

NATIONAL Assessment Centre Services			
Date In: 20/04/2019 15:32	Job description	Date & Time Completed	Done by
Ref No. NA/INC19006982/K4	SAS e-filing		
Veh No: SKB 8647.R	E-mail (within 3hrs, At 2 hrs)		
D.O.A: 20/04/2019 11:40	i-Motor Claim Form	MT/1040999-001 22/4/19 10:03	
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: GBF840L 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	Action		

NA1902855		Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:		3) TP: 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)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD:		
		*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 (N'n 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	20/04/2019 15:32
Date Of Accident	20/04/2019 11:40
Exact Location Of Accident	THE LINE CONDO / 6 TANJONG RHU ROAD (CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8647R
Insured/Policyholder	
Name Of Registered Owner	TAN JIAN WEI JODY
NRIC No	S9312641F
Email Address	GINATNG11@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90668276
Alternative Phone No	OTHERS-90668276

Vehicle Particulars

Manufacturer	AUDI
Model	A5 SPORTBACK QUATTRO 2.0 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101425259
Cover Note Number	

Driver

Name of Driver	TNG HUISHAN, GINA
NRIC No	S8502452C
Date Of Birth	19/01/1985
Occupation	INDOOR
Date Of Driving Pass	01/07/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97350011
Fax Number	
Contact Number	OTHERS-97350011
Email Address	GINATNG11@GMAIL.COM

Address	6 TANJONG RHU ROAD #05-01 / THE LINE @ TANJONG RHU
Postcode	436883
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOYFRIEND
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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF840L
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE CHENG PENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TNG HUISHAN, GINA
Approximate Age	
Injuries Sustain	NECK AND SHOULDER
Injured person in which vehicle?	SKB8647R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

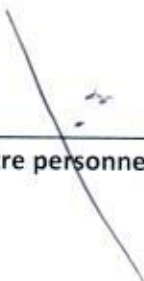
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:



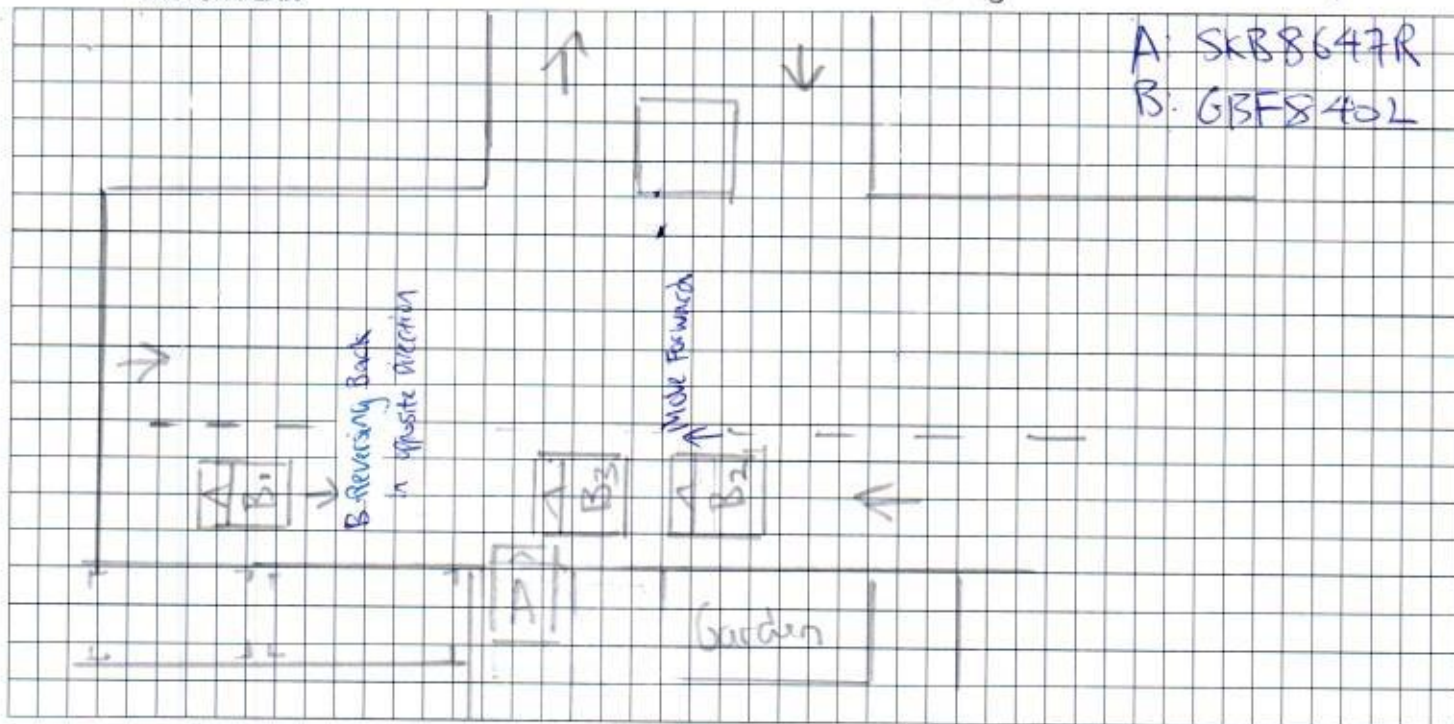
Driver's signature
(if driver is not policy holder)
Date / time:

 20/4/2019

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

The Line Condo 6 Tanjong Rhu Road (Carpark)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1140 am, I got into the car and saw a car reversing in front of me. The red mart van was reversing (against the traffic flow) and it cleared my pathway and I started to leave from my carpark lot as I see that it is still in reversing motion. Two second later, he suddenly banged onto the right side of my car. I wish to state that vehicle B should make a 3-Point Turn at the end of the pathway instead of reversing against the traffic.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	20/04/19	(DD/MM/YY)
Time of accident	1140	(HH:MM)
Exact location of accident	The line condo 6 Tanjung Rhu Road carpark	

DETAILS OF VEHICLE

Vehicle registration number	SKB 8647R		
Vehicle make and model	Audi A5 Sportback 2.0		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Tan Jian Wei, Jody	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9312641F		
Contact	90668276		
Address	Bik 699 Hengong Street 52 #16-11 S(530699)		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Tng Huishan Gina	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	88507452C		
Contact	97350011		
Address	6 Tanjung Rhu Road #05-01 S436883 THE LINE @ Tanjung Rhu		
Email address	gincatng11@gmail.com		
Date of birth	19 JAN 85		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	01/07/2011		

Email: Teamwork

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	GBF 8402
Vehicle make model	Nissan Urvan
Name	Lee Cheng Peng
NRIC / Fin / Passport number	58261502
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
Name

S85024520

TNG HUISHAN, GINA



Birth Date: 19 Jan 1985

Issue Date: 01 Jul 2011

0019790170



Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

01 Jul 2011

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9312641F



Name

TAN JIAN WEI, JODY

陈建伟

Race

CHINESE

Date of birth

14-04-1993

Country of birth

SINGAPORE

Sex

M

S9312641F

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9312641F

Name

TAN JIAN WEI, JODY

Brn Date: 14 Apr 1993

Issue Date: 15 Mar 2012



002051371A



4205334

NRIC No: S9312641F



Date of issue

15-04-2008

APT BLK 699 HOUGANG STREET 52 #16-11
SINGAPORE 530699

NRIC No: S9312641F

Date: 13/01/2010

No: 6391825

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 15 Mar 2012

NP 428A



License No: S9312641F

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="20/04/2019 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="SKB8647R"/>	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"/>	5101425259		TAN JIAN WEI JODY	S9312641F	GPC	drivo CLASSIC	SKB8647R	SKB8647R	14/06/2018	13/06/2019

▼ Policy Information

Policy No.	5101425259	Policyholder Name	TAN JIAN WEI JODY	Policyholder NRIC	S9312641F
Certificate No.					
Address	10 UBI CRESCENT #06-72 UBI TECHPARK SINGAPORE 408564				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/06/2018	Effective Date	14/06/2018 00:00	Expiry Date	13/06/2019 23:59
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		
Agent	IMOTOR INSURE	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 699 #16-11	Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 530699
Address 4		Address Type	Singapore address	Post Code	530699
Unit No.	16-11	Related Policy Number	5101425259		

▶ Insured Object: SKB8647R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Accident MT/1040999

Policy No.	5101425259	Vehicle No.	SKB8647R	GST Registration No.
Certificate No.				
Policyholder Name	TAN JIAN WEI JODY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90668276	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	22/04/2019 09:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/04/2019	Time of Accident hh:mm	11:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	THE LINE CONDO / 6 TANJONG RHU ROAD (CARPARK)			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	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 699 #16-11	Address 2	HOUGANG STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	16-11	Related Policy Number	5101425259	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TNG HUIZHAN, GINA	Driver NRIC	S8502452C	Driving Experience
Register Date of Driver License	01/07/2011	Driver Age	34	Contact No.(Home)
Contact No.(Mobile)	97350011	Contact No.(Office)	0	Address 3
Address 1	6 TANJONG RHU ROAD	Address 2	THE LINE @ TANJONG RHU	Post Code
Address 4		Address Type	Foreign address	
Unit No.	#05-01			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

CORUM No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name TAN JIA

90668276 Contact No. (Home)

Vehicle Number SKB864

SKB8647R / GBF840L ON 20 Apr 2019

GIA report Received

22/04/2019 10:03 Claim Close Date

Workshop Repairer

22/04/2019 10:00

Confidential

NO

Des

