CHEN WEIMIN)**

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

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	17/05/2018



Claim Handling

The premium on this policy has not been collected.

Accident MT/1040040

Policy No.	5096706334-01	Vehicle No.	SJV20H	GST Registration No.
Certificate No.				
Policyholder Name	FULTONN MOTOR PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	88117879	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	13/04/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/04/2019	Time of Accident hh:mm	21:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	T2 BLVD			

▼ Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00	
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00	

▼ 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 588D #08-233	Address 2	ANG MO KIO STREET 52	Address 3
Address 4	SINGAPORE 564588	Address Type	Singapore address	Post Code
Unit No.	02-42	Related Policy Number	5108766815	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TAN WEE BIN(CHEN WEIMIN)	Driver NRIC	S7601504Z	Driving Experience
Register Date of Driver License	29/03/2001	Driver Age	-79	Contact No.(Home)
Contact No.(Mobile)	96462262	Contact No.(Office)	0	Address 3
Address 1	BLK 20	Address 2	HOUGANG AVENUE 3	Post Code
Address 4	SINGAPORE 530020	Address Type	Singapore address	
Unit No.	#03-219			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	FULTON
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SJV20H
Claim Description	SJV20H / SHD6906G ON 12 Apr 2019		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	13/04/2019 17:28	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

[Print AK letter](#)

[Save](#) [Submit](#)

Attachment

Accident No. MT/1040040 Claim No. 001
 Last Doc. Received Yes No Upload Date 13/04/2019 00:00

- [Choose File](#) No file chosen
- [Message Read](#)

Path *

Category *

Confidential

Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:28		NRIC/ Driving License		Normal	NRIC/ Driving I
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:28		SAS		Normal	SAS 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:28		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:28		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:28		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:27		Photos		Normal	Photos
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:27		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:27		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2019 17:27		Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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[Display in New Window](#) [Scan and uploading](#)