

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 119117686

Date In: 5/9/19 13:19	Job description	Date & Time Completed	Done by
Ref No: MA11MC19015745164	SAS e-filing		
Veh No: SLH 6705B	E-mail (within 3hrs, AIC 2hrs)		
TELA 5/9/19 07:45	I-Motor Claim Form	MT/1061145-001	5/9/19 15:55
(1) <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wk312		

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

TP Particulars:	Veh No: SLL 6432 S-	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 repairer.

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

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

Remarks: (INC No: 67886616)	Date: ()	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	Action

<p>MA1906642</p> <p>Claimants Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bugr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref: 1:</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) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repairs Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-11) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
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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	05/09/2019 13:19
Date Of Accident	05/09/2019 07:45
Exact Location Of Accident	YISHUN AVE 8 & CANBERRA WAY JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6705B
Insured/Policyholder	
Name Of Registered Owner	TAN TONG LIM (CHEN DONGLIN)
NRIC No	S7917625G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82980700
Alternative Phone No	OFFICE-82980700

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103820887
Cover Note Number	-

Driver

Name of Driver	TAN TONG LIM (CHEN DONGLIN)
NRIC No	S7917625G
Date Of Birth	18/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82980700
Fax Number	
Contact Number	OFFICE-82980700
EMail Address	NOEMAIL

Address	BLK 163B RIVERVALE CRES #06-252
Postcode	542163
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : YAP LEY HEONG
	GENDER: : FEMALE

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

I WAS TRAVELLING ALONG YISHUN AVE 8 WHILE APPROACHING JUNC WITH CANBERRA WAY, VEH INFRONT SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION. TOTAL 3 VEH INVOLVED IN THE ACCIDENT. AFTER THE ACCIDENT ME AND MY PASSENGER FEEL UNCOMFORTABLE ON MY NECK.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL6432S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YIH FOONG
NRIC/Passport Number	S1752546H
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW5630K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DESMOND POH LEONG LAI

NRIC/Passport Number

S1560531F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN TONG LIM (CHEN DONGLIN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLH6705B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

YAP LEY HEONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLH6705B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

Canberra Way



Yishun Ave 8

- A) SLH 6705 B
- B) SLH 6432 S
- C) SLW 5630 K

Hello, NAC_PAYA_UBI_800601

[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="05/09/2019 07:45"/>
Vehicle No.(For Motor)	<input type="text" value="SLH6705B"/>	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"/>	5103820887		TAN TONG LIM (CHEN DONGLIN)	S7917625G	GPC	drive CLASSIC	SLH6705B	SLH6705B	13/09/2018	14/11/2019

Claim Handling

Accident MT/1061145

Policy No.	5103820887	Vehicle No.	SLH67058	GST Registration No.	
Certificate No.					
Policyholder Name	TAN TONG LIM (CHEN DONGLIN)	Cover Type	drive CLASSIC	Policyholder NRIC	S7917625G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82980700	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
▼ Accident Details					
Report Date	05/09/2019 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/09/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 8 & CANBERRA WAY JUNC				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ 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 163B #06-252	Address 2	RIVERVALE CRESCENT	Address 3	RIVERVALE DELTA
Address 4	SINGAPORE 542163	Address Type	Singapore address	Post Code	542163
Unit No.		Related Policy Number	5103820887		
▼ O1 Driver Info					
Driver Name	TAN TONG LIM (CHEN DONGLIN)	Driver Type	Main Driver	Driver DOB	18/06/1979
Unnamed driver Name		Driver NRIC	S7917625G	Driving Experience	17
Register Date of Driver License	22/07/2002	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	82980700	Contact No.(Office)		Address 3	RIVERVALE DELTA
Address 1	BLK 163B #06-252	Address 2	RIVERVALE CRESCENT	Post Code	542163
Address 4	SINGAPORE 542163	Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN TONG LIM (CHEN DONGLIN)	Insured NRIC	S7917625G
Contact No.(Mobile)	82980700	Contact No. (Home)	82828073	Contact No. (Office)	
Email Address	leyheong@yahoo.com.sg	O1 Vehicle Number	SLH67058	TP Vehicle Number	SLH6432S
Claim Description	SLH67058 / SLH6432S ON 5 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
PAID/MS No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA (CPSP)	Received
Date Registered				Claim Close Date	05/09/2019 15:53
Report Taken By				Date Received	05/09/2019 01
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1061145	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/09/2019 15:55
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
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Choose File	No file chosen	Clear	Please Select

Message Read

Send M

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	SAS		Normal	SAS 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:55	Photos		Normal	Photos 2019-9-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:53	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:53	Photos		Normal	Photos 2019-9-5	

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div style="float: right; text-align: right;"> Display in New Window Scan and uploading </div>			