

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

NA19122049

Date In: 14/09/2009 15:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9016269/Y	SAS e-illing		
Veh No: SJS 1362E	E-mail (w/John 8hrs, AIC 2hrs)		
DOA: 13/09/2009 17:50	I-Motor Claim Form	my 1062443001	14/09/2009 17:46
OD / TP / Reporting Only	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksr		

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

TP Particulars: Vch No: SJS 1362E 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: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Accident

NA1906838	1) AR: Accident Reporting (\$30)	
Claimant's Particulars:	2) DA: Damage Assessment (\$100); INC (\$40)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2005)	
Auditor's Comments:	6) TR: Re-inspection \$75	
Date:	7) NI: Idao DA + SMRT Survey \$160	
2/3	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	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	14/09/2019 15:47
Date Of Accident	13/09/2019 17:50
Exact Location Of Accident	BUANGKOK DRIVE SLIP RD TOWARDS SENGKANG EAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1362E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN ZHI TONG
NRIC No	S8538960B
Email Address	DAVIDTZT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83667772
Alternative Phone No	OTHERS-83667772

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5111909468
Cover Note Number	

### Driver

Name of Driver	TAN ZHI TONG
NRIC No	S8538960B
Date Of Birth	27/11/1985
Occupation	INDOOR
Date Of Driving Pass	31/08/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83667772
Fax Number	
Contact Number	OTHERS-83667772
EEmail Address	DAVIDTZT@YAHOO.COM

Address	BLK 221B SUMANG LANE #09-23
Postcode	822221
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: : WIFE 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

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	SGN1266L
Vehicle Make/Model/Colour	NISSAN SUNNY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU MINGPAO
NRIC/Passport Number	S2610490D
Contact Number	96670105
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

## 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:

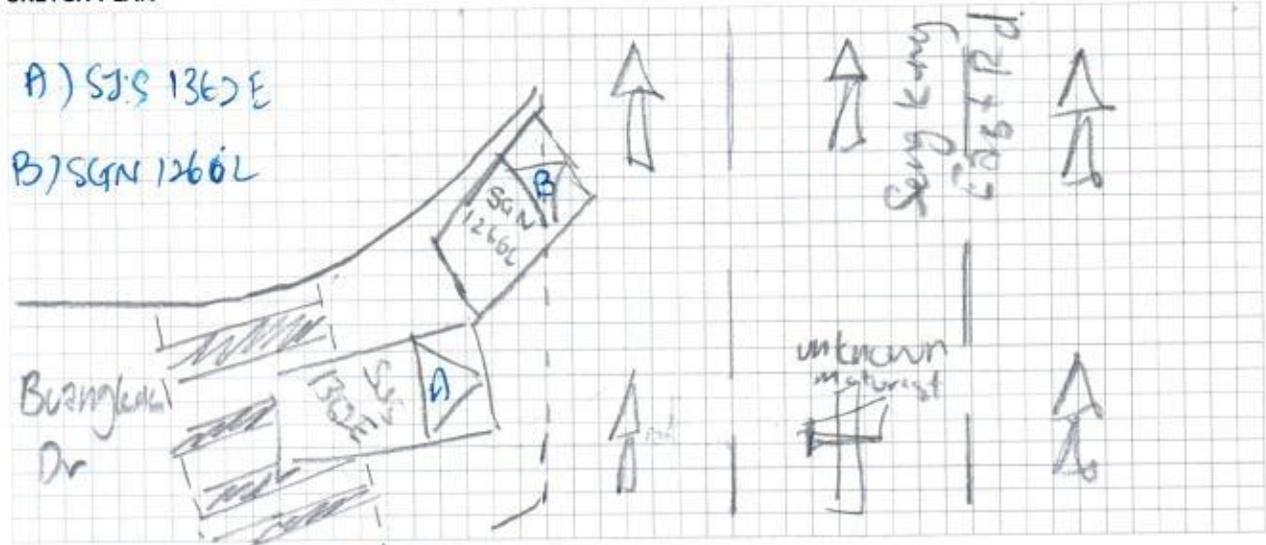
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 14/09/19 13:20

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13<sup>th</sup> of September at around 17:49. As I owner of SJS 1362E approaching to the zebra crossing the owner of SGN 1266L was at a stopping movement at the dotted marked. As I approach slowly, I notice SGN 1266L was on the move, as I move forward slowly and check my blindspot and if there are any oncoming motorist from my right. the front vehicle do an emergency brake, as I looked forward it was too late. As there are no vehicle on the third lane, only there's one motor cycle was on the centre of the 2nd lane.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 14/09/2019 13:46

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

*[Signature]* 14/09/2019  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:

**Claim Handling**

**Accident MT/1062443**

Policy No.	511909468	Vehicle No.	SJS1362E	GST Registrati
Certificate No.				
Policyholder Name	TAN ZHI TONG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	83667772	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

**Accident Details**

Report Date	14/09/2019 17:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/09/2019	Time of Accident hh:mm	17:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BUANGKOK DRIVE SLIP RD TOWARDS SENGKANG EAST RD			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	1500			
Total OD Excess Applicable	2100.00	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 221B #09-23	Address 2	SUMANG LANE	Address 3
Address 4	SINGAPORE 822221	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	511909468	

**OI Driver Info**

Driver Name	TAN ZHI TONG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8538960B	Driving Exper
Register Date of Driver License	31/08/2012	Driver Age	33	Contact No.(Hi
Contact No.(Mobile)	83667772	Contact No.(Office)		Address 3
Address 1	BLK 221B #09-23	Address 2	SUMANG LANE	Post Code
Address 4	SINGAPORE 822221	Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJS1362E	Driver Insurer

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN
Contact No.(Mobile)	83667772	Contact No. (Home)	
Email Address	davidtzt@yahoo.com	OI Vehicle Number	SJS
Claim Description	SJS1362E / SGN1266L ON 13 Sept 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	14/09/2019 17:46	Received	
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.: MT/1062443 Claim No.: 001  
 Last Doc. Received:  Yes  No Upload Date: 14/09/2019 17:46

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	Photos	Normal	Ph
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	NRIC/ Driving License	Normal	NRIC/ Drn
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Sep 2019 17:46	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: (13/09/19) (DD/MM/YYYY), TIME: (17:49) (HH:MM)

LOCATION: Buangkok Dr towards Sengkang East Road.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS1362E  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: S111909468  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Hyundai Avante  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: going home  
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 Zhi Tong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S85389603 CONTACT: 83667992  
c) ADDRESS: 221B Sunang Lane #09-23  
S822221

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (27/11/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 31/08/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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: SGN1266L MODEL: NISSAN Sunny  
b) DRIVER'S NAME: Xu Ming Pao  
c) NRIC/FIN/PASSPORT: S2610490D CONTACT: 96670105

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

(WIFE)

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

email = David.tate@yahoo.com  
VIDEO

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="13/09/2019 13:48"/>
Vehicle No.(For Motor)	<input type="text" value="SJS1362E"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111909468		TAN ZHI TONG	S85389608	GPC	drivo CLASSIC	SJS1362E	SJS1362E	14/08/2019	13/08/2020

Continue