

NATIONAL Assessment Centre Services		MNA 49900056	
Date In: 31/07/2019 10:34	Job description	Date & Time Completed	Done by
Ref No: MNA 49900056	SAS e-filing		
Veh No: 811 7338	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 3067/2019 19/10	i-Motor Claim Form	M9/1055807-001	31/07/2019
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		10:52
	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: 811 7338	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 () / Non-INC ()	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:	Invoice Preparation Checklist		Am (\$)	Am (\$)
	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 claimant against INC Only (wef 10 Jan 2019)			
	6) TR: Re-inspection \$75			
	7) NI: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
Driver/Owner:	* N3: Courtesy Car / Tpt Allowance \$5			
Contact No:	* N6: Repair Co-ordination \$10			
Damaged Portion:	* N7: Post Repair Inspection \$25			
QC Checked by (Engr-In-Charge):	* N8: DV / Collect Excess Coordination \$5			
Auditors Comments:	TP (N11): TP (N-in INC) against INC \$20			
Cal. 1:	N12: Idm Mobile \$0			
Cal. 2/3:	Invoice date:	Fee Charged		
1/1/19	Invoice date:	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	31/07/2019 10:34
Date Of Accident	30/07/2019 19:10
Exact Location Of Accident	AT ONE RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7392S
Insured/Policyholder	
Name Of Registered Owner	TIEU XIN YUE
NRIC No	S9310454D
Email Address	T.XINYUE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96481233
Alternative Phone No	OTHERS-96481233

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	5088597287-02
Cover Note Number	

Driver

Name of Driver	TIEU XIN YUE
NRIC No	S9310454D
Date Of Birth	21/03/1993
Occupation	INDOOR
Date Of Driving Pass	29/11/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96481233
Fax Number	
Contact Number	OTHERS-96481233
EMail Address	T.XINYUE@GMAIL.COM

Address	BLK 639 ROWELL ROAD #19-92
Postcode	200639
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ2280C
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARIMUTHU ULAGUSUNDARAM
NRIC/Passport Number	S7867992A
Contact Number	88332702
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: 31/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:



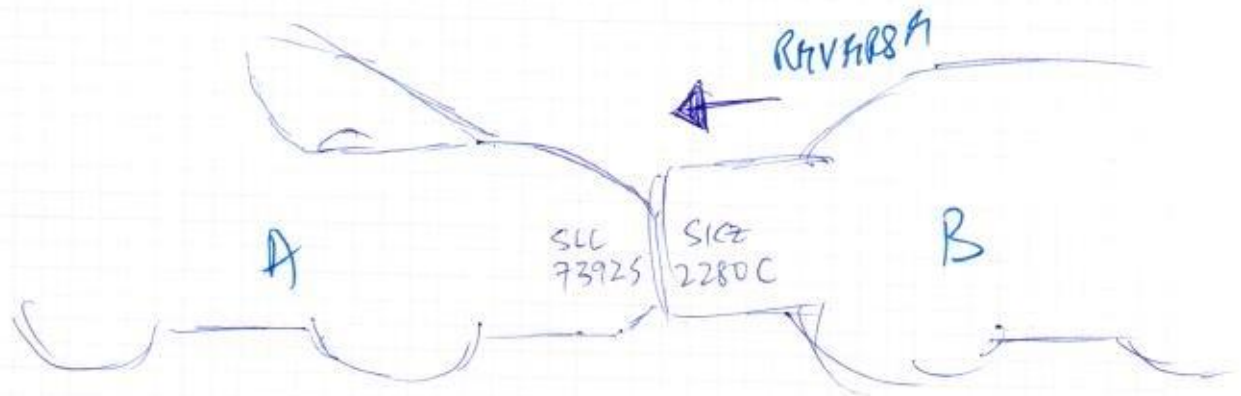
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ONE RAFFLES QUAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting in my car, SLC 73925, for a friend at one Raffles Quay pick up / drop off point when the car in front suddenly reversed and bumped onto my car. The driver of the car, Marimuthu, offered a private settlement.

DECLARATION

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

Policyholder's Signature
Date & Time: 31/7/19

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

Reporting Centre Personnel's Signature
Name: 31/07/2019
NRIC/FIN No.:

Claim Handling

Accident MT/1055807

Policy No.	5088597287-02	Vehicle No.	SLL73925	GST Registration No.	
Certificate No.					
Policyholder Name	TIEU XIN YUE			Policyholder NRIC	S9310454D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96481233	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Enticement(%)	20	Private Hire	No

Accident Details

Report Date	31/07/2019 10:49	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	31/07/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT ONE RAFFLES QUAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 639 #19-92	Address 2	ROWELL ROAD	Address 3	SINGAPORE 200639
Address 4		Address Type	Singapore address	Post Code	200639
Unit No.		Related Policy Number	5088597287-02		

Q1 Driver Info

Driver Name	TIEU XIN YUE	Driver Type	Main Driver	Driver DOB	21/03/1993
Unnamed driver Name		Driver NRIC	S9310454D	Driving Experience	2
Register Date of Driver License	29/11/2016	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	96481233	Contact No.(Office)		Address 3	SINGAPORE 200639
Address 1	BLK 639 #19-92	Address 2	ROWELL ROAD	Post Code	200639
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLL73925	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
-------------------------------------	------	-------------	----------

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Remarks No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

Save Submit

Attachment

Accident No.	MT/1055807	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/07/2019 10:52

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:52	Photos	Normal	Photos 2019-7-31		
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:52	Photos	Normal	Photos 2019-7-31		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:52	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:52	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	Photos	Normal	Photos 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	SAS	Normal	SAS 2019-7-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jul 2019 10:51	NRIC/ Driving license	Normal	NRIC/ Driving License 2019-7-31

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 07 / 2019) (DD/MM/YYYY), TIME: (19:12) (HH:MM)
 LOCATION: ONE RAFFLES QUAY

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLL 7392S
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5088597287-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ALTIS 1.6 AUTO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: OWN TRANSPORT
 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: TIEU XIN YUE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9310454D CONTACT: 96481233
 c) ADDRESS: 639 ROWELL ROAD #19-92 S'PORE 200639

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (21 / 03 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 NOV 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SKZ 2280C MODEL: MAZDA
 b) DRIVER'S NAME: MARIMUTHU ULAGUSUNDARAM
 c) NRIC/FIN/PASSPORT: S7867992A CONTACT: 88332702

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

Email = t.xinyue@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9310454D

For LKK/NAC Use Only



Name

TIEU XIN YUE

张欣玥

Race

CHINESE

Date of birth

21-03-1993

Country of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9310454D

Name

TIEU XIN YUE

Birth Date: 21 Mar 1993

Issue Date: 29 Nov 2016



For LKK/NAC Use Only



002633914F

4194552



NRIC No. S9310454D



For LKK/NAC Use Only

Date of issue

25-03-2008

Address

APT BLK 639 ROWELL ROAD
#19-92
SINGAPORE 200639

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 29 Nov 2016

For LKK/NAC Use Only



Licence No: S9310454D

NP 428A

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="30/07/2019 10:56"/>
Vehicle No.(For Motor)	<input type="text" value="SLL7392S"/>	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"/>	5088597287-02		TIEU XIN YUE	S9310454D	GPC	drivo CLASSIC	SLL7392S	SLL7392S	04/07/2019	03/07/2020