

NATIONAL Assessment Centre Services.

Print 1 Jan 2005

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Date In:	Job description	Date & Time Completed	Done by
26/10/2019 12:17	SAS e-filing		
Ref No: NA/INC19019022/Y	E-mail (Johns Shrs, AIC Shrs)		
Veh No: STG 6507K	I-Motor Claim Form	26/10/2019 18:25	26/10/2019 13:07
DOA: 26/10/2019 18:25	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP < Reporting Only	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: Vch No: SUK 3329 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	Actions

NA1908017

Charge/Description	Amount
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100); INC (\$40)	
3) TP: Towing Fee	\$40/\$43
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (val 10 Jan 2005)	
6) TR: Re-inspection	\$73
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON*	
*N5: Courtesy Car / Tpl Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$23
*N8: DV / Collect Excess Coordination	\$3
TP (NI); TP (Non INC) against INC	\$20
9) NI: Idas Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors Comments: \_\_\_\_\_

Pat 1: \_\_\_\_\_

2 / 2

## 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 willful 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	26/10/2019 12:17
Date Of Accident	25/10/2019 18:25
Exact Location Of Accident	UPPER PICKERING ST OUTSIDE ENTRANCE OF PARKROYAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6507K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GUAN QUN
NRIC No	S8637972D
Email Address	GUANQUN86@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96740819
Alternative Phone No	OTHERS-96740819
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	SYLPHY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110829470
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN GUAN QUN
NRIC No	S8637972D
Date Of Birth	29/12/1986
Occupation	INDOOR
Date Of Driving Pass	03/05/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96740819
Fax Number	
Contact Number	OTHERS-96740819
EMail Address	GUANQUN86@HOTMAIL.COM

Address	BLK 108 PASIR RIS STREET 11 #08-60
Postcode	510185
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)	1

#### 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	SLK332S
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEHYAL KAMAL BIN SHIKH DAUD
NRIC/Passport Number	S1424844G
Contact Number	98538520
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

## 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:

26/10/2019 11:25hrs

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature

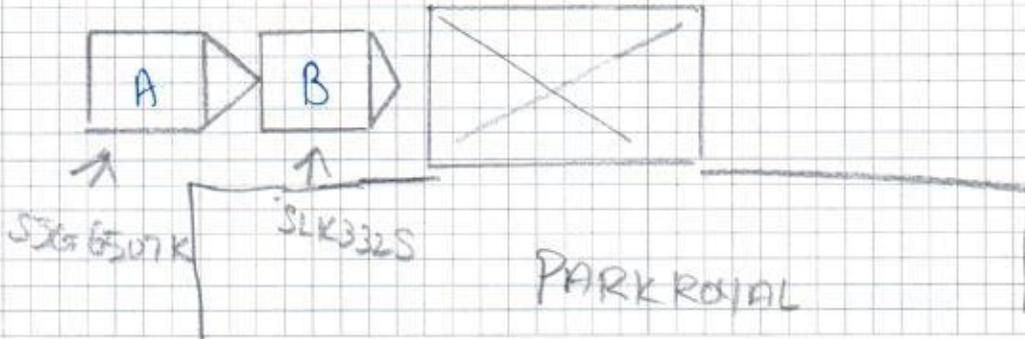
Name:

NRIC/FIN No.:

26/10/2019  
Keshu Chandra

**SKETCH PLAN**

ALONG UPPER PICKERING ST OUTSIDE ENTRANCE OF PARK ROYAL



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 25/10/2019, at about 6:25pm, on upper pickering street, outside the entrance to PARKROYAL (yellow box), an accident occur between S566507K and SLK332S. The road was heavy with traffic and every cars on the street were stacked back to front.

As there were space in front of the car before me, I anticipated that he would move and I proceed in front. unfortunately, I bumped into the car in front as he did move.

We alighted and exchange particulars. I noticed the Attagee's back bumper to be unclipped. No ~~severe~~ severe damages were observed. As it was a PHV driver, the passenger alighted his vehicle and walked off. No injuries were observed or declared.

**DECLARATION**

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

Policyholder's Signature \_\_\_\_\_  
 Date & Time: 26/10/2019 1140hrs.

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 10 / 2019) (DD/MM/YYYY), TIME: (18:25) (HH:MM)

LOCATION: Along Upper Pickering Street <sup>outside</sup> entrance of PARKROYAL.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG 6507K  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5110829470  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN SYLPHY 2.0  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
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 GUAN QUN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8637972D CONTACT: 96740819  
c) ADDRESS: BK 185 Pasir Ris Street 11 #08-60  
Singapore S10185

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

## DRIVER

- a) NAME: TAN GUAN QUN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8637972D CONTACT: 96740819  
c) ADDRESS: BK 185 Pasir Ris Street 11 #08-60  
Singapore S10185

\*d) DATE OF BIRTH: (29 / 12 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3/5/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SLK 332 S MODEL: Mitsubishi Attrage  
b) DRIVER'S NAME: DEHYAL KAMAL BIN SHIKH DAUD  
c) NRIC/FIN/PASSPORT: S1424844G CONTACT: 98538520

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email = guanqun86@hotmail.com

VIDEO

**Claim Handling**

Accident MT/1068689

Policy No.	5110829470	Vehicle No.	SJG6507K	GST Registrati
Certificate No.				
Policyholder Name	TAN GUAN QUN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96740819	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	26/10/2019 12:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/10/2019	Time of Accident hh:mm	18:25	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER PICKERING ST OUTSIDE ENTRANCE OF PARKROYAL			

▼ **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	0			
Total OD Excess Applicable	600.00	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 185 #08-60	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-60	Related Policy Number	5110829470	

▼ **OI Driver Info**

Driver Name	TAN GUAN QUN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8637972D	Driving Experi
Register Date of Driver License	03/05/2011	Driver Age	32	Contact No.(H
Contact No.(Mobile)	96740819	Contact No.(Office)		Contact No.(H
Address 1	BLK 185 #08-60	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-60			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJG6507K	Driver Insurer

Declaration

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

**Claim 001** New

Claim Type *	OD-MX	Insured Name	TAN GUAN QUN
Contact No.(Mobile)	96740819	Contact No.(Home)	6511
Email Address	guanqun86@hotmail.com	OI Vehicle Number	SJK
Claim Description	SJG6507K / SLK332S ON 25 Oct 2019		
Preferred Workshop	Preferred	Insured Liability	Fully at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/10/2019 13:06	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			



Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110829470		TAN GUAN QUN	S8637972D	GPC	drive CLASSIC	SJG6507K	SJG6507K	10/07/2019	09/07/2020

Continue