

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MA119098263

| | | | |
|---|--|-----------------------|---------------|
| Date In: 27/7/19 13:19 | Job description | Date & Time Completed | Done by |
| Ref No: MA1/INC19013239/64 | SAS e-filing | | |
| Veh No: SML 98495 | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 26/7/19 14:45 | I-Motor Claim Form | MA1/1055288-001 | 27/7/19 16:05 |
| 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/Wksn | | |

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

| | | |
|-------------------------------|--|-----------------------|
| TP Particulars: | Veh No: SKU 8494P | 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 repaler. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | |
|---|-----------------------|---------|
| Remarks: (INC Hotline: 6709 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 |
|-----------|---------|
| | |
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| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| MA1905588 | Invoice for Insurance Claim | Am (\$) | PAID (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 2000 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Eugr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2003) | | |
| | 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 \$3 | | |
| | TP (N11): TP (N11) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | 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 27/07/2019 13:19
 Date Of Accident 26/07/2019 14:45
 Exact Location Of Accident ECP TWDS CHANGI LP 509
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML9849S
Insured/Policyholder
 Name Of Registered Owner TAN MUN HENG
 NRIC No S1762014B
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-92979867
 Alternative Phone No OFFICE-92979867

Vehicle Particulars

Manufacturer TOYOTA
 Model VOXY
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
 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 PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5110104790
 Cover Note Number -

Driver

Name of Driver TAN MUN HENG
 NRIC No S1762014B
 Date Of Birth 22/03/1966
 Occupation OUTDOOR
 Date Of Driving Pass 14/12/1998
 Driving Experience 20 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92979867
 Fax Number
 Contact Number OFFICE-92979867
 Email Address NOEMAIL

| | |
|---|---------------|
| Address | 23 JLN SANKAM |
| Postcode | 759036 |
| 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? | |
| 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) | 6 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 4 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 5 | NAME: : UNKNOWN GENDER: : MALE |

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 ECP TWDS CHANGI ON THE CENTER LANE, WHILE NOTICED FRONT VEH STARTED TO SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKU8494P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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:


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

SKETCH PLAN

Diagram showing two vehicles, A and B, positioned vertically on a grid. Vehicle A is above Vehicle B. Both vehicles are marked with a triangle symbol above their respective letters. To the right of the vehicles, the following information is written:

A = SML 98495
B = SKU 8494P

Below the vehicles, the text "ECP twds changi" is written.

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 DRIVING LICENCE

Licence Number: **S1762014B**

Name: **TAN MUN HENG**

Birth Date: **22 Mar 1966**

Issue Date: **02 Nov 2006**

001455635J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1762014B**

Name: **TAN MUN HENG**

陳萬興

Race: **CHINESE**

Date of birth: **22-03-1966**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1762014B**

Name: **TAN MUN HENG**

PDVL/TDVL
33 886 82286
259956

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

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

14 Dec 1995

Licence No: **S1762014B**

For LKK/NAC Use Only

5559911

NRIC No: **S1762014B**

Date of issue: **11-02-2016**

Address: **23 JALAN SANKAM
SINGAPORE 759036**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 12 | TAXI VL | 06/06/2018 |

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="26/07/2019 13:18"/> |
| Vehicle No.(For Motor) | <input type="text" value="SML9849S"/> | 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"/> | 5110104790 | | TAN MUN HENG | S1762014B | GPC | drive CLASSIC | SML9849S | SML9849S | 13/06/2019 | 12/06/2020 |

Claim Handling

Accident MT/1055288

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5110104790 | Vehicle No. | SML9849S | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | TAN MUN HENG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 92979867 | Contact No.(Office) | | 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(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|------------------------|-------------------------------|-------|---------------------|
| Report Date | 27/07/2019 16:02 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 26/07/2019 | Time of Accident hh:mm | 14:45 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ECP TWDS CHANGI LP 509 | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|--------------------------|-----------|
| Address 1 | 23 JALAN SANKAM | Address 2 | SEBBAWANG STRAITS ESTATE | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5110104790 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|--------------------------|----------------------|
| Driver Name | TAN MUN HENG | Driver Type | Main Driver | Driver DOB |
| Unnamed driver Name | | Driver NRIC | S1762014B | Driving Experience |
| Register Date of Driver License | 14/12/1998 | Driver Age | 53 | Contact No.(Home) |
| Contact No.(Mobile) | 92979867 | Contact No.(Office) | | Address 3 |
| Address 1 | 23 JALAN SANKAM | Address 2 | SEBBAWANG STRAITS ESTATE | Post Code |
| Address 4 | | Address Type | Singapore address | |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Comp. |

Declaration

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

Modification History

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | |
|--------------------|-----|-------------------------|----------------------------------|------------------------------------|------------------|
| Preferred Workshop | 0 | Insured Liability | Not at Fault | Insured Name | TAN MUN |
| Workshop No. | | Preferred Repair Option | Preferred Workshop, Name unknown | Contact No. | NIL |
| Finalisation | Yes | | | Vehicle Number | SML9849 |
| Date Registered | | GIA report | Received | SML9849S / SKU8494P ON 26 Jul 2019 | |
| | | | | Claim Close Date | 27/07/2019 16:05 |

Report Taken By

LIEW SHAN HUI








Print AK letter

Save Submit

Attachment

| | | | | |
|--------------------|---|--------------------------------------|--|---------------------------------|
| Accident No. | MT/1055288 | Claim No. | 001 | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 27/07/2019 16:05 | |
| Path * | | Category * | Confidential | |
| Choose File | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| Choose File | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| Choose File | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| Choose File | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| Choose File | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| Choose File | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| Message Read | | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|---|--|-----------------------|---------|------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | NRIC/ Driving License | Normal | NRIC/ Driving Li |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | SAS | Normal | SAS 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 16:05 | Photos | Normal | Photos 2 |

Video List

| Uploaded By/Date | Folder Date | File Name |
|--|-------------|-----------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | |