

NATIONAL Assessment Centre Services

(wef 1 JAN 05) MHA 1496324

Date In: 11/01/19 11:31	Job description	Date & Time Completed	Done by
Ref No: NA/1401928855/24	SAS e-filing		
Veh No: SJ748214	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/01/19 18:45	i-Motor Claim Form	M711044724-001	15/01/19 18:19
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: SLN5013P	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:- (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

NA14923615	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Int Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	15/05/2019 11:31
Date Of Accident	14/05/2019 18:45
Exact Location Of Accident	NEWTON CIRCUS TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4821Y
Insured/Policyholder	
Name Of Registered Owner	TAN YANG KIM
NRIC No	S2671414A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91310118
Alternative Phone No	OFFICE-91310118

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099985668
Cover Note Number	

Driver

Name of Driver	TAN DE XUN
NRIC No	S9545537I
Date Of Birth	08/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85114202
Fax Number	
Contact Number	OFFICE-85114202
Email Address	NOEMAIL

Address	BLK 110 BEDOK NORTH ROAD #10-2266
Postcode	460110
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
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?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 2 AS HE INTENDED GOING TWDS SCOTTS RD. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

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	SLN5013P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PECK YEOW KHIM
NRIC/Passport Number	S7441050B
Contact Number	
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.
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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.:

50th rd

A

B

Newton Circus

A: 50798211
B: 5043013P

Refer to statement.

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S95455371**

Name **TAN DE XUN**

Birth Date **08 Dec 1995**

Issue Date **21 Nov 2014**

002368146E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S95455371**

Name **TAN DE XUN**



陈 德 勳

Race **CHINESE**

Date of birth **08-12-1995**

Sex **M**

Country of birth **SINGAPORE**

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **21 Nov 2014**

NP 428A

Licence No: S95455371

4514604

S95455371

NRIC No: **S95455371**

Date of issue **21-01-2010**

Address **APT BLK 110 BEDOK NORTH ROAD
#10-2266
SINGAPORE 460110**




eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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"/>	5099985668		TAN YANG KIM	S2671414A	GPC	drivo CLASSIC	SJT4821Y	SJT4821Y	20/04/2018	13/10/2019

1

Policy Information

Policy No.	5099985668	Policyholder Name	TAN YANG KIM	Policyholder NRIC	S2671414A
Certificate No.					
Address	BLK 110 #10-2266 BEDOK NORTH ROAD SINGAPORE 460110				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/04/2018	Effective Date	20/04/2018 00:00	Expiry Date	13/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	INXURE NETWORK SERVICES	Agent Tel.	62956108	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 110 #10-2266	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460110
Address 4		Address Type	Singapore address	Post Code	460110
Unit No.	10-2266	Related Policy Number	5099985668		

Insured Object: SJT4821Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	16/08/2018 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 16 Aug 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: TAN DE XUN</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 16 Aug 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: TAN DE XUN In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	16/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident MT/1044724

Exit

Policy No.	509985668	Vehicle No.	SJT4821Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAN YANG KIM			Policyholder NRIC	52671414A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91310118	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	10	Private Hire	Yes
Accident Details					
Report Date	15/05/2019 18:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/05/2019	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS TWDS BUKIT TIMAH RD				
Excess					
Own damage Excess	2,000.00	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	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification history	15/05/2019 18:18:39 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 110 #10-2266	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460110
Address 4		Address Type	Singapore address	Post Code	460110
Unit No.	10-2266	Related Policy Number	509985668		
01 Driver Info					
Driver Name	TAN DE XUN	Driver Type	Named Driver	Driver DOB	06/12/1995
Unnamed driver Name		Driver NRIC	S95455371	Driving Experience	4
Register Date of Driver License	21/11/2014	Driver Age	23	Contact No.(Home)	0
Contact No.(Mobile)	85114202	Contact No.(Office)	0	Address 3	SINGAPORE 460110
Address 1	BLK 110	Address 2	BEDOK NORTH ROAD	Post Code	460110
Address 4		Address Type	Singapore address		
Unit No.	10-2266				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 New

Claim Type *	OD-Mix	Insured Name	TAN YANG KIM	Insured NRIC	52671414A
Contact No.(Mobile)	91991189	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	SJT4821Y	TP Vehicle Number	SLN5013P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT4821Y / SLN5013P ON 14 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/05/2019 18:19	Claim Close Date		Date Received	15/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1044724	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/05/2019 18:22		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:21	SAS	Normal	SAS 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:21	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:21	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:21	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:20	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:19	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:19	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:19	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:19	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 May 2019 18:19	Photos	Normal	Photos 2019-5-15		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				