

# NATIONAL Assessment Centre Services

Date In: 15/06/2019 14:45  
Ref No: NA/INC19010631/K4  
Veh No: SMH2500P  
DOA: 15/06/2019 11:40

Job description: SAS e-filing  
Date & Time Completed: MT/1049184-001 15/6/19 15:39  
Done by:  
E-mail (within 8hrs, A/C 2hrs):  
i-Motor Claim Form  
i-Motor W/O (Within: OD 2hrs, TP 4hrs)  
i-Photo Uploaded  
Assessment/Survey Report  
Ass't Report by Fax / Hand to Owner/Wksn

TP: Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SLK4591J INC( ) / Non-INC( )  
Tel: Fax:

Owner / Driver ( )  
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	Actions

NA1904319

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$20		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Free 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	15/06/2019 14:45
Date Of Accident	15/06/2019 11:40
Exact Location Of Accident	CTE TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2500P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GUO MEI, IMY
NRIC No	S8529353B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96389604
Alternative Phone No	OTHERS-96389604

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SB 1.4 TFSI (AMBIENTE)
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	5108126366
Cover Note Number	

### Driver

Name of Driver	TAN GUO MEI, IMY
NRIC No	S8529353B
Date Of Birth	04/10/1985
Occupation	INDOOR
Date Of Driving Pass	18/07/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96389604
Fax Number	
Contact Number	OTHERS-96389604
Email Address	NOEMAIL

Address	BLK 318B YISHUN AVENUE 9 #10-134
Postcode	762318
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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL 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

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	SLK4591J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96451245
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN


### IMPORTANT NOTICE


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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:

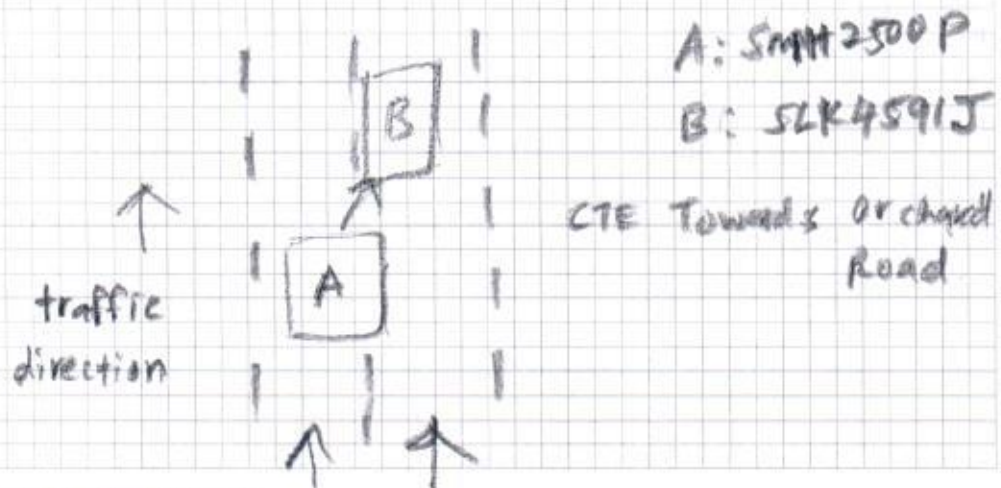
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
15/06/19

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
15/6/2019

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Cars A and B were travelling on CTE towards Orchard Road on 15th June 2019 at around 11:40am. Car A was making a lane change to the right when Car B braked at the same time. Car A couldn't stop in time hence the front of Car A hit the left lower part of Car B slightly. A dent on Car B was observed, while cracks on the front grille of Car A was observed.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

15/06/19

GIAR/MC SketchPlanForm V3

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*  
15/6/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8529353B



Name

TAN GUO MEI, IMY

陈国梅

Race

CHINESE

Date of birth

04-10-1985

Country/Place of birth

SINGAPORE

Sex

F



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8529353B

Name

TAN GUO MEI, IMY

Birth Date: 04 Oct 1985

Issue Date: 18 Jul 2007



For LKK/NAC Use Only

5641770



NRIC No S8529353B



Date of issue

29-08-2016

APT BLK 318B YISHUN AVENUE 9 #10-134  
SINGAPORE 762318

NRIC No: S8529353B

Date: 31/12/2016

For LKK/NAC Use Only

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

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 18 Jul 2007

NP 428A



For LKK/NAC Use Only

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="15/06/2019 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="SMH2500P"/>	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"/>	5108126366		TAN GUO MEI, IMY	S8529353B	GPC	drive CLASSIC	SMH2500P	SMH2500P	17/03/2019	16/03/2020



▼ Policy Information

Policy No.	5108126366	Policyholder Name	TAN GUO MEI, IMY	Policyholder NRIC	S8529353B
Certificate No.					
Address	BLK 318B #10-134 YISHUN AVENUE 9 YISHUN GREENWALK SINGAPORE 762318				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/03/2019	Effective Date	17/03/2019 00:00	Expiry Date	16/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY I	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 318B #10-134	Address 2	YISHUN AVENUE 9	Address 3	YISHUN GREENWALK
Address 4	SINGAPORE 762318	Address Type	Singapore address	Post Code	762318
Unit No.	10-134	Related Policy Number	5108126366		

▶ Insured Object: SMH2500P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>				

## Claim Handling

Accident MT/1049184

Policy No.	5108126366	Vehicle No.	SMH2500P	GST Registration No.
Certificate No.				
Policyholder Name	TAN GUO MEI, IMY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96389604	Contact No.(Office)	0	Contact No.(Home)
Email Address		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	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	15/06/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/06/2019	Time of Accident hh:mm	11:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS ORCHARD RD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 318B #10-134	Address 2	YISHUN AVENUE 9	Address 3
Address 4	SINGAPORE 762318	Address Type	Singapore address	Post Code
Unit No.	10-134	Related Policy Number	5108126366	

## ▼ OI Driver Info

Driver Name	TAN GUO MEI, IMY	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8529353B	Driver DOB
Register Date of Driver License	18/07/2007	Driver Age	33	Driving Experience
Contact No.(Mobile)	96389604	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 318B	Address 2	YISHUN AVENUE 9	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-134			
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 *	OD-MX	Insured Name	TAN GUO MEI
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SMH2500P
Claim Description	SMH2500P / SLK4591J ON 15 Jun 2019		

Preferred Workshop	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	Preferred Workshop, Name unknown	GIA report	Received
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6/15/2019

Claim Handling(accident reporting Claim Task 001 OD-MX)

Date Registered

Option

15/06/2019 15:40

Claim  
Close  
Date

Report Taken By

Workshop  
Repairer☒ Print AK letter

Save

Submit

## Attachment



Accident No.	MT/1049184	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/06/2019 15:35

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Message Read	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:39	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:38	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:36	Photos	Normal	Photos