

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

MNA419107555

Date In: 16/08/2019	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19014306/FYF	SAS e-filing		
Veh No: SME 2316X	E-mail (to John Stier, AIC 2hrs)		
DOA: 15/08/2019	I-Motor Claim Form	M/1105018-001	16/08/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18.33
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 6776P	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date Out: ()

21/09/06224

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 200)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect License Coordination	\$5
	TP (N11) / TP (N12) against INC	\$20
	9) N12: Idas Mobile	\$0

2/3

Fee Charged

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	16/08/2019 16:10
Date Of Accident	15/08/2019 21:30
Exact Location Of Accident	BLK 323 CLEMENTI AVE 5 OPEN CARPARK.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2316X
Insured/Policyholder	
Name Of Registered Owner	TAN CHI REN (CHEN QIREN)
NRIC No	S8720424C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90127176
Alternative Phone No	OFFICE-90127176

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104996040
Cover Note Number	

Driver

Name of Driver	TAN CHI REN (CHEN QIREN)
NRIC No	S8720424C
Date Of Birth	21/06/1987
Occupation	INDOOR
Date Of Driving Pass	02/08/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-90127176
Fax Number	+65-90127176
Contact Number	OFFICE-90127176
Email Address	NOEMAIL

Address	APT BLK 12 MARSILING LANE #03-25 SINGAPORE
Postcode	730012
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	COLLIDED INTO PARKED VEHICLE
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)	0

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

REFER TO THE STATEMENT ATTACHED.

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	SMG6776P
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

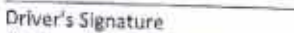
IMPORTANT NOTICE

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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.
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

(A) SM E2316X
 (B) SM G6776P

T X X X T

Blk 323 Clement Ave S open car park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, when I got to my vehicle, I realize a note on my front windscreen. when I check, my vehicle front was collided by the person who written the note. I called veh B contact and was suggest to go for insurance settlement.

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.:

URGENT

I am very sorry that I
knocked into the right
side of your car on
15th August 2019, 7:30pm.

Please contact me at
92302554 / 98566822
ASAP.

Claim Handling

Accident HT/1058018

Policy No.	1104996040	Vehicle No.	SME2316X	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHI REN(CHEN QIREN)	Cover Type	Drive CLASSIC	Policyholder NRIC	S8720424C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	90127176	Special Remark		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	No
ETB	- No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	16/08/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	15/08/2019	Time of Accident (hh:mm)	21:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ILM No.	
Accident Location	BLK 323 CLEMENTI AVENUE 3 OPEN CARPARK				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 12 #01-25	Address 2	MARSLING LANE	Address 3	MARSLING GARDENS
Address 4	SINGAPORE 730012	Address Type	Singapore address	Post Code	730012
Unit No.	01-25	Related Policy Number	1104996040		
Q1 Driver Info					
Driver Name	TAN CHI REN(CHEN QIREN)	Driver Type	Main Driver	Driver DOB	31/05/1987
Unnamed driver Name		Driver NRIC	S8720424C	Driving Experience	12
Register Date of Driver License	02/06/2007	Driver Age	32	Contact No. (Home)	
Contact No. (Mobile)	90127176	Contact No. (Office)		Address 3	MARSLING GARDENS
Address 1	BLK 12 #01-25	Address 2	MARSLING LANE	Post Code	730012
Address 4	SINGAPORE 730012	Address Type	Singapore address		
Unit No.	01-25				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SME2316X	Driver Insurer Company	STUC
Declaration					
Breathalyzer or Road Test Reading?	0 mg	Any injury?	Yes - No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAN CHI REN(CHEN QIREN)	Insured NRIC	S8720424C
Contact No. (Mobile)	90127176	Contact No. (Home)		Contact No. (Office)	
Email Address		VE	SME2316X	TP Vehicle Number	SME6776P
Claim Description	SME2316X / SME6776P ON 15 Aug 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Reserved
Preferred Workshop	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	16/08/2019 17:30	Claim Close Date		Date Received	16/08/2019 00:00
Report Taken By	ROSLI WAMUD	Workshop Repairer		Total Loss But Repaired	

Print Ack letter

Save Submit

Attachment

Accident No.	HT/1058018	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/08/2019 18:33
Right *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16-Aug-2019 18:33	Photos	Normal	Photos 2019-8-16	
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16-Aug-2019 18:33	Photos	Normal	Photos 2019-8-16	
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16-Aug-2019 18:33	Photos	Normal	Photos 2019-8-16	

Send Message

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/08/2017 (dd/mm/yy) Time of Accident: 21:30 (24-HR-FORMAT)

Vehicle No.: SME2316X Vehicle Make & Model: VW Scrocco 1.4A

Exact location of Accident: Blk 323 Clementi Ave S Open Car park

Policyholder's Name / IC No.: Tan Chi Ren / S8720424C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 90127176 Company Contact No.: _____

Driver's Address: Blk 12 Marsiling Lane #03-25S (730012)

Email address (if any): _____ Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 0 parked

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SMG6776P

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8720424C



Name

TAN CHI REN
(CHEN QIREN)

陳 麒 仁

Race

CHINESE

Date of birth

21-06-1987

Country/Place of birth

SINGAPORE

Sex

M

S8720424C

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No: S8720424C

Name

TAN CHI REN
(CHEN QIREN)

Birth Date: 21 Jun 1987

Issue Date: 02 Aug 2007



001518603F

5761457



NRIC No. S8720424C



For LKK/NAC Use Only

Date of issue

29-06-2017

Address

APT BLK 12 MARSILING LANE
#03-25
SINGAPORE 730012

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

PAGE DATE

Class 3: Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 02 Aug 2007

For LKK/NAC Use Only



License No: S8720424C

NF428A

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: 5104996040

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SME2316X**
 Chassis Number : **WVWZZZ13ZAV426535**
2. Name of Policyholder : **TAN CHI REN(CHEN QIREN)**
3. Effective Date of Insurance : **25 Oct 2018**
4. Expiry Date of Insurance : **24 Oct 2019**
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	: TAN CHI REN(CHEN QIREN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : KA-HUP VEHICLES TRADING (00000572059)
 Date of Issue : 25 Oct 2018 13:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNR 419107555 Vehicle Registration No: SME 2316X
Name (as shown in NRIC) : Tan Chin Kuan NRIC/FIN/Passport No : S8720424C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9012 7176
Email Address : _____
Date of Accident : 15/08/2019 Time of Accident : 21:30
Place of Accident : BK 323 CLAMART 1 AVE 5 OPP CARPARK
Insurance Company : MIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload the correct sketch plan

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: 100101001
Date: