

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NIA/9066179

Date In: 28/05/2009 14:36	Job description	Date & Time Completed	Done by
Ref No: NIA/INC1900899914	SAS e-Milling		
Veh No: SJV 4127H	E-mail (w/idea 3hrs, AIC 3hrs)		
DOA: 18/05/2009 12:45	I-Motor Claim Form	mri1045551-1001	22/05/2009 15:18
OID: TP <u>Reporting Only</u>	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:

GBG 1725A

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 repair.

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

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

Remarks (Inscription):

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time: _____

NIA/903763

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$10/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OP:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (Non INC) against INC \$20	
	9) NI2: Idea Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SMITH & CO

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	22/05/2019 14:36
Date Of Accident	18/05/2019 12:45
Exact Location Of Accident	ALONG GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4127H
Insured/Policyholder	
Name Of Registered Owner	TAN HOW CHER
NRIC No	S9039877F
Email Address	HOWCHER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98977221
Alternative Phone No	OTHERS-98977221

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP-1.6 SX ABS D/AB SR (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	REPORTING ONLY
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	5099990838
Cover Note Number	

Driver

Name of Driver	TAN HOW CHER
NRIC No	S9039877F
Date Of Birth	19/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98977221
Fax Number	
Contact Number	OTHERS-98977221
Email Address	HOWCHER@GMAIL.COM

Address	BLK 451 TAMPINES STREET 42 #09-228
Postcode	520451
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	COLLISION - HEAD TO REAR
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	GBG1725A
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK
NRIC/Passport Number	
Contact Number	97853196
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

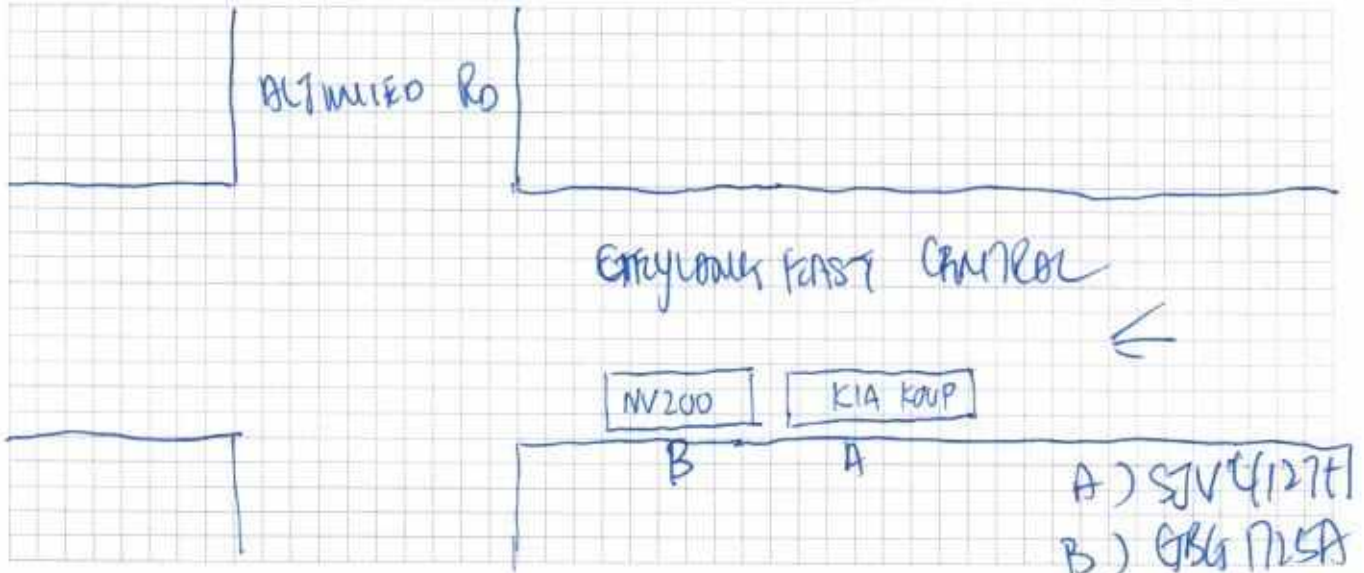
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/05/19
1415HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/05/19
1415HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC TURN GREEN, DRIVER OF NV200 ACCELERATED. I ACCELERATED. DRIVER OF NV200 SUDDENLY JAMMED HIS BRAKE. I COULDN'T BRAKE IN TIME THUS COLLIDED INTO HIM.

AS WE ARE HOLDING UP THE TRAFFIC. WE TOOK SOME PHOTOS AND CONTACT NUMBER. INITIALLY, THE DRIVER AND I AGREED TO SETTLE IT OURSELF. BUT ~~TODAY~~ ON 22/05/19 HIS COMPANY CALLED ME AND TELL ME HE WANTS TO CLAIM. THUS I EXCEED THE 24HRS LIMIT.

DECLARATION

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

Policyholder's Signature
Date & Time: 22/05/19
1415HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/05/19
1415HRS

Reporting Centre Personnel's Signature
Name: 22/05/2019
NRIC/FIN No.: [Signature]

Claim Handling

Accident MY/1045551

Policy No.	509990838	Vehicle No.	SJV4127H	GST Registration No.	
Certificate No.					
Policyholder Name	TAN HOW CHER			Policyholder NRIC	S9039877F
Product Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	Leading	0
Contact No.(Mobile)	98977221	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	22/05/2019 15:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	18/05/2019	Time of Accident (hh:mm)	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GEYLANG EAST CENTRAL				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					

Policyholder Mailing Address

Address 1	BLK 451 #09-225	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE 520451
Address 4		Address Type	Singapore address	Post Code	520451
Unit No.		Related Policy Number	509990838		

OT Driver Info

Driver Name	TAN HOW CHER	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9039877F	Driver DOB	19/10/1990
Register Date of Driver License	21/09/2017	Driver Age	28	Driving Experience	1
Contact No.(Mobile)	98977221	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 451 #09-225	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE 520451
Address 4		Address Type	Singapore address	Post Code	520451
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SJV4127H	Driver Insurer Company	NTUC

Declaration:

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	TAN HOW CHER	Insured NRIC	S9039877F
Contact No.(Mobile)	92004543	Contact No. (Home)	62601637	Contact No. (Office)	94772818
Email Address	HOWCHER@GMAIL.COM	OT Vehicle Number	SJV4127H	TP Vehicle Number	S9039877F
Claim Description	SJV4127H / S9039877F ON 18 May 2019				
Preferred Workshop	S9039877F				
Insured Liability	Fully at Fault				
Repair Option	Preferred Workshop, Name unknown				
Date Registered	22/05/2019 15:17	Claim Close Date		Date Received	22/05/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MY/1045551	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/05/2019 15:18
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	Photos	Normal	Photos 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	SAS	Normal	SAS 2019-5-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-22

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (18/05/19) (DD/MM/YYYY), TIME: (12:47) (HH:MM)

LOCATION: GEYLANG EAST CENTRAL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ4127H
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5099990838
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA CERATO FORTE COUP 1.6 AT SX ABS D/AB SR
 f) TYPE: (SALOON / COUPE) MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING
 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 HUI HER (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S40398777 CONTACT: 98977221
 C) ADDRESS: TAMPINES ST42 BLK 451 #09-228

* 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: (19/10/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: GBG1725A MODEL: NISSAN UVV200
 b) DRIVER'S NAME: QUEK
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 97853196

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)
 (1)

* No of passenger
 (including driver)
 ()

email = HOWCHER@GMAIL.COM

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9039877F



Name

TAN HOW CHER

陳 皓 澤

Race

CHINESE

Date of birth

19-10-1990

Country of birth

SINGAPORE

Sex

M



3788791



MIC No. S9039877F



Date of issue

28-10-2005

Address

APT BLK 451 TAMPINES STREET 42
#09-228
SINGAPORE 520451

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S9039877F

TAN HOW CHER

Issue Date: 19 Oct 1990

Valid Date: 21 Sep 2017



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 21 Sep 2017

NP 428A



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="18/05/2019 14:35"/>							
Vehicle No.(For Motor)	<input type="text" value="SJV4127H"/>	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 checked="" type="radio"/>	5099990838		TAN HOW CHER	S9039877F	GPC	drivo CLASSIC	SJV4127H	SJV4127H	20/04/2018	28/06/2019
<input type="button" value="Continue"/>										