

NATIONAL Assessment Centre Services.

[Just 1 Jan/05]

18/09/2009

Date In: 18/09/2009 15:26	Job description	Date & Time Completed	Done by
Ref No: 180909/16984	SAS e-filing		
Veh No: SLV 4916Z	E-mail (Vehicle Sheet, AIC Sheet)		
DOA: 18/09/2009 08:45	I-Motor Claim Form	18/10/2008-001	18/09/2009
OT: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:02
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: HBN 4572S

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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/TIME: ()

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Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's comments:

Tel: 1:

1) AL: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/443
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ref 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Coordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TE (Nil): TP (Non INC) against INC	\$20
9) NI: Idas Mobile	\$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

18/09/2009

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	18/09/2019 15:36
Date Of Accident	17/09/2019 08:45
Exact Location Of Accident	ALONG ECP TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4916Z
Insured/Policyholder	
Name Of Registered Owner	CHEW CHEE KIAN
NRIC No	S7314959B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83811119
Alternative Phone No	OTHERS-83811119

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5097047101-01
Cover Note Number	

Driver

Name of Driver	TAN HONG GUAN
NRIC No	S1428150I
Date Of Birth	20/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83811119
Fax Number	
Contact Number	OTHERS-83811119
Email Address	NOEMAIL

Address	BLK 412 HOUGANG AVENUE 10 #02-1242
Postcode	530412
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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: : YONG YUET HAN (LADY BOSS) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190917/2186

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	FBN4572S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WEN LAI'EN
NRIC/Passport Number	S9405447H
Contact Number	98180218

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA8657C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHOO CHIN KWANG

NRIC/Passport Number

S1498312J

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.

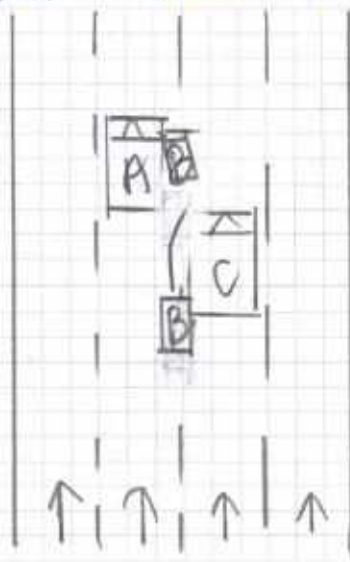
Policyholder's Signature
Date & Time:

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

18/09/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ECP TOWARDS MCE



- A) SLV 4916Z
- B) FBN 4572S
- C) SIA 8657C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20190917/266*

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.:



SINGAPORE POLICE FORCE



T/20190917/2186

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No: T/20190917/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2019 21:05	Vide Report No.: G/20190917/0066	Station Diary No.: 151
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Informant's Particulars

Name of Informant: TAN HONG GUAN			Address: APT BLK 412 HOUGANG AVENUE 10 #02-1242 SINGAPORE 530412		
ID Type / ID No.: NRIC NO / S1428150I			Contact No.: Home/Office: Mobile: 83811119		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 20/01/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/09/2019 08:45	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY ECP TOWARDS MCE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4572S	Motorcycle					0
SLV4916Z	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190917/2186

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190917/2186

CONTINUATION OF REPORT

Rider			
Name	WEN LAI'EN		ID No. S9405447H
Related Vehicle	FBN4572S (Motorcycle)		Contact No. 98180218
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN HONG GUAN		ID No. S1428150I
Related Vehicle	SLV4916Z (Car)		Contact No. 83811119
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/09/2019 at about 0845hrs, I was driving along ECP towards MCE. At that point of time, the traffic was very congested and vehicles were moving slowly. As I was slowly moving forward, one motorcycle, FNB4572S, from nowhere hit onto the right side of my vehicle.

After which, I came down and make a check and was informed that the motorcycle had hit onto a taxi, SHA8657C on the lane next to my vehicle and due to the impact, the motorcycle came and hit onto the side of my vehicle. After colliding into my vehicle, the motorcycle and the rider landed on the ground and was still conscious.

Police and ambulance were called upon and the rider was conveyed to hospital. Due to the accident, the sensor of my vehicle was spoilt and there was some damages to my vehicle.

During the accident, there was one passenger onboard and she did not sustain any injury.

I am lodging this report as instructed by the TP. There are in-built camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190917/2186

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190917/2186

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 PHUA JIA JUN, MARK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/09/2019 21:05

Classification Of Case:

Claim Handling

Accident MT/1062988

Policy No.	9040047101-01	Vehicle No.	SLV4916Z	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW CHEE KIAN	Driver Type	DRIVE CLASSIC	Policyholder NRIC	573149598
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	II
Contact No.(Mobile)	83811119	Special Remark		Contact No.(Home)	
Email Address		TCA	= No YES	eCode	No *
KYC	= No YES	NCD Endorsement(%)	50	eCode Reason	No
NCD Protection	No			Private Hire	No

Accident Details

Report Date	18/09/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Skid Stop
Date of Accident	17/09/2019	Time of Accident (hh:mm)	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ECP TOWARDS MCE				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	45 DUNDEE WALK	Address 2	PRANKEL ESTATE	Address 3	SINGAPORE 450242
Address 4		Address Type	Singapore address	Post Code	450342
Unit No.		Related Policy Number	5097047101-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/01/1969
Unnamed driver Name	TAN HONG GUAN	Driver NRIC	S1438130E	Driving Experience	41
Register Date of Driver License	01/06/1978	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	83811119	Contact No.(Office)		Address 3	SINGAPORE 530412
Address 1	BLK 412 #02-1242	Address 2	HOUANG AVENUE 10	Post Code	530412
Address 4		Address Type	Foreign address		
Unit No.	02-1242			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLV4916Z		

Declaration

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

Claim 001 NEW

Claim Type *	OD-ME	Insured Name	CHEW CHEE KIAN	Insured NRIC	573149598
Contact No.(Mobile)	96395996	Contact No.(Home)	84407243	Contact No.(Office)	
Email Address	instan@bpc-group.com	Vehicle Number	SLV4916Z	Vehicle Number	PM45725
Claim Description	SLV4916Z / PM45725 ON 17-Sept 2019				
Preferred Workshop	Insured Liability	Not at Fault			
Submit No. Finalisation	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	18/09/2019 15:03	Claim Close Date		Date Received	18/09/2019 15:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1062988	Claim No.	001
Last Dct. Received	* Yes No	Upload Date	18/09/2019 15:02

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Please Select *	NO *	Normal *	
Choose File No file chosen	Please Select *	NO *	Normal *	
Choose File No file chosen	Please Select *	NO *	Normal *	
Choose File No file chosen	Please Select *	NO *	Normal *	
Choose File No file chosen	Please Select *	NO *	Normal *	
Choose File No file chosen	Please Select *	NO *	Normal *	
Message Board				Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	A
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Sep 2019 15:02	Photos	Normal	Photos 2019-9-18		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Sep 2019 15:02	Photos	Normal	Photos 2019-9-18		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Sep 2019 15:02	Photos	Normal	Photos 2019-9-18		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:02	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:02	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:02	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:01	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:01	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:01	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:01	Photos	Normal	Photos 2019-9-18
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:01	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 16:01	SAS	Normal	SAS 2019-9-18

Video List

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

Hello, NAC_BUKIT_MERAH_800676

[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="17/09/2019 15:06"/>							
Vehicle No. (For Motor)	<input type="text" value="SLV4916Z"/>	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"/>	5097047101-01		CHEW CHEE KIAN	S73149598	GPC	drive CLASSIC	SLV4916Z	SLV4916Z	29/12/2018	28/12/2019
<input type="button" value="Continue"/>										