

**NATIONAL Assessment Centre Services.** [wef 1 Jan 2005] *MAY 19 2005*

Date In: <i>29/04/2005 20:50</i>	Job description	Date & Time Completed	Done by
Ref No: <i>160/INC/90075544</i>	SAS e-filing		
Veh No: <i>SLR 4850B</i>	E-mail (4800 hrs, AIC 2 hrs)		
D.O.A: <i>28/04/2005 14:50</i>	1-Motor Claim Form	<i>inc/1042301-001</i>	<i>30/04/2005</i>
OP <i>TP</i> / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>09:57</i>
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wrap		

Preferred Wrap / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Vch No: *SMA 4141R* 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:

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

**Injury:**

Date/Time	Location	Details

*119/903096*

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$30)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$43
Damaged Portion:	3) TP: Towing Fee	\$120
	4) FT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idao DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	*NS: Courtesy Car / TP Allowance	\$10
	*NG: Repair Coordination	\$25
	*NR: Post Repair Inspection	\$5
	*ND: DV / Collect Excess Coordination	\$25
	TP (NI): TP (NI) INC	\$30
	P) NI: Idao Mobile	
	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	29/04/2019 20:50
Date Of Accident	28/04/2019 14:50
Exact Location Of Accident	GEYLANG ROAD (LORONG 13 GEYLANG ENTRANCE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4350B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OLDS MOTOR CO. PTE. LTD.
Co Reg No	201010904R
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98898548
Alternative Phone No	OFFICE-98898548

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102949025
Cover Note Number	

### Driver

Name of Driver	TAI CHOON LOONG @ DAI JIALIANG
NRIC No	S6907855I
Date Of Birth	07/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98898548
Fax Number	
Contact Number	OTHERS-98898548
EEmail Address	ROGERKTM525@YAHOO.COM.SG

Address	BLK 551 PASIR RIS STREET 51 #06-101
Postcode	510551
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?	NO
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

PLEASE REFER TO SKETCH PLAN

#### 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	SMA4141R
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG KAI XUAN
NRIC/Passport Number	S7168427Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

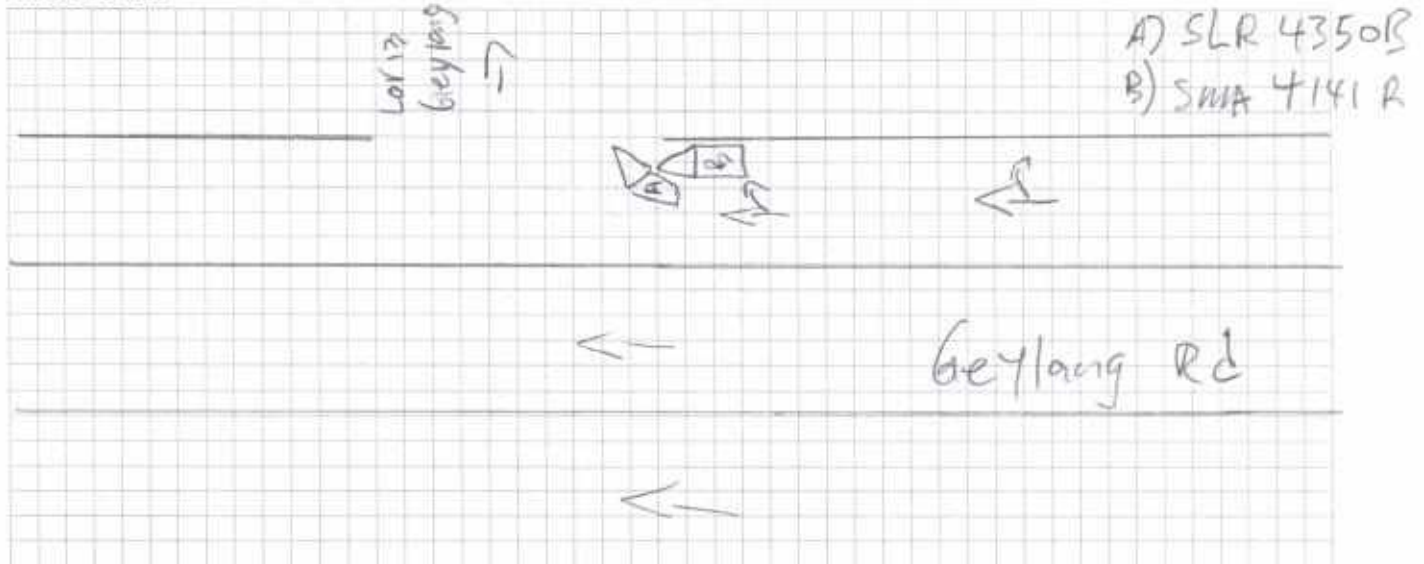


Policyholder's Signature  
Date & Time:

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

I was driving along Geylang road turning in to Lor 13 Geylang and this SMA 4141R is park at the right side of the road and suddenly this SMA 4141R going straight and hit on to my vehicle SLR 4350B right side

## 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.:

29/04/2019  
Roshan



## Claim Handling

## Accident MT/1042301

Policy No.	5102949025	Vehicle No.	SLR4350B	GST Registration No.	2010109048
Certificate No.					
Policyholder Name	OLD MOTOR CO. PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	2010109048
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	9898548	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No +
KPI	Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	30/04/2019 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/04/2019	Time of Accident (hh:mm)	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG ROAD (LORONG 13 GEYLANG ENTRANCE)				

## Excess

Own Carriage Excess	7,000.00	Additional Excess	0	Windscreen Excess	100.00
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	Yes	GST Registration Date	30/01/2012
GST Registration No.	2010109048	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	80 USE CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408589
Address 4		Address Type	Singapore address	Post Code	408589
Unit No.		Related Policy Number	5106621893		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/03/1989
Unnamed driver Name	TAI CHOON LOONG @ DAI JIALI	Driver NRIC	SM07855	Driving Experience	24
Register Date of Driver License	13/03/1995	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	9898548	Contact No.(Office)		Address 1	SINGAPORE 510551
Address 1	BLK 551 #01-101	Address 2	PAJOR R/S STREET 11	Post Code	510551
Address 4		Address Type	Foreign address		
Unit No.	05-101			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SLR4350B		

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes
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## Modification History

Claim 001 **Ren**

Claim Type *	GD-RX	Insured Name	OLD MOTOR CO. PTE. LTD.	Insured NRIC	2010109048
Contact No.(Mobile)		Contact No.(Home)	9898548	Contact No.(Office)	
Email Address		Vehicle Number	SLR4350B	TP Vehicle Number	SM041418
Claim Description	SLR4350B / SM041418 CR 28 Apr 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Selected No. Privatisation	Preferred Repair Option	Preferred Workshop, Name, utilisation		Claim Close Date	30/04/2019 09:56
Date Registered				Date Received	30/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1042301	Claim No.	001
Last Rec. Received	Yes No	Upload Date	30/04/2019 09:57
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:57	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:56	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:56	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:56	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:56	Photos	Normal	Photos 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:56	NRSC/ Driving License	Normal	NRSC/Driving License 2019-4-30
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 09:56	SAS	Normal	SAS 2019-4-30

Video List

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Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window
Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 28/04/2019 ) (DD/MM/YYYY), TIME: ( 14:50 ) (HH:MM)

LOCATION: Geylang Lor 13

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 4350 B  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5102949025  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Suttle  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 14.50  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: OLD S motor co. pte. LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tai Choon Loong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 569 078551 CONTACT: 98878548  
 c) ADDRESS: 551 Pasir Ris street 51 #06-101 510551

\*d) DATE OF BIRTH: ( 07/03/1969 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13-03-1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA 4141 R MODEL: TOYOTA A11.3  
 b) DRIVER'S NAME: WANG KAI KUAN  
 c) NRIC/FIN/PASSPORT: 571684272 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
( )

Email = Roburaktm525@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S69078551



Name

TAI CHOON LOONG  
@DAI JIALIANG

戴春龙

Race

CHINESE

Date of birth

07-03-1969

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S69078551

Name

TAI CHOON LOONG

Birth Date 07 Mar 1969

Issue Date 27 Feb 2003



4279482

NRIC No. S69078551



Date of Issue

15-09-2008

APT BLK 551 PASIR RIS STREET 51 #06-101  
SINGAPORE 510551

NRIC No. S69078551

Date: 11/12/2009

No: 6315325

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

PASS DATE

Class-3 Motor Cars and Motor Tractors the weight of  
which laden does not exceed 2500 kilograms

15 Mar 1996



NP 422A

Hello, NAC\_BUKIT\_MERAH\_800676

[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="28/04/2019 12:03"/>							
Vehicle No. (For Motor)	<input type="text" value="SLR4350B"/>	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
	5102949025		OLDS MOTOR CO. PTE. LTD.	201010904R	GPC	drive CLASSIC	SLR4350B	SLR4350B	15/08/2018	14/08/2019
<input type="button" value="Continue"/>										