

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

MINA 19149236

Date In: 11/11/19 16:50	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19019964/F	SAS e-filing		
Veh No: 89H8310C	E-mail (to John Shier, AIC 2hrs)		
DOA: 08/11/19 1145	I-Motor Claims Form	MT/10 70862-001	11/11/19 5:12pm
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 89H8310C	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/Time	Activity

MINA 908551	Invoice
Claimant's Particulars:	1) AIR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Author's Comments:	For claiming against INC Only (ver 10 Jan 2000)
Ref 1:	6) TR: Re-inspection \$75
2 / 3	7) NI: Ideal DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TE (NI): TP (N/A INC) against INC \$20
	9) NI2: Ideal Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	11/11/2019 16:50
Date Of Accident	08/11/2019 11:45
Exact Location Of Accident	INSIDE MALAYSIA CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8310C
Insured/Policyholder	
Name Of Registered Owner	TAN SEE LIN
NRIC No	S0061101H
Email Address	STEVEHOW003@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97522619
Alternative Phone No	OFFICE-97522619

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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

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	5071975020-04
Cover Note Number	

Driver

Name of Driver	LOW KAM SENG
NRIC No	S0027282E
Date Of Birth	05/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331101
Fax Number	
Contact Number	
EEmail Address	STEVEHOW003@HOTMAIL.COM

Address	BLK 28 ALEXANDRA VIEW #32-12
Postcode	158744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SGA8255R ✓
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96729563
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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

VEHA : SGH 8310C
VEHB : SGA 825SR
VENUE : ^{inside} Malaysia checkpoint

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police
Report no. G/2017 11/0/2044

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**



G/20191110/2044

1 of 2

POLICE REPORT (NP299)

Report No. G/20191110/2044

Police Station Of Origin
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Date/Time Report Made 10/11/2019 14:29	Vide Report No.	Station Diary No. 9
Name Of Informant LOW KAM SENG	Address BLK 28 ALEXANDRA VIEW #32-12 SINGAPORE 158744	
ID Type / ID No. NRIC NO / S0027282E	Contact No. Home/Office	Mobile 97331101
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 66
Institution/School Name	Date of Birth 05/05/1953	Race Chinese
Date/Time Of Incident 08/11/2019 11:45	Location Of Incident Johor Bahru MALAYSIA	

Brief details.

On 08/11/2019 at about 1145hrs, I was driving in my car Toyota Altis, registration plate number SGH8310C. I had already cleared the Malaysian custom checkpoint and was still inside the custom compound. The traffic was very heavy and the vehicles were moving very slowly. Suddenly, a car bearing registration plate number, SGA8255R collided onto my car from the rear. I alighted from my car to make a check however there were no visible damages on both our cars.

The said driver claimed that it was my mistake and wanted to claim from my insurance company. The

Signature Of Officer Recording The Report:

G / Staff Sgt LEE WEE CHANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp TAY JIA YING JASMINE
Contact No.: 62440000

Authentication Stamp

Signature Of Informant:

Date/Time:
10/11/2019 14:29

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20191110/2044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191110/2044

driver is one Mr Yeo, a male Chinese in his thirties and his contact number is 9672 9563. We did not sustained any injuries.

I am lodging this report for record and insurance purposes.

Signature Of Officer Recording The Report:

G / Staff Sgt LEE WEE CHANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp TAY JIA YING JASMINE
Contact No.: 62440000

Authentication Stamp

Signature Of Informant:

Date/Time:
10/11/2019 14:29

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 11 / 9) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: INSIDE MALAYSIA CHECKPOINT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGH 8310C
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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 SEE LIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0061101H CONTACT: 97522619
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97331101
c) ADDRESS: _____

* d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SGA 825SR MODEL: 9
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96729563

9. THIRD PARTY VEHICLE

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

email = staveh01003@hotmail.com
VIDEO

Claim Handling

Accident MT/1070862

Policy No.	5071975020-04	Vehicle No.	SGH8310C	GST Registrati
Certificate No.				
Policyholder Name	TAN SEE LIN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97522619	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire

▼ Accident Details

Report Date	11/11/2019 17:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/11/2019	Time of Accident hh:mm	11:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	INSIDE MALAYSIA CHECKPOINT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	500.00	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	28 ALEXANDRA VIEW	Address 2	#32-12 ALEX RESIDENCES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5071975020-04	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LOW KAM SENG	Driver NRIC	S0027282E	Driver DOB
Register Date of Driver License	29/01/2015	Driver Age	66	Driving Experie
Contact No.(Mobile)	97331101	Contact No.(Office)		Contact No.(Hi
Address 1	28 ALEXANDRA VIEW	Address 2	#32-1232-12 ALEX RESIDENCE	Address 3
Address 4	SINGAPORE 158744	Address Type	Singapore address	Post Code
Unit No.	32-12			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		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
Contact No.(Mobile)	97522619	Contact No. (Home)	64
Email Address	elina.tan.see.lin@gmail.com	OI Vehicle Number	SG
Claim Description	SGH8310C / SGAB255R ON 8 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/11/2019 17:11	Claim Close Date	
Report Taken By			

Print AK letter

Attachment



Accident No. MT/1070862 Claim No. 001
 Last Doc. Received * Yes No Upload Date 11/11/2019 17:12

Path *

Category *

Confider

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:12	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:12	SAS		Normal	S
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:12	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:12	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:12	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:11	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:11	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:11	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:11	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:11	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Nov 2019 17:11	Photos		Normal	Phc

Video List

Uploaded By/Date

Folder Date

File Name



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="08/11/2019 15:02"/>
Vehicle No.(For Motor)	<input type="text" value="SGH8310C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071975020-04		TAN SEE LIN	S0061101H	GPC	Third Party, Fire & Theft	SGH8310C	SGH8310C	23/06/2019	22/06/2020

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NEA/INC190199641F Vehicle Registration No: SGH 8310C
Name (as shown in NRIC) : TAN SEE LIN NRIC/FIN/Passport No : 80061101H
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 28 ALEXANDRA VIEW #32-12 Singapore (58744)
Contact (Tel) : - Mobile No. : 97522619
Email Address : STEVEHOW003@HOTMAIL.COM
Date of Accident : 08/11/2019 Time of Accident : 11:45
Place of Accident : MALAYSIA / JOHOR DARUL TAKZIM
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend policy no.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pava Suraw
NRIC/FIN No.: S952639E
Date: