

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA1M39834

Date In: 30/1/19 - 16:19	Job description	Date & Time Completed	Done by
Ref No: NA/14C1923383/24	SAS e-filing		
Veh No: JM57520	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/19 - 21:35	i-Motor Claim Form	M711052780-00V	30/1/19 17:27
OD / TP / 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 Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: MC393X	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)	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

NA1405660	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (N'n INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	30/07/2019 16:59
Date Of Accident	07/07/2019 21:35
Exact Location Of Accident	SLIP RD TPE TWDS LOYANG AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM5752U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SWEE FOONG
NRIC No	S2680033A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91833393
Alternative Phone No	OFFICE-91833393
<b>Vehicle Particulars</b>	
Manufacturer	LAND ROVER
Model	DISCOVERY SPORT 2.0D SE 5-SEATER
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109065942
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN WEE KIAN
NRIC No	S1807841D
Date Of Birth	05/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93369636
Fax Number	
Contact Number	OFFICE-93369636
E-Mail Address	NOEMAIL

Address	207C JALAN LOYANG BESAR
Postcode	509471
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?	
Was any other material or property damaged?	NO
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

ON STATED DATE AND TIME, I WAS QUEUE OUT TWDS LOYANG AVE. HE MOVED A LITTLE AND SUDDENLY VEHICLE B MAKE A SUDDEN BRAKE. I COULDN'T BRAKE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

#### 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	SMC393X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMY HO JUN HAO
NRIC/Passport Number	S9020867E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :



## 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:

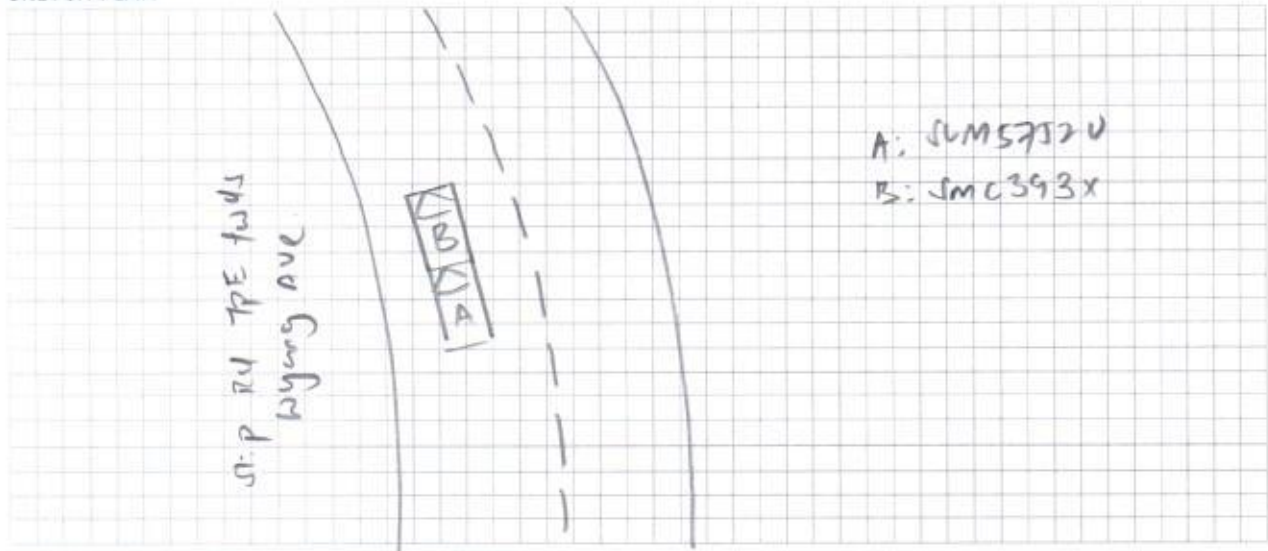
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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. S1807841D



Name  
TAN WEE KIAN  
陳偉健  
Race  
CHINESE  
Date of birth  
05-02-1967 Sex  
M  
Country of birth  
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1807841D  
Name  
TAN WEE KIAN  
Birth Date 05 Feb 1967  
Issue Date 12 Jun 2010




001865810D

3921430



NRIC No. S1807841D

207C JALAN LOYANG BESAR  
SINGAPORE 509471  
NRIC No: S1807841D Date: 04/10/2017


For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	02 Jan 1988
Class 2A	Motorcycles between 201 cc and 400 cc	02 Jan 1988
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	22 Apr 1988
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	29 Aug 1983
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg *Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	06 Feb 2009

NP 428A

Licence No: S1807841D



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/07/2019 16:57"/>							
Vehicle No. (For Motor)	<input type="text" value="SLM5752U"/>	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"/>	5109065942		LOW SWEE FOONG	S2680033A	GPC	drivo PREMIUM	SLM5752U	SLM5752U	25/04/2019	24/04/2020
<input type="button" value="Continue"/>										



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UB1\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/07/2019 21:35"/>							
Vehicle No. (For Motor)	<input type="text" value="SLM5752U"/>	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"/>	5109065942		LOW SWEE FOONG	S2680033A	GPC	drivo PREMIUM	SLM5752U	SLM5752U	25/04/2019	24/04/2020
<input type="button" value="Continue"/>										

## Claim Handling

Exit

Accident MT/1052780

Policy No.	5109065942	Vehicle No.	SLM5752U	GST Registration No.	
Certificate No.					
Policyholder Name	LOW SWEE FOONG	Cover Type	drive PREMIUM	Policyholder NRIC	S2680033A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="1"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available
<b>Accident Details</b>					
Report Date	10/07/2019 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/07/2019	Time of Accident hh:mm	21:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD FROM TPE (PIE) TOWARDS LOYANG AVENUE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	207C JALAN LOYANG BESAR	Address 2	LOYANG TOWNHOUSES	Address 3	SINGAPORE S09471
Address 4		Address Type	Singapore address	Post Code	S09471
Unit No.		Related Policy Number	5109065942		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LOW SWEE FOONG	Insured NRIC	S2680033A
Contact No.(Mobile)	91833393	Contact No.(Home)	66463631	Contact No.(Office)	62955061
Email Address	gerlyn@cobnostra.com	OI Vehicle Number	SLM5752U	TP Vehicle Number	SMC393X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLM5752U / SMC393X ON 7 Jul 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	30/07/2019 17:27	Claim Close Date		Date Received	30/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/1052780	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/07/2019 17:29
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal



Browse...
Clear
Please Select

Browse...
Clear
Please Select

N/A


















NO

Normal

Normal

☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:29	SAS	Normal	SAS 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:29	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:29	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:29	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 Jul 2019 17:28	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>				