NATIONAL Assessment Centre Services. (wef 1 Jan'08). NM1409192816?

Date In: 27/09/2019 15:40	Job description	Date &Time Completed	Done by
Ref No. NBA/INC/19/07474	SAS e-filing		
Veh No: SMC7784E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2019 01:30	I-Motor Claim Form	M7/1064310-001	27/09/2019 16:11
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SGU 6666D 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%. F: 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: ( )

[illegible]	Completed	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:

NM1907274

Customer Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Invoice Billing Code		Amount ($)	Waived
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($40)		
3) TF: Towing Fee	$40/$45		
4) PT: Follow-Through Survey	$120		
5) PT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR: Re-inspection			
7) N1: Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
* N5: Courtesy Car / Tpt Allowance	$5		
* N6: Repair Co-ordination	$10		
* N7: Post Repair Inspection	$25		
* N8: DV / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$30		
9) N12: Idac Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cat. E

2/E

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 witholding 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	27/09/2019 15:40
Date Of Accident	27/09/2019 01:30
Exact Location Of Accident	AIRPORT T2 ARRIVAL HALL TOWARDS PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC7784E
Insured/Policyholder	
Name Of Registered Owner	STEVE TAN SHU QIANG (CHEN SHUQIANG)
NRIC No	S8305574Z
Email Address	STEVE9142@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97889142
Alternative Phone No	OTHERS-97889142
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105863148
Cover Note Number	
Driver	
Name of Driver	STEVE TAN SHU QIANG (CHEN SHUQIANG)
NRIC No	S8305574Z
Date Of Birth	10/02/1983
Occupation	INDOOR
Date Of Driving Pass	28/06/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97889142
Fax Number	
Contact Number	OTHERS-97889142
EMail Address	STEVE9142@GMAIL.COM

Address	BLK 409 PANDAN GARDENS #06-66
Postcode	600409
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : MS VALERIE LIM GENDER: : FEMALE
Passenger 2	NAME: : MRS LIM 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU6646D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL AZEEZ ANWER ALIKHAN
NRIC/Passport Number	
Contact Number	96442565
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.

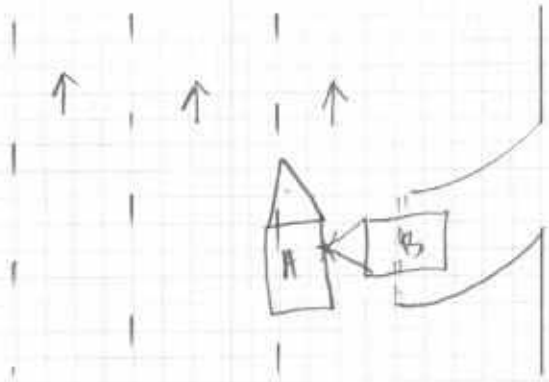
Policyholder's Signature
Date & Time: 27/09/2019 1330

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/09/2019 1330

Reporting Centre Personnel's Signature: 27/09/2019
Name:
NRIC/FIN No.:

Veh A: SMC7784E
Veh B: SGU6646D

SKETCH PLAN AIRPORT T2 ARRIVAL TOWARDS PIE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 Sep 2019 at 0130hrs, I was driving my Veh A (SMC7784E) from Airport T2 Arrival towards PIE. The traffic light was green. Suddenly Veh B (SGU6646D) move out from the side road. I sounded my horn but the Vehicle B doesn't come to a stop. To avoid collision, I swerve my car to the next lane. Veh B hit onto the centre right of my vehicle A.

No injury. No police report done.

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:	27/09/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Claim Handling

Accident MT/1064370

Policy No.	S105863148	Vehicle No.	SMC7784E	GST Registration No.	
Certificate No.					
Policyholder Name	STEVE TAN SHU QIANG (CHEN SHUQIANG)			Policyholder NRIC	S8305574Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97889142	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	27/09/2019 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2019	Time of Accident hh:mm	01:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT T2 ARRIVAL HALL TOWARDS PIE				

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	1,300.00	Outside Singapore TP Excess	1,300.00		

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 409 #06-66	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600409
Address 4		Address Type	Singapore address	Post Code	600409
Unit No.		Related Policy Number	S105863148		

01 Driver Info

Driver Name	STEVE TAN SHU QIANG (CHEN SHU QIANG)	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8305574Z	Driver DOB	10/03/1983
Regular Date of Driver License	28/06/2004	Driver Age	36	Driving Experience	15
Contact No.(Mobile)	97889142	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 409 #06-66	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600409
Address 4		Address Type	Singapore address	Post Code	600409
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMC7784E	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	STEVE TAN SHU QIANG (CHEN S	Insured NRIC	S8305574Z
Contact No.(Mobile)		Contact No. (Home)	65671367	Contact No. (Office)	
Email Address		OI Vehicle Number	SMC7784E	TP Vehicle Number	SGU8648D
Claim Description	SMC7784E / SGU8648D ON 27 Sept 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Reinstate No Fine/Suspension	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/09/2019 16:14	Claim Close Date		Date Received	27/09/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1064370	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/09/2019 16:17

Path *		Category *	Confidential	Urgency *	Description *
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? (DD)
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 16:17	Photos	Normal	Photos 2019-9-27	
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 16:16	Photos	Normal	Photos 2019-9-27	
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 16:16	Photos	Normal	Photos 2019-9-27	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:16	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:16	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:16	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:16	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	Photos	Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Sep 2019 16:14	SAS	Normal	SAS 2019-9-27

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action

Display in New Window | Scan and uploading

① Date of Birth →
② Pass Date of D/L →

Email: jbl@idac.com.sg Tel no: 6555 6111

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27/09/2019 (dd/mm/yy) Time of Accident: 01 : 30 (24-HR-FORMAT)

Vehicle No. : SMC 7784E Vehicle Make & Model: VW Jetta Private Hire : (Y) N)

Exact location of Accident: Airport T2 Arrival towards PIE

Policyholder's Name / IC No. : STEVE TAN SHUQIANG S8355742

Driver's Name / IC No. : STEVE TAN SHUQIANG S8355742 (As Above) ☐

Driver's Contact No. : 97889142 Company Contact No (Company Veh Only):

Driver's Address: BIK 409 Pandan Garden #06-66

Email address : steve9142@gmail.com Insurance Company: NTUC

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):** 03

***Passanger Name:** Ms Valerie Lim Gender: Male / (Female)
***Passanger Name:** Mrs Lim Gender: Male / (Female)

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' 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: ABDUL AZEEZ ANWER ALIKHAN Vehicle No: SGU 6646D

Driver's Contact No: 96442565 Insurance Company :

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company :

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: ~~ELITES PERPREMIUM AUTO~~ Contact No: ~~65 900 9099 9558~~

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SMC7784E

Date of Accident 27/09/2019 15:35

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5105863148		STEVE TAN SHU QIANG (CHEN SHUQIANG)	S8305574Z	GPC	drivo CLASSIC	SMC7784E	SMC7784E	29/11/2018	27/02/2020

Continue