

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MNA 119085956

Date In: 2/7/19 13:33	Job description	Date & Time Completed	Done by
Ref No: MNA1MC 19011677/64.	SAS e-illing		
Veh No: GW S320P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/7/19 16:25.	I-Motor Claim Form	MT/1051594-001	2/7/19 17:44.
OD: <input checked="" type="radio"/> 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 Assgn Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SHA 4288K	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)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MNA1904898

Claimant's Particulars:	Invoice Itemization Checklist	Am't (\$)	SAH (1)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	Add'l bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
At: 1:	For claiming against INC Only (wef 10 Jan 2003)		
At: 2/3:	6) TR: Re-inspection \$75		
	7) NI: 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	Fax Charged	
	Invoice dated	Fax 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	02/07/2019 13:33
Date Of Accident	01/07/2019 16:25
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5320P
Insured/Policyholder	
Name Of Registered Owner	JIN SOON LEE SERVICES
Co Reg No	53248686B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96818842

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088918731-01
Cover Note Number	-

Driver

Name of Driver	VINCENT TAN YI TANG (CHEN YITANG)
NRIC No	S8240186E
Date Of Birth	25/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96818842
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 22 BALAM RD #06-130
Postcode	370022
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	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?	YES
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

I WAS TRAVELLING ALONG NEWTON CIRCUS ON THE SECOND LANE, AFTER CHECK THE THIRD LANE WAS CLEAR, I FILTER INTO THIRD LANE, MY VEH BODY ALREADY FULLY INTO THE LANE, SUDDENLY THE TAXI COME FROM BEHIND OVERTAKE MY VEH FROM THE LEFT AND HIT ONTO MY VEH LEFT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4288K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	VINCENT TAN YI TANG (CHEN YITANG)
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	GW5320P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

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

SKETCH PLAN

A = GW 5320P
B = SHA 4288K

Newton Circus

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

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:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8240186E



Name
VINCENT TAN YI TANG
(CHEN YITANG)
陈义堂

Race
CHINESE

Date of birth
25-11-1982

Sex
M

Country of birth
SINGAPORE







REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8240186E

Name
TAN YI TANG
(CHEN YITANG)

Birth Date: 25 Nov 1982

Issue Date: 09 Oct 2006

4914428



NRIC No. S8240186E



Date of issue
17-12-2012

Address
ART BLK 22 BALAM ROAD
#06-130
SINGAPORE 370022

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

CLASS	VEHICLE TYPE	PASS DATE
Class 3	Motor cars ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	09 Oct 2006
Class 4A	Quadracycles	21 Aug 2012

S8240186E

S/No. 9000169018

NP 428A

Licence No: S8240186E



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="01/07/2019 13:23"/>
Vehicle No.(For Motor)	<input type="text" value="GW5320P"/>	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"/>	5088918731-01		JIN SOON LEE SERVICES	53248686B	GCV	Third Party, Fire & Theft	GW5320P	GW5320P	31/07/2018	30/07/2019

Claim Handling

Accident MT/1051594

Policy No.	5088918731-01	Vehicle No.	GW5320P	GST Registration No.	
Certificate No.					
Policyholder Name	JIN SOON LEE SERVICES			Policyholder NRIC	53248
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96818842	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No
Accident Details					
Report Date	02/07/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	01/07/2019	Time of Accident hh:mm	16:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
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 22 #06-130	Address 2	BALAM ROAD	Address 3	BALAM
Address 4	SINGAPORE 370022	Address Type	Singapore address	Post Code	37002
Unit No.	06-130	Related Policy Number	5088918731-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VINCENT TAN YI TANG (CHEN YI)	Driver NRIC	S8240186E	Driver DOB	25/11/
Register Date of Driver License	09/10/2006	Driver Age	36	Driving Experience	12
Contact No.(Mobile)	96818842	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 22 #06-130	Address 2	BALAM ROAD	Address 3	BALAM
Address 4	SINGAPORE 370022	Address Type	Singapore address	Post Code	37002
Unit No.	06-130				
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 checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	JIN SOON LEE SERVICES
Contact No.(Mobile)	82691409	Contact No. (Home)	
Email Address		OI Vehicle Number	GW5320P
Claim Description	GW5320P / SHA4288K ON 1 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/07/2019 17:43
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Attachment

Accident No.	MT/1051594	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

02/07/2019 17:44

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	SAS	Normal	SAS 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:44	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:43	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:43	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:43	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:43	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:43	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 17:43	Photos	Normal	Photos 2019-7-2

Video List

Uploaded By/Date	Folder Date	File Name	Source
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