

NATIONAL Assessment Centre Services: [ver 1 Jan 2003]

MVA 119165007

Date In: 16/12/19 12:01	Job description	Date & Time Completed	Done by
Ref No: MA/INC 190 22081/64	SAS e-filing		
Veh No: SLH 9079 E	E-mail (within 3hrs, AIC 2hrs)		
DOA: 28/11/19 18:25	I-Motor Claim Form	MT/1075844-001	16/12/19 14:05
OT: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLC 242-K.	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: (INC hotline: 6788 6616)	Date & Time 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	Actions

MA1909275		Invoice Registration Checklist		Am (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30				
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)				
	6) TR: Re-inspection \$75				
	7) N1: Idac DA + SMRT Survey \$160				
	8) NTUC Additional Services:				
	ON:				
	*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 \$20				
	9) N12: Idac Mobile \$0				
	Invoice dated	Fax Charged			
	Invoice dated	Fax 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	16/12/2019 12:01
Date Of Accident	28/11/2019 18:25
Exact Location Of Accident	MCE TWDS CHANGI INSIDE THE TUNNEL VB2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9079E
Insured/Policyholder	
Name Of Registered Owner	TAN MENG SAN
NRIC No	S1440260H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98518336
Alternative Phone No	OFFICE-98518336

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106912668
Cover Note Number	

Driver

Name of Driver	TAN MENG SAN
NRIC No	S1440260H
Date Of Birth	18/06/1960
Occupation	INDOOR
Date Of Driving Pass	05/03/1984
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98518336
Fax Number	
Contact Number	OFFICE-98518336
EMail Address	NOEMAIL

Address	62 MARINE PARADE RD #20-06
Postcode	449298
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?	
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

REFER TO STATEMENT.

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	SLC242K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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:



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

SKETCH PLAN

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

DECLARATION

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



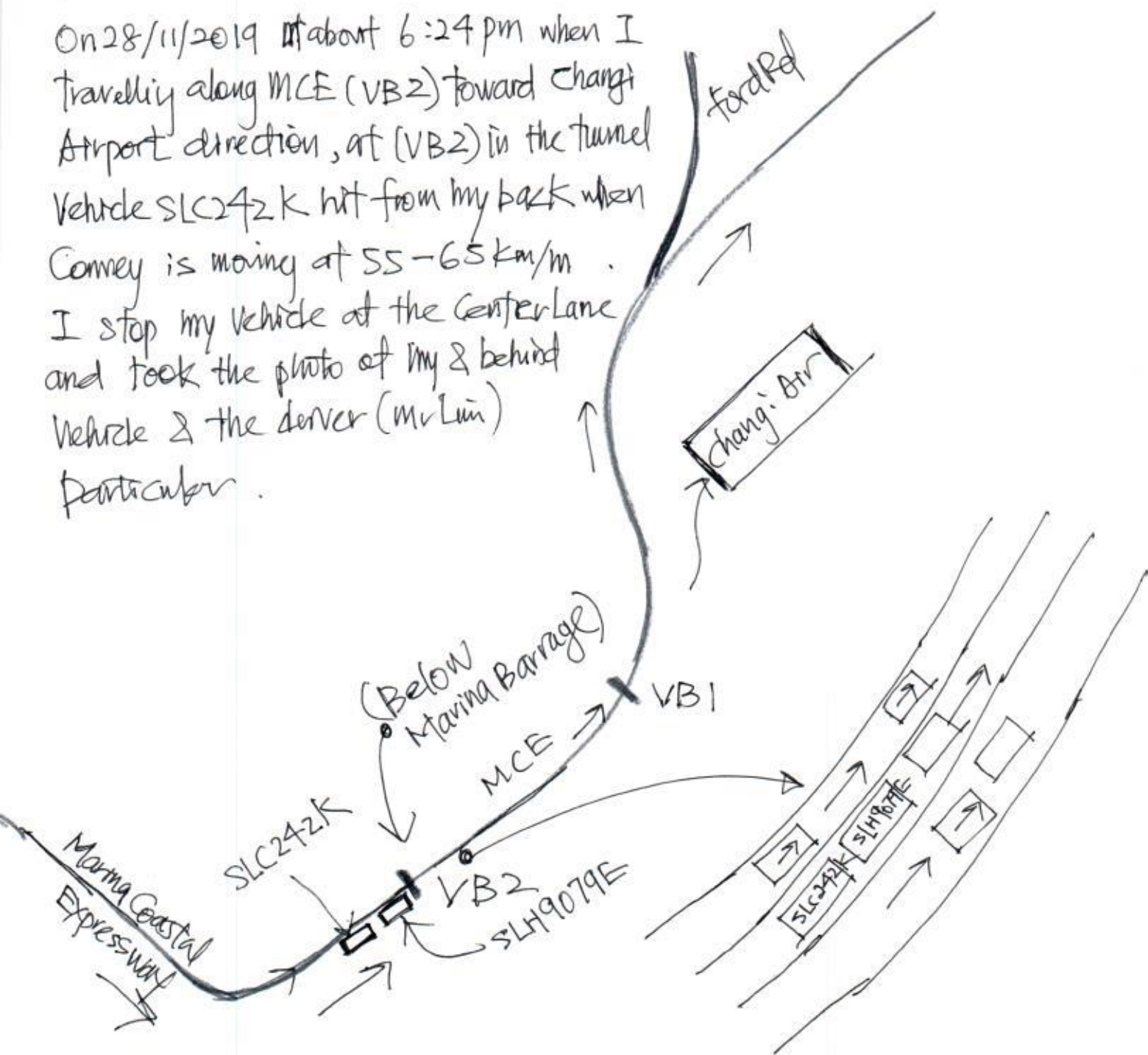
Policyholder's Signature
Date & Time:

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



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

On 28/11/2019 at about 6:24 pm when I travelling along MCE (VB2) toward Changi Airport direction, at (VB2) in the tunnel Vehicle SLC242K hit from my back when Convey is moving at 55-65 km/h. I stop my vehicle at the Center Lane and took the photo of my & behind vehicle & the driver (Mr Lim) Particular.



- 1) My Vehicle = SLH9079E (policy No = 5106912668)
(Name = Tan Meng San S1440260H)
- 2) Behind Vehicle = SLC242K
(Driver = Mr Lim Cheng Mong S25771802)
Driving Licence = S25771802
Apt B1K 413 Bedok Ave 2 # 09-160 S(460413)

ACCIDENT STATEMENT

ACCIDENT DATE: 28/11/19 (DD/MM/YYYY), TIME: 18:25 (HH:MM)

LOCATION: MCG twys Changi inside the tunnel VB2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 9079E
b) INSURANCE COMPANY: China Taiping
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: Private use
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 Meng San (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9851 8336
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SLC 242K MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

zero gravity

* CZ Monday

Email = AmLbuild@yahoo.com

fax =

VIDEO = Mo.

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/11/2019 11:54"/>							
Vehicle No. (For Motor)	<input type="text" value="SLH9079E"/>	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"/>	5106912668		TAN MENG SAN	S1440260H	GPC	drive CLASSIC	SLH9079E	SLH9079E	09/01/2019	08/01/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1075844

Policy No.	5106912668	Vehicle No.	SLH9079E	GST Registration No.	
Certificate No.					
Policyholder Name	TAN MENG SAN			Policyholder NRIC	S1440260H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98518336	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	16/12/2019 13:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/11/2019	Time of Accident Min:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE TWOS CHANGI INSIDE THE TUNNEL VB2				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	62 MARINE PARADE ROAD	Address 2	#20-06 COTE D'AZUR	Address 3	SINGAPORE 449298
Address 4		Address Type	Singapore address	Post Code	449298
Unit No.		Related Policy Number	5106912668		

OI Driver Info

Driver Name	TAN MENG SAN	Driver Type	Main Driver	Driver DOB	18/06/1960
Unnamed driver Name		Driver NRIC	S1440260H	Driving Experience	35
Register Date of Driver License	05/03/1984	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	98518336	Contact No.(Office)		Contact No.(Home)	
Address 1	62 MARINE PARADE ROAD	Address 2	#20-06 COTE D'AZUR	Address 3	SINGAPORE 449298
Address 4		Address Type	Singapore address	Post Code	449298
Unit No.					
Does he own a Singapore registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN MENG SAN	Insured NRIC	S1440
Contact No.(Mobile)	82011238	Contact No. (Home)		Contact No. (Office)	
Email Address	AMUBUILD@YAHOO.COM	OI Vehicle Number	SLH9079E	TP Vehicle Number	SLC24
Claim Description	SLH9079E / SLC242K ON 28 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Submit No. Investigation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	16/12/2019 14:04
Date Registered		Report Taken By	LEW SHAN HUI	Date Received	16/12/2019
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1075844	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	16/12/2019 14:05
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desci
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	16 Dec 2019 14:05	NRIC/ Driving License	Y
			Normal
			NRIC/ Driving License 2019-12-16



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 14:05	SAS	Normal	SAS 2019-12-16
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 14:04	Photos	Normal	Photos 2019-12-16
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 14:04	Photos	Normal	Photos 2019-12-16
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 14:04	Photos	Normal	Photos 2019-12-16
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