

NATIONAL Assessment Centre Services.

(wef 1 Jan'08)

1142
15:50
MAY 19/146886

Date In: 06/11/2019	Job description	Date & Time Completed	Done by
Ref No: NED/INC 19019593/4	SAS e-filing		
Veh No: GBC 80983	E-mail (Vehicle 2hrs, A/C 2hrs)		
D.O.A: 24/10/2019	I-Motor Claim Form	M/1069/27-002	06/11/2019
OD: TP / Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		12:11
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCA 9909J	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 repair.

() 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 of Incident:	
Location:	
Weather:	
Time of Day:	
Other:	

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged 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 claim against INC Only (wef 10 Jan 2008)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	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 (Nil) / TP (Nil INC) against INC \$20	
	*N12: Ideal 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	06/11/2019 11:42
Date Of Accident	29/10/2019 15:50
Exact Location Of Accident	ACCESS ROAD OF 383 SIN MING DRIVE TTS CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3098J
Insured/Policyholder	
Name Of Registered Owner	KWANTUM LEAP
Co Reg No	53199765X
Email Address	THYEKWAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90602727
Alternative Phone No	OFFICE-97682729

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105640369
Cover Note Number	

Driver

Name of Driver	TAN THYE KWAN
NRIC No	S0102227Z
Date Of Birth	22/01/1948
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90602727
Fax Number	
Contact Number	OTHERS-97682729
EMail Address	THYEKWAN@GMAIL.COM

Address	BLK 37 TANGLIN HALT ROAD
	#02-139
Postcode	140037
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	COLLIDED INTO PARKED VEHICLE
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	SKA9909J
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO GEOK HWA
NRIC/Passport Number	S1428786H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

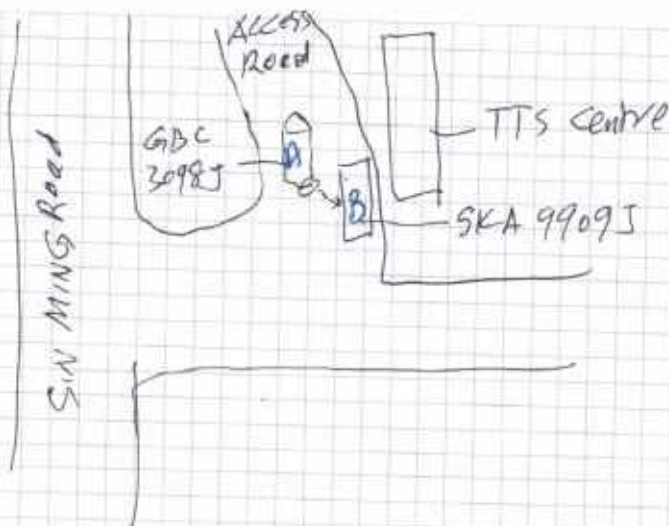


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/11/19

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

SKETCH PLAN



A) GBC 3098J

B) SKA 9909J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing reversing at the access Road of TTS Centre 383 Sin Ming Drive. Without notice due to the blind spot of my right Car mirror, I had a hit on a parked car at the left front door of the car, SKA 9909J, causing a small scratches.

I was moving in a very slow space.

My right rear light was broken slightly

That's all.

Thank you

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(driver is not the policyholder)
Date & Time: 6/1/19

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29/10/2019 (DD/MM/YYYY), TIME: 3:50 ^{PM} (HH:MM)

LOCATION: Access Rd of 383 Sin Ming Drive TFS Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 3098J
 b) INSURANCE COMPANY: AMUC
 c) POLICY NUMBER: GHA 5105640369
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working for vehicle inspection at comfort centre
 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: Kwan Loo Suan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2002275 B CONTACT: 90602727
 c) ADDRESS: Blk 22 Havelock Rd #12-689
Singapore 160022

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Thye Kuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 501022272 CONTACT: 97682729
 c) ADDRESS: Blk 37 Tanglin Halt Road #02-139
Singapore 140037

*d) DATE OF BIRTH: 27/01/1948 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/11/1973

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) good

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: GKA 9909J MODEL: Mercedes
 b) DRIVER'S NAME: Yeo Geok Hua
 c) NRIC/FIN/PASSPORT: SKA 28786H CONTACT: NA

9. THIRD PARTY VEHICLE

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

Email = ThyeKuan@gmail.com

VIDEO

Claim Handling

Accident MT/1069127

Policy No.	5105640369	Vehicle No.	GBC3098J	GST Registrati
Certificate No.				
Policyholder Name	KWANTUM LEAP			Policyholder NI
Product Code	COMMERCIAL VEHICLE (INSURANCE)	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	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(%)	0	Private Hire

▼ Accident Details

Report Date	30/10/2019 13:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/10/2019	Time of Accident hh:mm	16:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	383 SING MING DRIVE (TTS EUROCARS)			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/1
GST Registration No.	M90366866J	GST Status Verified	Yes
Modification History	30/10/2019 13:42:58 System changed GST Registered from No to Yes 30/10/2019 13:42:58 System changed GST Registration No. from null to M90366866J 30/10/2019 13:42:58 System changed GST Registration Date from null to 01/11/2011		

▼ Policyholder Mailing Address

Address 1	BLK 22 #12-689	Address 2	HAVELOCK ROAD	Address 3
Address 4	SINGAPORE 160022	Address Type	Singapore address	Post Code
Unit No.	12-689	Related Policy Number	5105640369-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Preferred

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name KW

90602727 Contact No. (Home)

OI Vehicle Number GB

GBC3098J / SKA9909J ON 29 Oct 2019

Fully at Fault Insured Liability

Preferred Workshop, Name unknown

GIA report Received

06/11/2019 12:11 Claim Close Date

ROSJI WAHAB

Save Submit

Attachment

Accident No. MT/1069127

Last Doc. Received

Claim No. 002

Upload Date

* Yes No

Path *

06/11/2019 12:11

Choose File DSCN3263.JPG
 Choose File DSCN3264.JPG
 Choose File DSCN3265.JPG
 Choose File DSCN3266.JPG
 Choose File DSCN3269.JPG
 Choose File DSCN3270.JPG
 Message Read

Clear	Category *	Confider
Clear	Photos	NO
Clear	Photos	NO
Clear	Photos	NO
Clear	Photos	NO
Clear	Photos	NO
Clear	Photos	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:11	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:11	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:11	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:11	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:11	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:11	SAS	Normal	S

Video List

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/10/2019 11:31"/>
Vehicle No. (For Motor)	<input type="text" value="GBC309BJ"/>	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 checked="" type="radio"/>	5105640369		KWANTUM LEAP	53199765X	GCV	Third Party, Fire & Theft	GBC309BJ	GBC309BJ	26/11/2018	25/11/2019