

NATIONAL Assessment Centre Services (w/ 1 Jan 09)			
Date In: 23/07/2009 17:16	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/190/30034	SAS e-filing		
Veh No: SU 2510X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/07/2009 09:00	i-Motor Claim Form	17/105472-001	24/07/2009
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 3hrs, TP 4hrs)		10:17
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wkap / MNC Assign Wkap / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SJ 5088P	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: (\$) Lending: \$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: 678816616)	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

NA1905545		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		In Bill	Add. Bill
Driver/Owner:		2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Addit'l Comments:		For claiming against INC Only (w/ 10 Jan 2009)			
Cal. J:		6) TR: Re-inspection \$75			
Cal. 2/3:		7) NI: Issue DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		1211			
		* N0: Courtesy Car / Tpl Allowance \$5			
		* N6: Repair Co-ordination \$10			
		* N7: Post Repair Inspection \$25			
		* N8: DV / Collect Excess Coordination \$5			
		* TP (N11) : TP (N-in INC) against INC \$20			
		* N12: Issue 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	23/07/2019 17:16
Date Of Accident	23/07/2019 09:00
Exact Location Of Accident	JUNCTION OF HOLLAND ROAD AND SIXTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3510X
Insured/Policyholder	
Name Of Registered Owner	TAN PEI YING
NRIC No	S7402953A
Email Address	KOTERH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96518700
Alternative Phone No	OTHERS-96518700
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
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	5066684576-05
Cover Note Number	
Driver	
Name of Driver	WAI KO TERH
NRIC No	S7487411H
Date Of Birth	18/11/1974
Occupation	INDOOR
Date Of Driving Pass	15/06/1999
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96518700
Fax Number	
Contact Number	OTHERS-96518700
Email Address	KOTERH@HOTMAIL.COM

Address	135 SUNSET WAY #02-07
Postcode	597158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : WIFE 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

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	SLJ5038P
Vehicle Make/Model/Colour	VOLVO S60
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUA CHIN SIONG
NRIC/Passport Number	S8404353B
Contact Number	93364326
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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/7/2019

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

SIXTH AVENUE

SLT 5038

SLT 3510 X

ANDERSON ROAD

A) SLT 3510 X

B) SLT 5038

B) SLT 5038 P.

At about 0900 hrs on Tuesday 23rd July 2019, I was driving my vehicle GTU 3510X on Holland Road heading towards Holland Village, crossing the junction with 6th Avenue when vehicle SLJ5038P travelling in front of my car suddenly stopped in front of my vehicle after passing the traffic light. I was not able to stop in time and the front of my car knocked into the rear of SLJ5038P.

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

Date & Time: 23/7/2019
1312 hrs.

Name: _____
NRIC/FIN No.: _____

Claim Handling

Accident NT/1054763

Policy No.	EN6664025-02	Vehicle No.	SUJ3510X	GET Registration No.	
Certificate No.					
Policyholder Name	TAN PEL YING	Owner Type	drvo CLASSIC	Policyholder NRIC	S7402953A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Listing	0
Contact No.(Mobile)	96318700	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPI	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	24/07/2019 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/07/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF HOLLAND ROAD AND SIXTH AVENUE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	120.00		
OD Standard Excess	800.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	8.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	800.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
ModCapex History					
Policyholder Mailing Address					
Address 1	135 SUNSET WAY	Address 2	#02-07 CLEMENTE PARK	Address 3	SINGAPORE 117133
Address 4		Address Type	Singapore address	Post Code	117138
Unit No.		Related Policy Number	EN6664025-02		
Q1 Driver Info					
Driver Name	WAJ RD TEAH	Driver Type	Named Driver	Driver DOB	18/11/1974
Unnamed Driver Name		Driver NRIC	S7487413H	Driving Experience	20
Register Date of Driver License	24/06/1999	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	96318700	Contact No.(Office)		Address 1	SINGAPORE 117138
Address 1	135 SUNSET WAY	Address 2	#02-07 CLEMENTE PARK	Address 3	SINGAPORE 117138
Address 4		Address Type	Singapore address	Post Code	117138
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SUJ3510A	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001

None

Claim Type *	OD-MK	Insured Name	TAN PEL YING	Insurer NRIC	S7402953A
Contact No.(Mobile)	97666115	Contact No.(Home)	NT	Contact No.(Office)	
Email Address	peyling.lai@gmail.com	GT Vehicle Number	SUJ3510X	TP Vehicle Number	SUJ5038P
Claim Description	SUJ3510A / SUJ5038P ON 23 Jul 2019				
Preferred Workshop		Insured Liability	Full at Fault		
Refused No Finalisation	Yes	Repair Option	Referred Workshop, Name unknown	GIA report	Received
Date Registered	24/07/2019 10:15	Claim Close Date		Date Received	24/07/2019 00:00
Report Taken by	ROSLI WAHAB				

Print AA letter

Save Submit

Attachment

To:

Accident No.	NT/1054763	Claim No.	001
Last Doc. Received	Yes No	Upload Date	24/07/2019 10:17
Path *		Category *	Confidential Urgency *
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent (C2)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Jul 2019 10:17	Photo	Normal	Photo 2019-7-24	
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Jul 2019 10:17	Photo	Normal	Photo 2019-7-24	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:17	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:18	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:18	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:18	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:18	SAS	Normal	SAS 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 10:18	NAC/ Driving License	Normal	NAC/ Driving License 2019-7-24

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (23/07/2019) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: junction of Holland Road with 6th Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 3510 X
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUBARU FORESTER
 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 PEI YING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7402953A CONTACT: _____
 c) ADDRESS: 135 Sunset Way #02-07, SINGAPORE 597158

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WAI KO TERH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S748744 H CONTACT: 96518700
 c) ADDRESS: 135 Sunset Way #02-07, SINGAPORE 597158

* d) DATE OF BIRTH: (18/11/1974) (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: POUSE

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: SLJ5038 P MODEL: VOLVO S60
 b) DRIVER'S NAME: QUA CHIN SIONG
 c) NRIC/FIN/PASSPORT: S8404353 B CONTACT: 93364326

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = koterh@hotmail.com

VIDEO

WIFE

No of passengers
(including driver)
(2)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7487411H



For LKK/NAC Use Only

WAI KO TERH

韦可特

Race
CHINESE
Date of birth
18-11-1974
Country of birth
MALAYSIA

Sex
M



9075067

NRIC No. S7487411H

For LKK/NAC Use Only



Nationality
MALAYSIAN
Date of issue
11-02-2010

135 SUNSET WAY #02-07
SINGAPORE 607158
NRIC No: S7487411H

Date: 13/02/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Service Number: S7487411H

Name: WAI KO TERH

For LKK/NAC Use Only

Birth Date: 18 Nov 1974

Issue Date: 19 Apr 2014



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Jun 1999
Class 2A Motorcycles between 201 cc and 400 cc	15 Jun 1999
Class 2 Motorcycles > 400 cc	15 Jun 1999
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	15 Jun 1999

For LKK/NAC Use Only

NP 428A



Licence No: S7487411H

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="23/07/2019 12:51"/>
Vehicle No. (For Motor)	<input type="text" value="SJU3510X"/>	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"/>	5066684576-05		TAN PEI YING	S7402953A	GPC	drive CLASSIC	SJU3510X	SJU3510X	30/05/2019	29/05/2020