

NATIONAL Assessment Centre Services.

(Self & Jan 05)

11/4/9137316

Date In: 16/10/2019 14:32	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9018297/4	SAS e-filing		
Veh No: PC2427 J	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 14/10/2019 10:00	I-Motor Claim Form	16/10/2019 16:44	
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: SGH 4401A

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: ()

General Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time: ()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

11/4/907967

Client/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (yes 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* NG: Repair Co-ordination \$10	
	* NA: Post Repair Inspection \$25	
	* ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idea Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

11/4/907967

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	16/10/2019 14:32
Date Of Accident	14/10/2019 10:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2427J
Insured/Policyholder	
Name Of Registered Owner	THYE HUA KWAN MORAL CHARITIES LIMITED
Co Reg No	201130733N
Email Address	LEESEEYEOW@THKMC.ORG.COM
Mobile Phone No	(LOCAL) +65-92998000
Alternative Phone No	OFFICE-84852760

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5063825995-05
Cover Note Number	

Driver

Name of Driver	TAN POH HUA
NRIC No	S1155933F
Date Of Birth	04/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92998000
Fax Number	
Contact Number	OTHERS-84852760
Email Address	LEESEEYEOW@THKMC.ORG.COM

Address	BLK 148 SILAT AVENUE #10-10
Postcode	160148
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	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)	5
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE
Passenger 3	NAME: : COLLEAGUE GENDER: : FEMALE
Passenger 4	NAME: : COLLEAGUE 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 ATTACHMENT

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	SGH4401A
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MESIR BIRGUN
NRIC/Passport Number	S7978650J
Contact Number	97235980
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.



太和理 THK

THYE HUA KWAN MORAL CHARITIES LTD.

Policyholder's Signature

Date & Time:

Ken Peh

Driver's Signature

(If driver is not the policyholder)

Date & Time:

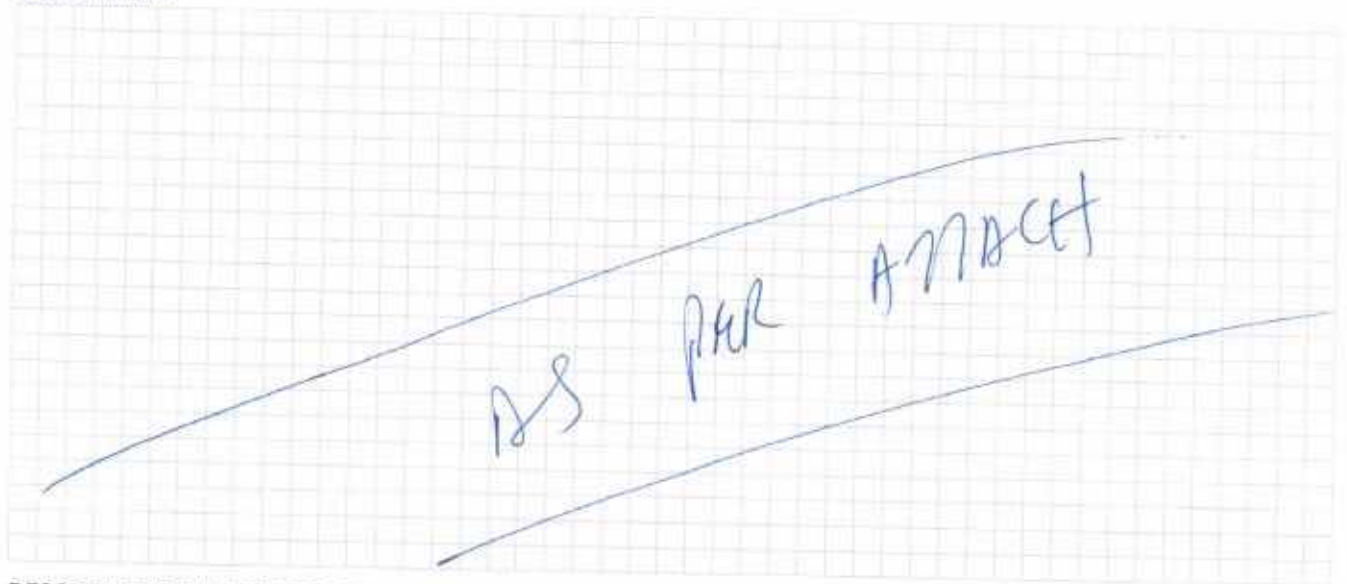
16/02/19
Ken Peh

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text entry. A diagonal line is drawn across the middle of this section. The text 'AS PER ATTACHMENT' is written in blue ink, following the path of the diagonal line.


DECLARATION

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



太和觀 THK
THY HUA KWAN MORAL CHARITIES LTD

Policyholder's Signature
Date & Time:

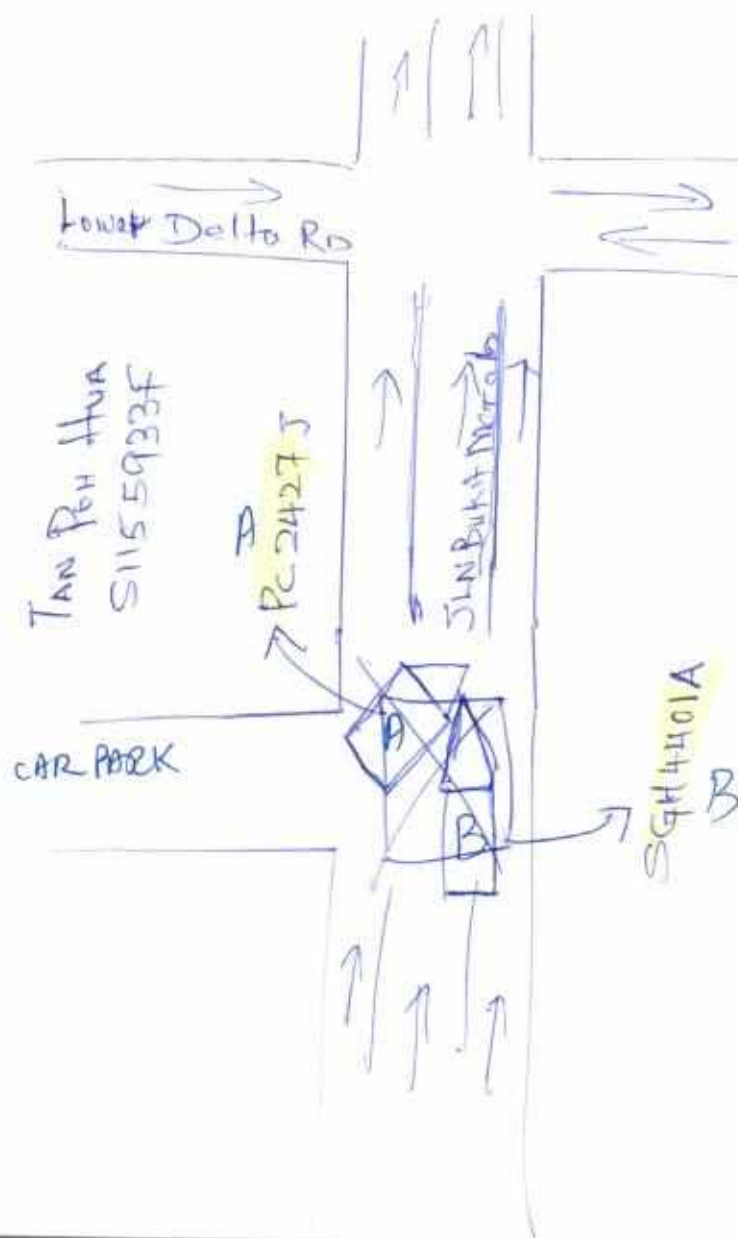

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

On 14/10/19 about 10AM I was exiting from BLC 113 ~~to~~
 < Park to Main Road JLN Bukit Merah There is a yellow
 Box at JLN Bukit Merah towards Lower Delta Road
 and traffic ^{light} was red a traffic was stalled until
 yellow Box. I slowly drove out to yellow Box
 and filter to 2nd land. Suddenly SGH 4401A from
 2nd land didn't stop before yellow Box when
 traffic stalled from Junction Lower Delta Rd
 to the yellow Box. SGH 4401A hit at my
 Right Bumper and dented.

Tan Poh Hua

16/10/19



THE HUA KWAN MORAL CHARITIES LTD

太和堂 THK



Tan Poh Hua

16/10/19

*16/10/2019
 Aisha Wani*

Claim Handling

Accident MY/1067207

Policy No.	5063025995-05	Vehicle No.	PC2427	GST Registration No.	201130733N
Certificate No.					
Policyholder Name	THYE HUA KWAN MORAL CHARITIES LIMITED	Cover Type	Comprehensive	Policyholder NRIC	201130733N
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92996000	Special Remark		Contact No.(Home)	
Email Address		TCA	< No - Yes	eCode	No
KF#	< No - Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	16/10/2019 16:33	Accident Report within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/10/2019	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BUKIT MERAH				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
Benefit					
Coverage		Sum Insured	17000		
Accessory					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/12/2012		
GST Registration No.	201130733N	GST Status Verified	Yes		
Modification History	14/10/2019 16:43:57 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	1 NORTH BRIDGE ROAD	Address 2	#21-08 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.	21-08	Related Policy Number	5102492389-01		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN POH HUA	Driver NRIC	S1155933F	Driver DOB	04/01/1956
Register Date of Driver License	23/02/1978	Driver Age	63	Driving Experience	41
Contact No.(Mobile)	84852760	Contact No.(Office)		Contact No.(Home)	
Address 1	BK 140 # 10-10	Address 2	SILAT AVENUE	Address 3	SINGAPORE 180148
Address 4		Address Type	Foreign address	Post Code	180148
Unit No.	10-10				
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	PC2427	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes < No		

Modification History

Claim 001

New

Claim Type *	OD-RE	Insured Name	THYE HUA KWAN MORAL CHAR	Insured NRIC	201130733N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	83371201
Email Address	amyksh@thmc.org.sg	Vehicle Number	PC2427	TP Vehicle Number	SGH46CJA
Claim Description	PC2427 / SGH46CJA ON 14 Oct 2019				
Preferred Workshop	Insured Liability	Not at Fault			
Confirmed No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Date	16/10/2019 16:44
Report Taken By				Date Received	16/10/2019 00:00
Print A4 letter					
Save Submit					

Attachment

Accident No.	HT1067207	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	16/10/2019 16:44		
Path *					
Choose File	No file chosen	Category *	Confidential		
Choose File	No file chosen	Urgency *	Normal		
Choose File	No file chosen	Description *			
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Message Board					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:44	Photos	Normal	Photos 2019-10-16	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:44	Photos	Normal	Photos 2019-10-16	

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 19) (DD/MM/YYYY), TIME: (10:50 AM) (HH:MM)

LOCATION: JLN Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: P27427J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 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: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 92998000
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: TAN Poh Hua (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: S1155933F CONTACT: 84852762
 f) ADDRESS: BLK 148, #10-10 SNAPE Avenue

* d) DATE OF BIRTH: (24 / 01 / 1957) (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: SGH4401A MODEL: Toyota Corolla
 b) DRIVER'S NAME: MEHET BIRGIN
 c) NRIC/FIN/PASSPORT: S7978650J CONTACT: 97235980

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email = leeseeyow@THKMC.org.sg
 VIDEO

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="14/10/2019 14:13"/>
Vehicle No.(For Motor)	<input type="text" value="PC2427J"/>	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"/>	5063825995-05		THYE HUA KWAN MORAL CHARITIES LIMITED	201130733N	GBS	Comprehensive	PC2427J	PC2427J	20/12/2018	19/12/2019