

# NATIONAL Assessment Centre Services.

[wef 1 Jan 00]

Date In: 30/04/2019 12:41	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19007588/14	SAS e-filing		
Veh No: SBJ 8422L	E-mail (w/into 2hrs, A/C 2hrs)		
D.O.A: 27/04/2019 09:00	I-Motor Claim Form	MT/1042438-002 2/5/19/1007	
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLG 4910T. 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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 11

2/2

INVOICE	
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claim against INC Only (wef 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
* NI: Courtesy Car / TP Allowance	\$5
* NI: Repairs Coordination	\$10
* NI: Post Repair Inspection	\$25
* NI: DV / Collect Excess Coordination	\$5
* TP (NI) / TP (Non-INC) - e-filing	\$30
9) 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	30/04/2019 12:41
Date Of Accident	27/04/2019 09:00
Exact Location Of Accident	ANDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBJ8422L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN PIN EDDIE
NRIC No	S1745419F
Email Address	OPSWO22@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90088867
Alternative Phone No	OTHERS-90088867
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5045032769-08
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN PIN EDDIE
NRIC No	S1745419F
Date Of Birth	03/10/1966
Occupation	INDOOR
Date Of Driving Pass	28/03/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088867
Fax Number	
Contact Number	OTHERS-90088867
Email Address	OPSWO22@YAHOO.COM.SG

Address	BLK 36 JALAN RUMAH TINGGI #19-447
Postcode	150036
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	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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	SLG4910T
Vehicle Make/Model/Colour	VOLKSWAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OR YUECHANG STEPHANIE
NRIC/Passport Number	S8633180B
Contact Number	96719682
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


## SKETCH PLAN

### IMPORTANT NOTICE

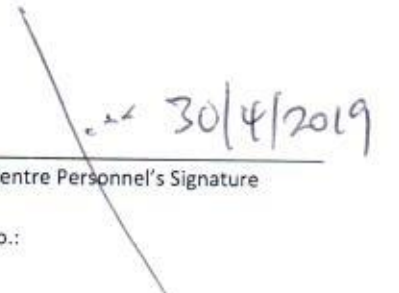
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

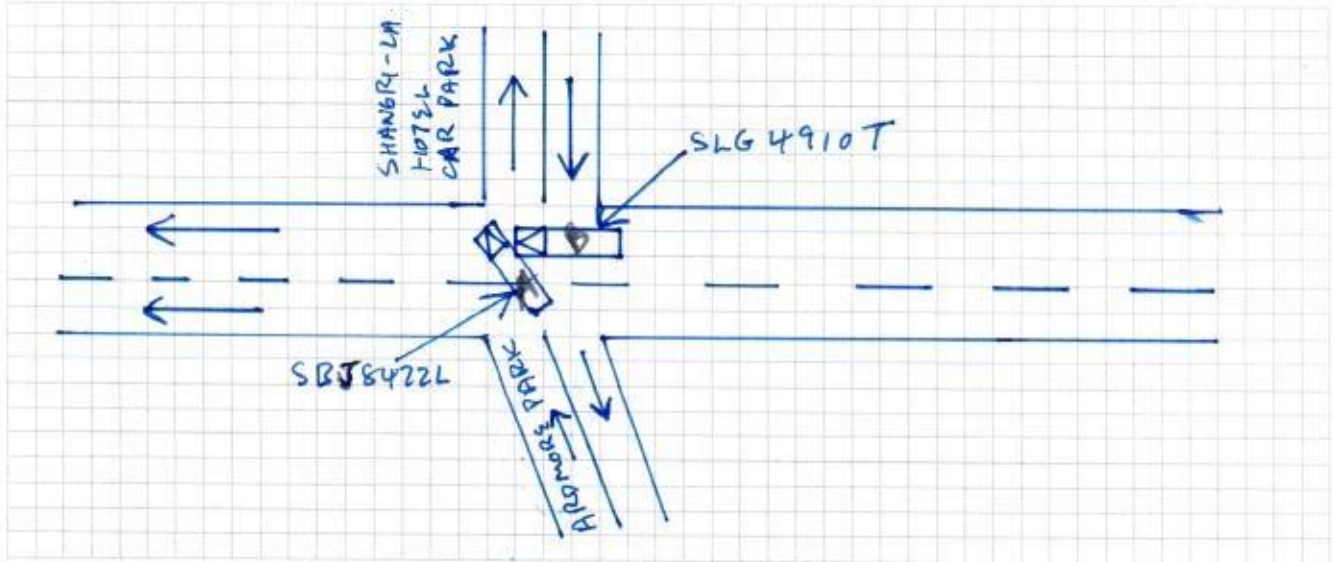
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 30/4/19/1145

\_\_\_\_\_  
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 27 APR 19, as I was travelling along Anderson Rd on the left lane (2) around 0900hrs. As I ~~was~~ wanted to turn into Shangri-La Hotel carpark on my right, I signal right and slow down at about 30 km/h, as I was about to turn, the red vehicle SLG 4910T came crashing into my right side of the vehicle. That's all I have to say.

## DECLARATION

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

300419/1145

Policyholder's Signature  
Date & Time:

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

30/4/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 27/04/2019 (DD/MM/YYYY), TIME: 09:00 (HH:MM)

LOCATION: ANDERSON ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBJ 8422L  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mazda 2002  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: TAN PIN EDDIE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1745419F CONTACT: 90688867  
c) ADDRESS: Blk 26 Jln Ruman Tinggi #19-447  
S'PORE 150036

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

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 03/10/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28 MAR 1992

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

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: SLG 4910T MODEL: VOLKSWAN  
b) DRIVER'S NAME: OR YUE CHANG STEPHANIE  
c) NRIC/FIN/PASSPORT: S8633180B CONTACT: 96719682

### 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(Including driver)  
(3)

WIFE AND  
FATHER

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

\*No of passenger  
(Including driver)  
( )

Email = opswozz@yahoo.com.sg  
VIDEO

**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**TAN PIN EDDIE**

NRIC No  
**S1745419F**

This card is the property of the Singapore Armed Forces. Any person taking this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Identification Number **S1745419F**

**TAN PIN EDDIE**

Birth Date: **03 Oct 1966**  
Issue Date: **23 Apr 2003**

1000415752C

**S1745419F / PINK**

Date Of Birth <b>03/10/1966</b>	Race <b>CHINESE</b>	Blood Group <b>O+</b>
Service Status <b>REGULAR</b>	Country Of Birth <b>SINGAPORE</b>	Sex <b>M</b>
Military Rank Status <b>WARRANT OFFICER</b>		

Address **BLK 36 JALAN RUMAH TINGGI #19-447 SINGAPORE 150036**

**CashCard**  
Use governed by CashCard Terms & Conditions.  
1111020103371016

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

Class	Description	Valid Until
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Mar 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Apr 1999

NP 429A

1111020103371016

eBaoTech

Hello, NAC\_BUKIT\_MERAH\_800676

GeneralClaim

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5045032769-08		TAN PIN EDDIE	S1745419F	GPC	Third Party	SBJ8422L	SBJ8422L	30/01/2019	29/01/2020

 Policy Information

Policy No.	5045032769-08	Policyholder Name	TAN PIN EDDIE	Policyholder NRIC	S1745419F
Certificate No.					
Address	BLK 36 #19-447 JALAN RUMAH TINGGI SINGAPORE 150036				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/01/2019	Effective Date	30/01/2019 00:00	Expiry Date	29/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 36 #19-447	Address 2	JALAN RUMAH TINGGI	Address 3	SINGAPORE 150036
Address 4		Address Type	Singapore address	Post Code	150036
Unit No.		Related Policy Number	5045032769-08		

 Insured Object: SBJ8422L

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	31/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 31 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED CHASSIS NUMBER: WDB1240212B022616 ENGINE NUMBER: 10296322007159 VEHICLE REGISTRATION NUMBER: SBJ8422L ORIGINAL REGISTRATION DATE: 25 Aug 1989

Continue

Cancel

## Claim Handling

Accident MT/1042438

Policy No.	5045032769-08	Vehicle No.	SBJ8422L	GST Registration No.
Certificate No.				
Policyholder Name	TAN PIN EDDIE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90088867	Contact No.(Office)		Contact No.(Home)
Email Address	OPSWO22@YAHOO.COM.SG	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	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	30/04/2019 16:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/04/2019	Time of Accident hh:mm	09:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ANDERSON ROAD			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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 36 #19-447	Address 2	JALAN RUMAH TINGGI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5045032769-08	

## ▼ OI Driver Info

Driver Name	TAN PIN EDDIE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1745419F	Driving Experience
Register Date of Driver License	28/03/1992	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	90088867	Contact No.(Office)		Address 3
Address 1	BLK 36 #19-447	Address 2	JALAN RUMAH TINGGI	Post Code
Address 4		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
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## Modification History

Claim 002 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	TAN PIN EDDIE
90088867	Contact No. (Home)	NIL
opsw22@yahoo.com.sg	Vehicle Number	SBJ842
SBJ8422L / SLG4910T ON 27 Apr 2019		
02/05/2019 10:08	Claim Close Date	
	Workshop Repairer	

Preferred

Workshop

Contact No.

Finalisation

Report Taken By

☒ Print AK letter

## Attachment

Accident No. MT/1042438 Claim No. 002  
 Last Doc. Received ☒ Yes ☐ No Upload Date 02/05/2019 10:05

Path \*

Category \*

Confidential

 No file chosen

Please Select ▼

NO

 No file chosen

Please Select ▼

NO

 No file chosen

Please Select ▼

NO

 No file chosen

Please Select ▼

NO

 No file chosen

Please Select ▼

NO

 No file chosen

Please Select ▼

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:07	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:05	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:05	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:05	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:05	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos

## Video List

Uploaded By/Date Folder Date File Name