

NATIONAL Assessment Centre Services Form 1 (Rev 03) **MNA51901491**

Date In: 02/08/2019 16:54	Job description	Date & Time Completed	Done by
Ref No: N/A / 700140 / 3086	SAS e-ling		
Veh No: SJN 2106B	E-mail (within this AIC 2hrs)		
D.O.A: 01/08/2009 17:45	i-Motor Claim Form	M/105628-001	02/08/2019
OD: TP Reporting Only	i-Motor W/O (within OD 2hrs, TP 4hrs)		17:18
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to Owner/Wksn		

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

TP Particulars: Veh No: () 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:	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't (\$)	Am't (\$)
			In Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (waf 10 Jan 2005)			
Est. J:	6) TR: Re-inspection	\$75		
Est. 2/3:	7) NI: Idw DA + SMRT Survey	\$160		
1/1 '19	8) NTUG Additional Services:			
	9) NI: Idw Mobils	\$30		
	* NI: Courtesy Car / Tpt Allowance	\$5		
	* NI: Repair Co-ordination	\$10		
	* NI: Post Repair Inspection	\$25		
	* NI: DV / Collect Excess Coordination	\$5		
	TP (NI): TP (N in INC) against INC	\$20		
	Invoice date	Pen Charged		
	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	02/08/2019 16:55
Date Of Accident	01/08/2019 17:45
Exact Location Of Accident	ALONG SLE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2746B
Insured/Policyholder	
Name Of Registered Owner	BARTHOLOMEW TAN BOHAO
NRIC No	S9014372G
Email Address	BARTHOLOMEW.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92316959
Alternative Phone No	OTHERS-92316959

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	5107286569
Cover Note Number	

Driver

Name of Driver	BARTHOLOMEW TAN BOHAO
NRIC No	S9014372G
Date Of Birth	22/04/1990
Occupation	INDOOR
Date Of Driving Pass	26/08/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92316959
Fax Number	
Contact Number	OTHERS-92316959
EMail Address	BARTHOLOMEW.TAN@GMAIL.COM

Address	BLK 186 BUKIT BATOK WEST AVENUE 6 #03-179
Postcode	650186
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	SHD3842B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
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: 2/8/19

Driver's Signature

(If driver is not the policyholder)
Date & Time:

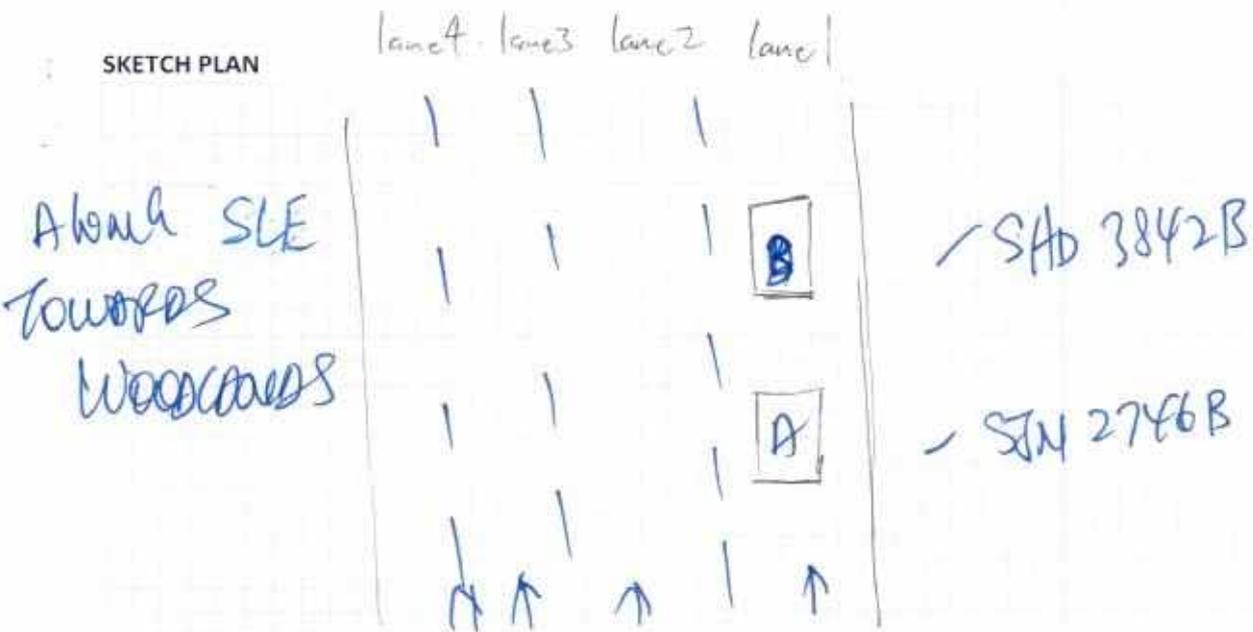


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Sudden Jan brake of the vehicle in front (SAD 3842B) cause me to hit the vehicle even though brake is applied on my vehicle too.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 2/8/19.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 02/08/2019
 Reporting Centre Personnel's Signature
 Name: Kelvin Chong
 NRIC/FIN No.:

Claim Handling

Accident #171058228

Policy No.	510726559	Vehicle No.	SJN27468	GST Registration No.	
Card/Cake No.					
Policyholder Name	BARTHOLOMEW TAN BOHAG			Policyholder NRIC	S9014372G
Product Code	PRIVATE CAR INSURANCE	Cover Type	OTW CLASSIC	License	E
Contact No. (Mobile)	83326959	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCase	No
KFK	- No Yes	TCA	- No Yes	eCase Reason	
NCD Protection	No	NCD Entitlement(%)	10	Vehicle No.	No

Accident Details

Report Date	02/08/2019 17:00	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/08/2019	Time of Accident (H:MM)	17:45	Country of Accident	Singapore
Reporting Centre		Orange Hour		ICM No.	
Accident Location	ALONG BLE TOWARDS WOODLANDS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	800.00	TP Standard Excess	0.00		
VED OD Excess	0.00	GST TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	800.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status (Valid)	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 186 #03-179	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650186
Address 4		Address Type	Singapore address	Post Code	650186
Unit No.	03-179	Related Policy Number	510726559		

OT Driver Info

Driver Name	BARTHOLOMEW TAN BOHAG	Driver Type	Non Group	Driver DOB	22/04/1980
Uninsured Driver Name		Driver NRIC	S9014372G	Driving Experience	28
Register Date of Driver License	26/08/1990	Driver Age	28	Contact No. (Home)	
Contact No. (Mobile)	83326959	Contact No. (Office)		Address 1	SINGAPORE 650186
Address 1	BLK 186 #03-179	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650186
Address 4		Address Type	Singapore address	Post Code	650186
Unit No.	03-179				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJN27468	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 **New**

Claim Type *	OD-MR	Insured Name	BARTHOLOMEW TAN BOHAG	Insured NRIC	S9014372G
Contact No. (Mobile)	83326959	Contact No. (Home)		Contact No. (Office)	
Email Address		OT		TP	
Claim Description	SJN27468 / SHD38428 ON 1 Aug 2019		Vehicle Number	SJN27468	Name of Preferred Workshop
Preferred Workshop		Insured Liability	Tutty at Fault		
Workshop Status	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/08/2019 17:00	Claim Close Date		Date Received	02/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All Letter

Save Submit

Attachment

Accident No.	WT1058228	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	02/08/2019 17:18

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	
Choose File	No file chosen	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CC)
NAC_BUKIT_MERAH_808676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:18		NRIC Driving License	Normal	NRIC Driving License 2019-8-2	
NAC_BUKIT_MERAH_808676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:18		SAS	Normal	SAS 2019-8-2	



NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Aug 2019 17:08	Photos	Normal	Photos 2019-8-2

View List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 01/08/2019 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: 2019 Along SLE Towards Woodlands

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S3N2746B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work
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: BARTHOLOMEW TAN BOHAO (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S90143726 CONTACT: 92316959
C) ADDRESS: Blk 186 Bukit Batok West Ave 6 #03-177

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (____/____/____) (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: owner

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: S4D 3842B MODEL: Hyundai
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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 = bartholomew.tan@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9014372G



For LKK/NAC Use Only



BARTHOLOMEW TAN BOHAO

陳博豪

Race
CHINESE
Date of birth
22-04-1990
Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S9014372G

BARTHOLOMEW TAN BOHAO

For LKK/NAC Use Only

Birth Date: 22 Apr 1990
Issue Date: 26 Aug 2009



00177945C

3711105



NRIC No. S9014372G



For LKK/NAC Use Only

Date of issue
06-05-2005

APT BLK 188 BUKIT BATOK WEST AVENUE 8 #03-179
SINGAPORE 650188

NRIC No: S9014372G Date: 06/05/2018 (R)

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

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

ISSUE DATE

26 Aug 2009

For LKK/NAC Use Only



Licence No: S9014372G

NP 428A

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor): Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	S107286569		BARTHOLOMEW TAN BOHAO	S9014372G	GPC	drive CLASSIC	S1N2746B	S1N2746B	31/01/2019	10/02/2020

Continue