

**NATIONAL Assessment Centre Services** [Unit 1 Jan 09] **MA19082530**

Date In: 25/06/2019 12:34	Job description	Date & Time Completed	Done by
Ref No: N8A/INC/1908/1584	SAS e-filing		
Veh No: SX 3536H	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 24/06/2019 18:30	i-Motor Claim Form	ML1050427-001	25/06/2019
OD (TP) Reporting Only	i-Motor W/O (within: OD 2hrs TP 4hrs)		12:55
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / JNC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **YP 6491X** 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%; 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 ( ) / Towel-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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est	Actual
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claims against JNC Only (wef 10 Jan 2009)		
Cat. 2/3:	6) TR: Re-inspection \$75		
1/1/1	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* N3: 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: Idno Mobile \$0		
	Invoice dated	Fax Charged	
		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	25/06/2019 12:34
Date Of Accident	24/06/2019 18:30
Exact Location Of Accident	BLK 451 CLEMENTI AVENUE 3 CARPARK CLC20
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3536H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HIAP SHING CONSTRUCTION PTE. LTD.
Co Reg No	197600298E
Email Address	JIMMYTAN31@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96266068
Alternative Phone No	OFFICE-62659888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5108114062
Cover Note Number	

### Driver

Name of Driver	JIMMY TAN AH HONG
NRIC No	S1196117G
Date Of Birth	07/07/1956
Occupation	INDOOR
Date Of Driving Pass	11/06/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96266068
Fax Number	
Contact Number	OFFICE-62659888
EEmail Address	JIMMYTAN31@YAHOO.COM.SG

Address	BLK 32 DOVER RISE #05-11
Postcode	138686
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	YP6491X
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD HAZIR BIN ROSLAN
NRIC/Passport Number	S8942669C
Contact Number	97624011
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:

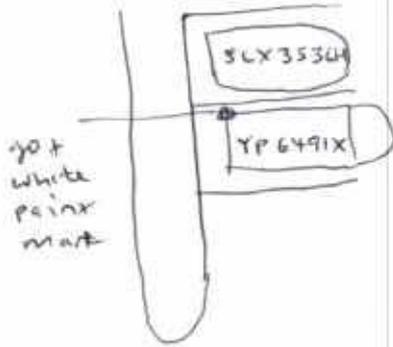
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 25/6/2019 10:30

25/06/2019  
Reporting Centre Personnel's Signature  
Name: Keshu Kottaraj  
NRIC/FIN No.:

SKETCH PLAN

BIK 451 CLEMENTI AVE 3 CARPARK (CLC20)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Parked my car at Clementi and went to buy ~~fruits~~ fruits & breakfast. Came back about 6:20 pm & saw my car damaged. Lorry No. 6491X was parked beside mine. I called the mobile no. displayed on the lorry. Was given the driver's mobile. Called the driver. He was not aware but I showed him the paint marked on the rear of his lorry. He agreed & called his boss. Was told to report

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: 05/6/2019 10:37

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

**Claim Handling**

Accident MT/1096427

Policy No.	SI08L14062	Vehicle No.	SLX353BH	GST Registration No.	
Certificate No.					
Policyholder Name	HIAP SHING CONSTRUCTION PTE. LTD.	Cover Type	01-14 PREMIUM	Policyholder NRIC	19700298E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	6266888	Leading	0
Contact No. (Mobile)	96266068	Special Remark		Contact No. (Home)	
Email Address		TCA	+ No Yes	eCode	No
KPI	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	25/06/2019 12:44	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	24/06/2019	Time of Accident (H:MM)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Face		IDM No.	
Accident Location	BLK 431 ELEMENTS AVENUE 3 CARPARK CLK20				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
1/ED OD Excess	100.00	1/ED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1100.00				

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	H200234723	GST Status Verified	Yes
Modification History	25/06/2019 12:49:52 System changed GST Registration No. from null to H200234723 22/06/2019 12:49:52 System changed GST Registration Date from null to 01/04/1994		

**Policyholder Mailing Address**

Address 1	20 TVAS SOUTH STREET 15	Address 2	SINGAPORE 637050	Address 3	
Address 4		Address Type	Singapore address	Post Code	637060
Unit No.		Related Policy Number	SI08710519		

**01 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/07/1958
Unnamed driver Name	2009Y TAN AN HONG	Driver NRIC	S1196172G	Driving Experience	35
Register Date of Driver License	11/06/1984	Driver Age	62	Contact No. (Home)	
Contact No. (Mobile)	96266068	Contact No. (Office)	6266888	Address 1	SINGAPORE 138688
Address 1	32 DOVER RISE	Address 2	#09-11 DOVER PARKVIEW	Address 3	
Address 4		Address Type	Foreign address	Post Code	138688
Unit No.	05-11	Driver Vehicle No.	SLX353BH	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

**Modification History**

Claim 001 **New**

Claim Type *	OD-PR	Injured Name	HIAP SHING CONSTRUCTION PT	Injured NRIC	19700298E
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	6266888
Email Address		01 Vehicle Number	SLX353BH	TP Vehicle Number	YPS491X
Claim Description	SLX353BH / YPS491X ON 24 Jun 2019				
Preferred Workshop	Insured Liability	Not at Fault			
Repair Cost	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	25/06/2019 12:54	Claim Close Date		Date Received	25/06/2019 00:00
Report Taken By	ROSLI WAHAB				
Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

**Attachment**

Accident No.	MT/1096427	Claim No.	001		
Let Doc. Received	Yes No	Upload Date	25/06/2019 12:55		
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		
<input type="button" value="Send Message"/>					
<b>Attachment List</b>					
Attachments	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:55	Photo	Normal	Photos 2019-6-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:55	Photo	Normal	Photos 2019-6-25	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:55	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:55	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:54	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:54	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:54	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:54	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:54	SAS	Normal	SAS 2019-6-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-25

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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# ACCIDENT STATEMENT

ACCIDENT DATE: 24/06/2019 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: BK 451 CANTONMENT AVENUE CARPARK CLC20

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX3536H  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: MROS3REH604578780  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA ALTIS  
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED  
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: HIAP SHING CONSTRUCTION PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 62659888  
c) ADDRESS: 20 TUAS SOUTH STREET 15 S (637090)

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

### DRIVER

- a) NAME: JIMMY TAN AH HONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1196171G CONTACT: 9626606P  
c) ADDRESS: 32 DOVER RISE #05-11 S (138686)

\*d) DATE OF BIRTH: 07/07/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING PASS: 11/06/1984

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) (NO)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP 691X MODEL: MITSUBISHI Fuso  
b) DRIVER'S NAME: MUHAMMAD HAZIK BIN ROSLAN  
c) NRIC/FIN/PASSPORT: S8942669C CONTACT: 97624011

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = jimmytan31@yahoo.com.sg  
VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S1196117G



Name  
 JIMMY TAN AH HONG  
 陈亚丰  
 CHINESE  
 Date of Birth: 07-07-1956 Sex: M  
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1196117G  
 Name: JIMMY TAN AH HONG  
 Birth Date: 07 Jul 1956  
 Issue Date: 10 Nov 2017




For LKK/NAC Use Only

2344158



S1196117G



Record Group: B+ Date of Issue: 03-09-1994

NP 428A

NP 428A

For LKK/NAC Use Only

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

	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	11 Jun 1984

Licence No: S1196117G



NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

[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"/>	5108114062		HIAP SHING CONSTRUCTION PTE. LTD.	197600298E	GPC	drivo PREMIUM	SLX3536H	SLX3536H	26/03/2019	25/03/2020