

NATIONAL Assessment Centre Services (wef 1 Jan 2018)			
Date In: 01/07/19 13:12	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC19018874	E-mail (within 4hrs, AIC 2hrs):		
Veh No: SJZ3886G	i-Motor Claim Form		
D.O.A: 01/07/2019 13:04	i-Motor W/O (within OD 2hrs, TP 4hrs)		
OD: TP - Reporting Only	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: SCH 8888L	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: (\$	Landing: \$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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add. Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2008)			
	6) TR: Re-inspection \$75			
	7) NI: 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				
*N11: TP (Non INC) against INC \$20				
*N12: Idno Mobile \$0				
Invoice dated:		For Charged		
Invoice dated:		For 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	04/07/2019 15:12
Date Of Accident	04/07/2019 13:45
Exact Location Of Accident	BISHAN ST 22 TOWARDS MARYMOUNT RD NEAR BLK 282
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3896G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN WAH TZE
NRIC No	S7239215I
Email Address	WAHZE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91156293
Alternative Phone No	OTHERS-97872615

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C350E
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	5088645233-02
Cover Note Number	

### Driver

Name of Driver	TAN WAH TZE
NRIC No	S7239215I
Date Of Birth	19/10/1972
Occupation	INDOOR
Date Of Driving Pass	23/11/1992
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91156293
Fax Number	
Contact Number	OTHERS-97872615
Email Address	WAHZE@YAHOO.COM

Address	BLK 291 BISHAN STREET 24 #23-39
Postcode	570291
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 - MAJOR/MINOR RD
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH8448L
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIOK HWEE
NRIC/Passport Number	S0111476Z
Contact Number	98176921
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1




## 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.

  
4/7/2019 15:05hrs

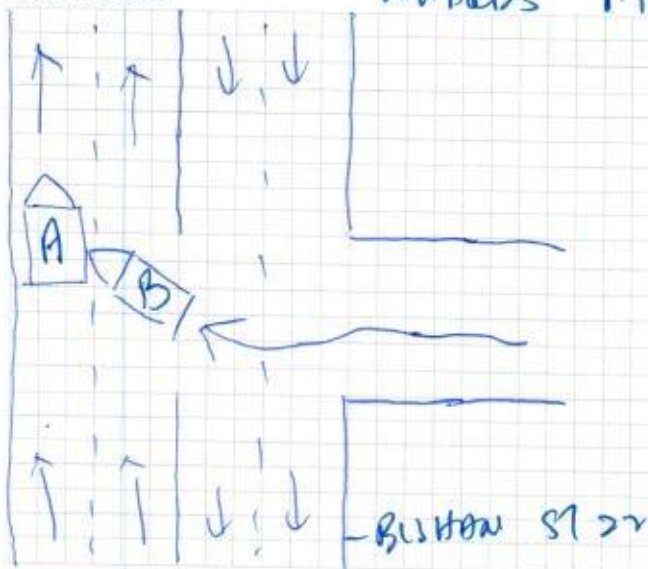
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



A) SJZ 3896G

B) SCH 8448L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4 July 2019 at about 1348 hours, I was driving along Bishan St 22 towards direction of Marymount Road. Sun is bright, weather is good, road is dry. Near Block 282, I was in the left lane of Bishan St 22, the other vehicle was turning into Bishan St 22 from the other side of the road (from Block 232/233). Instead of turning right to right, the driver in Lexus SCH 8448L turned into the left lane of Bishan St 22 and collided into my vehicle.

## DECLARATION

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

*[Signature]*  
4/7/2019 1505hs

Policyholder's Signature  
Date & Time:

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

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

## Claim Handling

Accident MT/1051965

Policy No.	508645233-02	Vehicle No.	SJZ3896G	GST Registration No.	
Certificate No.					
Policyholder Name	TAN WAH TZE			Policyholder NRIC	S72392151
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	91156293	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	04/07/2019 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	04/07/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN ST 22 TOWARDS MARYMOUNT RD NEAR BLK 282				
<b>Excess</b>					
Own damage Excess	600.00	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		
<b>Benefits</b>					

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 291 #23-39	Address 2	BISHAN STREET 24	Address 3	SINGAPORE 570291
Address 4		Address Type	Singapore address	Post Code	570291
Unit No.		Related Policy Number	508645233-02		
<b>DI Driver Info</b>					
Driver Name	TAN WAH TZE	Driver Type	Main Driver	Driver DOB	19/10/1972
Unnamed driver Name		Driver NRIC	S72392151	Driving Experience	26
Register Date of Driver License	23/11/1992	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	91156293	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 291 #23-39	Address 2	BISHAN STREET 24	Address 3	SINGAPORE 570291
Address 4		Address Type	Singapore address	Post Code	570291
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SJZ3896G	Driver Insurer Company	NTUC

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

## Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	TAN WAH TZE	Insured NRIC	S72392151
Contact No.(Mobile)	97872615	Contact No.(Home)	64560815	Contact No.(Office)	
Email Address	wahze@yahoo.com	DI		TP	
Claim Description	SJZ3896G / SCH8448L ON 4 Jul 2019			Vehicle Number	SCH8448L
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	04/07/2019 18:04
Report Taken By				Date Received	04/07/2019 00:00

Print AK letter

## Attachment

Accident No.	MT/1051965	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	04/07/2019 18:04
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Message Read		Clear	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	Photos	Normal	Photos 2019-7-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 18:04	SAS	Normal	SAS 2019-7-4

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"/>		



# ACCIDENT STATEMENT

ACCIDENT DATE: (14/07/2019) (DD/MM/YYYY), TIME: (13:48) (HH:MM)

LOCATION: BISHAN ST 22 towards Maybank Road near Block 282

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8J238966  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES C350E  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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 WAM TZE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 87229257 CONTACT: 91156293 / 97872615  
 c) ADDRESS: BLK 291 BISHAN ST 24 #23-37 SINGAPORE 570291

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

### DRIVER

- a) NAME: ASABOVH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT:  
 c) ADDRESS:  
 CONTACT:

\* d) DATE OF BIRTH: (19/10/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 NOV 1992

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SC148448L MODEL: LEXUS  
 b) DRIVER'S NAME: TAN SIOK HWEE  
 c) NRIC/FIN/PASSPORT: S01114762 CONTACT: 98776421

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

Email = wahze@yahoo.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S72392151  
**For LKK/NAC Use Only**



TAN WAH TZE

陈 华 之  
Race  
CHINESE  
Date of Birth  
19-10-1972  
Country of Birth  
SINGAPORE

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S72392151  
Name: TAN WAH TZE



**For LKK/NAC Use Only**

Birth Date: 19 Oct 1972  
Issue Date: 29 Mar 2011

001945316E

A0251957

NRIC No: S72392151

**For LKK/NAC Use Only**

Blood Group: - Date of issue: 29-10-2002

Address  
APT BLK 291 BISHAN STREET 24  
#23-39  
SINGAPORE 570291

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


EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 Nov 1992

**For LKK/NAC Use Only**

NP 428A

Licence No: S72392151



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="04/07/2019 18:09"/>
Vehicle No. (For Motor)	<input type="text" value="SJZ3896G"/>	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"/>	5088645233-02		TAN WAH TZE	S7239215I	GPC	drive PREMIUM	SJZ3896G	SJZ3896G	22/03/2019	21/03/2020