

NATIONAL Assessment Centre Services

(Form 1 Jan 2015)

Date In: 8/8/19	Job description: SAS e-filing	Date & Time Completed: 8/8/19 1650	Done by: MTH
Ref No: NPA/INC 19013942/1	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SLM 6886K	I-Motor Claim Form	8/8/19 1840	MTH
D.O.A: 8/8/19	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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: (\$)	Lodging: \$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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Assessors' Comments:</p> <p>Cal. 1:</p> <p>Cal. 2/3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>Exclusions against INC Only (wef 10 Jan 2015)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idno DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>9) NI: Idno Mobile \$30</p>		<p>Am't (\$)</p> <p>In Bill</p>	<p>Am't (\$)</p> <p>Add. Bill</p>
	<p>* N5: Courtesy Car / Tpl Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>TP (NIL): TP (N-in INC) against INC \$20</p>			
	<p>9) NI: Idno Mobile \$30</p>			
	<p>Invoice dated</p> <p>Pen Charged</p> <p>Fine Charged</p>			

89:19 8102-AW-20

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	08/08/2019 16:49
Date Of Accident	08/08/2019 12:30
Exact Location Of Accident	DEPOT ROAD (NEAR 138 DEPOT ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6886K
Insured/Policyholder	
Name Of Registered Owner	GAN BENG TAT (YAN MINGDA)
NRIC No	S7732237Z
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97569100
Alternative Phone No	OFFICE-97569100

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	THIRD PARTY
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	5090235505-02
Cover Note Number	

Driver

Name of Driver	GAN BENG TAT (YAN MINGDA)
NRIC No	S7732237Z
Date Of Birth	31/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569100
Fax Number	
Contact Number	OFFICE-97569100
EEmail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 103A DEPOT ROAD #20-539
Postcode	101103
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 - U-TURN
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	SHA4181J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ARUMUGAM RAJAGOPAL
NRIC/Passport Number	S0782785G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.
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5. Any false reporting may be referred to the Police for investigation.
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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:



8/8/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Depot Road when vehicle (B) made an illegal U-turn all of a sudden & hit my car (A)

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 8/8/19
Reporting Centre Personnel's Signature
Name: *Tan*
NRIC/FIN No.:

Claim Handling

Accident MT/1057101

Policy No.	5090235505-02	Vehicle No.	SLM6886K	GST Registration No.	
Certificate No.					
Policyholder Name	GAN BENG TAT			Policyholder NRIC	S7732237Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97569100	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	08/08/2019 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	08/08/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEPOT ROAD (NEAR 138 DEPOT ROAD)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DO Standard Excess		TP Standard Excess	0.00		
VEDO DO Excess		VEDO TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total DO Excess Applicable		Total TP Excess Applicable	0.00		

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 103A #20-539	Address 2	DEPOT ROAD	Address 3	DEPOT HEIGHTS
Address 4	SINGAPORE 101103	Address Type	Singapore address	Post Code	101103
Unit No.		Related Policy Number	5090235505-02		

OI Driver Info

Driver Name	GAN BENG TAT	Driver Type	Main Driver	Driver DOB	31/10/1977
Unnamed driver Name		Driver NRIC	S7732237Z	Driving Experience	23
Register Date of Driver License	09/02/1996	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	DEPOT HEIGHTS
Address 1	BLK 103A #20-539	Address 2	DEPOT ROAD	Post Code	101103
Address 4	SINGAPORE 101103	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLM6886K	Driver Insurer Company	NTUC

Declaration

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

Claim 001 OD-MX

Next

Claim Type *	OD-MX	Insured Name	GAN BENG TAT	Insured NRIC	S7732237Z
Contact No.(Mobile)	97569100	Contact No.(Home)	82736372	Contact No.(Office)	
Email Address	ganmy77@yahoo.com.sg	Vehicle Number	SLM6886K	TP	SHA41813
Claim Description	SLM6886K/SHA41813 ON 08 AUG 2019				
Preferred Workshop	62741311	Insured Liability	Not at fault	Name of Preferred Workshop	HAN CAR REPAIR
Workshop Finalisation	No	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered		Claim Close Date	08/08/2019 18:42	Date Received	08/08/2019 00:00
Report Taken By	TAUFSKH	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057101	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/08/2019 00:00
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
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CG)
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8	
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8	

S (BUKIT MERAH)) on 08 Aug 2019 18:41



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:41	SAS	Normal	SAS 2019-8-8

Video List

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

PERSONAL PARTICULARS

1 Driver
0 passenger

Date of Accident: 08/08/2019

Time of Accident: 12:30 (24Hrs)

Vehicle No: SLN6886K

Vehicle Make/Model: Honda Vezel

Exact Location of Accident: Depot Road near 138 Depot Road

Owner's Name/NRIC: Gan Beng Tat (Yan mingda) S7732237Z

Driver's Name/NRIC: Gan Beng Tat (Yan mingda) S7732237Z

Driver's Contact: 97569100

Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancarrepairs@gmail.com

5090235505-02

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: -

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? _____

1 Driver
0 passenger

The Other Party (Vehicle B) Details

S07827856

Driver's Name/IC: Arumugam Rajagopal

Vehicle No: SHA 4181J

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE



GAN BENG TAT (YAN MINGDA)

Birth Date: 31 Oct 1977
Issue Date: 15 Jan 2003

000128906E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7732237Z



Name

GAN BENG TAT
(YAN MINGDA)

顏 明 达

Race

CHINESE

Date of birth

31-10-1977

Country of birth

SINGAPORE

Sex

M

S7732237Z

For LKK/NAC Use Only

97569100 (contact)

4124312



NRIC No. S7732237Z



For LKK/NAC Use Only

Date of issue
01-11-2007

Address
APT BLK 103A DEPOT ROAD
#20-539
SINGAPORE 101103

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

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

09 Feb 1996

For LKK/NAC Use Only



NP 426A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5090235505-02

Cover : drive CLASSIC

- | | |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle | : SLM6886K |
| Chassis Number | : RU11206001 |
| 2. Name of Policyholder | : GAN BENG TAT |
| 3. Effective Date of Insurance | : 13 Apr 2019 |
| 4. Expiry Date of Insurance | : 12 Apr 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GAN BENG TAT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 11 Mar 2019 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorised Officer

Chief Executive