

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MNA 419108106

Date In:	Job description	Date & Time Completed	Done by
19/08/2019	SAS e-filing		
Ref No: NBA/INC19014423/F	E-mail (By this 3hrs, AIC 2hrs)		
Veh No: SJT 7838-T	I-Motor Claim Form	MILW58466-001	19/08/2019
D.O.A: 17/08/2019	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:23
OD: TP: <u>Reporting Only</u>	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

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

TP Particulars: Vch No: SJV 2640E 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 ()

() 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: ()

Reminders / Instructions / Action

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Particulars	Amount	INC (\$10)
1) All: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$3	
TP (NI) / TP (Non INC) against INC	\$20	
9) NI: Idas Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA1906301

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Bugr-In-Charge): _____

Auditors Comments: _____

Sub: _____

2/3

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	19/08/2019 09:43
Date Of Accident	17/08/2019 23:30
Exact Location Of Accident	GEYLANG LORONG 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7833T
Insured/Policyholder	
Name Of Registered Owner	TAN CHUN GUAN, ALPHONSUS (CHEN JUNYUAN)
NRIC No	S8723166F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96275744
Alternative Phone No	OFFICE-96275744

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	509234126601
Cover Note Number	

Driver

Name of Driver	TAN CHUN GUAN, ALPHONSUS (CHEN JUNYUAN)
NRIC No	S8723166F
Date Of Birth	01/08/1987
Occupation	INDOOR
Date Of Driving Pass	10/12/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96275744
Fax Number	(LOCAL) +65-96275744
Contact Number	OFFICE-96275744
EEmail Address	NOEMAIL

Address	1 SIN MING AVENUE #15-02 SINGAPORE
Postcode	575728
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE

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 SKETCH PLAN STATEMENT.

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	SJV2640E
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

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.

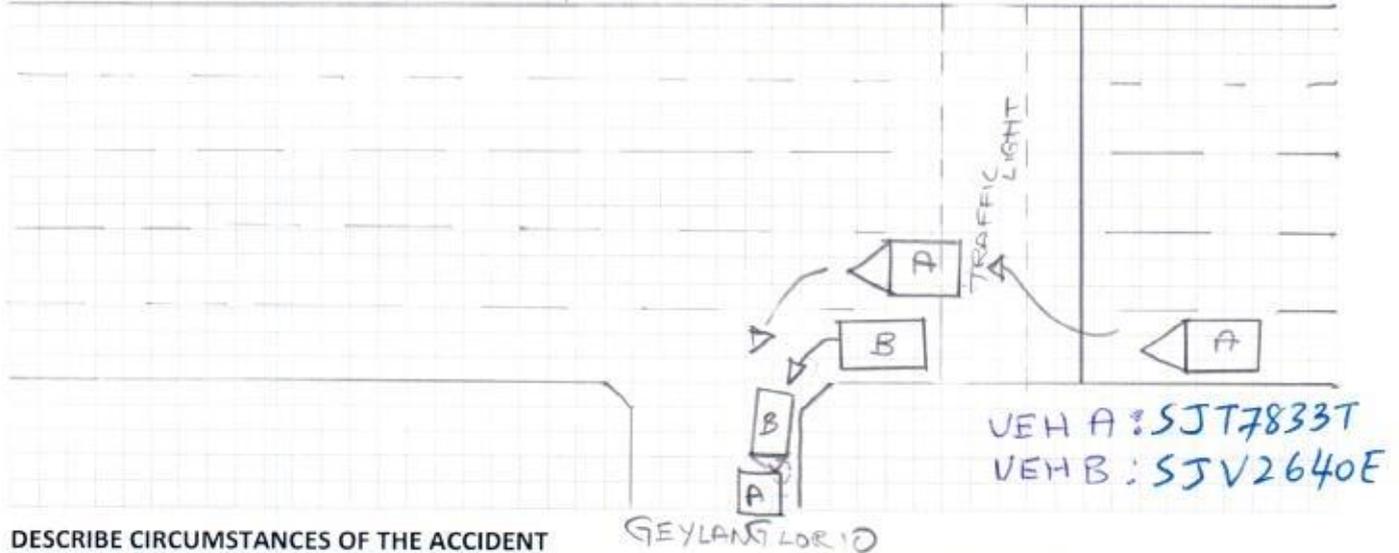
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

GEYLANG RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/08/2019, around 1130 pm I wanted to turn into Lorong 10 Geylang. Car B was parked after traffic light on double yellow line of the road. I signalled left and proceeded to turn left. After turning in and move into the road for 4 metres, he proceeded to hit me from behind intentionally. I was travelling at a slow and safe speed and had my front and rear lights on, it was definitely possible for him to see my car and brake instead of accelerating to hit my car.

his car hazard lights were off

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.:

Claim Handling

Accident MT/1058406

Policy No.	5092341266-01	Vehicle No.	SJT7833T	GST Registration No.	
Certificate No.					
Policyholder Name	ALPHONSUS			Policyholder NRIC	533526278
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96275744	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	19/08/2019 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/08/2019	Time of Accident hh:mm	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	08YLANG LORONG 10				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	19/08/2019 18:20:18 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	1 SIN MING AVENUE	Address 2	#15-02 FLAME TREE PARK	Address 3	SINGAPORE 575728
Address 4		Address Type	Singapore address	Post Code	575728

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver OOB	01/08/1997
Unnamed driver Name	TAN CHUN GUAN, ALPHONSUS (Driver NRIC	S8723166F	Driving Experience	11
Register Date of Driver License	10/12/2007	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	96275744	Contact No.(Office)		Address 3	SINGAPORE 575728
Address 1	1 SIN MING AVENUE	Address 2	#15-02 FLAME TREE PARK	Post Code	575728
Address 4		Address Type	Foreign address		
Unit No.	15-02	Driver Vehicle No.	SJT7833T	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Injured Name	ALPHONSUS	Injured NRIC	533526278	
Contact No.(Mobile)	97581936	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		Q1 Vehicle Number	SJT7833T	TP Vehicle Number	SJV2640E	
Claim Description	SJT7833T / SJV2640E On 17 Aug 2019				Name of Preferred Workshop	
Preferred Workshop		Injured Liability	Fully at Fault			
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date	19/08/2019 18:22	Date Received	19/08/2019 00:00	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1058406	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/08/2019 18:23
Choose File	No file chosen	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			Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:23	SAS	Normal	SAS 2019-8-19

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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ACCIDENT STATEMENT

ACCIDENT DATE: 17/08/2019 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ77833T
b) INSURANCE COMPANY: HTUC
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: PRIVATE USE
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: TAN CHUN GUAN ALPHONSUS (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S8723166F CONTACT: 96275744
C) ADDRESS: 1 SIN MING AVE #15-02 5575728

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN CHUN GUAN ALPHONSUS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8723166F CONTACT: 96275744
c) ADDRESS: 1 SIN MING AVE #15-02 5575728

*d) DATE OF BIRTH: 01/08/1987 (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: _____

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: SJV2640E MODEL: KIA CERATO
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 passengers
(including driver)
(2)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

alphonsus_+@yahoo.com

96275744

email =

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8723166F**

Name: **TAN CHUN GUAN, ALPHONSUS (CHEN JUNYUAN)**

Birth Date: **01 Aug 1987**

Issue Date: **22 Apr 2017**

002677152G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8723166F**



Name

TAN CHUN GUAN, ALPHONSUS (CHEN JUNYUAN)

陳俊元

Race

CHINESE

Date of birth

01-08-1987

Sex

M

Country/Place of birth

SINGAPORE

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 10 Dec 2007

5969187



NRIC No. **S8723166F**

For LKK/NAC Use Only



Date of issue

04-05-2018

Address

**1 SIN MING AVENUE
#15-02
SINGAPORE 575728**



Licence No: **S8723166F**

NP 428A

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident: 17/08/2019 09:39

Vehicle No. (For Motor): SJT7833T Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092341266-01		ALPHONSUS	53352627B	GCV	Comprehensive	SJT7833T	SJT7833T	29/10/2018	28/10/2019

Continue