

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 19/12/19	Job description	Date & Time Completed	Done by
Ref No: N8A/INC19022324/13	SAS e-filing		
Veh No: 5BV4418M	E-mail (2 jobs 2hrs, A/C 2hrs)		
DOA: 19/12/19 1030	1-Motor Claims Form	MT/1076452-001	
OD: (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: XBF503T 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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() 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: ()

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	19/12/2019 12:43
Date Of Accident	19/12/2019 10:30
Exact Location Of Accident	CBD-BOUND AYE TO CTE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBV4418M
Insured/Policyholder	
Name Of Registered Owner	LIEW LAH PAN
NRIC No	S3041640F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92708186
Alternative Phone No	OTHERS-91142384
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	TAKE WIFE TO WORK
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	5114412588
Cover Note Number	
Driver	
Name of Driver	FODEN GARETH MARK
Passport No/FIN	G3230046X
Date Of Birth	14/02/1986
Occupation	INDOOR
Date Of Driving Pass	22/03/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91142384
Fax Number	
Contact Number	
EMail Address	GAZFODEN1@GMAIL.COM

Address	54 LAKESIDE DRIVE #09-20
Postcode	648317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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)	2
Passenger 1	NAME: : WONG JING LIN 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

PLS REFER TO THE ATTACHED 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	XB8503T
Vehicle Make/Model/Colour	VOLVO FMX
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG BENG POH
NRIC/Passport Number	S1416283F
Contact Number	9615910
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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

Subaru

Valley

CTE

AYE

Ropes

DAD

A - SRV4418M

B - XB8503T

Road works had closed a lane.
I indicated and moved to lane 2.
After entering lane 2 a truck tried
to squeeze past me but hit me.

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/2019) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: CBD-bound AYE to CTE Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBV 4418M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5114412588
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Subaru Impreza WRX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Take wife to work
 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: LIEW LAH PAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S3041640F CONTACT: 92708180
 c) ADDRESS: 81A Junong West St 81 #06-208 S 640814

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Gareth Mark Foden (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3230046X CONTACT: 9114 2384
 c) ADDRESS: 54 Lakeview Drive #09-20 S 648317

*d) DATE OF BIRTH: (14/02/1982) (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: Son in law

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: Called 999

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XB8503T MODEL: Volvo FMX
 b) DRIVER'S NAME: NG BENG POH
 c) NRIC/FIN/PASSPORT: S1416283F CONTACT: 9615 5910

9. THIRD PARTY VEHICLE

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

(2)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

WONG JING LIN

()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

1) EMAIL : gatzfoden1@gmail.com
 2) VIDEO : Ng

Policy Query

Policy No.	<input type="text" value="S114412588"/>	Date of Accident	<input type="text" value="19/12/2019 10:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SBV4418M"/>	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="checkbox"/>	S114412588		LIEW LAH PAN	92041640F	GPC	drive CLASSIC	SBV4418M	SBV4418M	03/12/2019	02/12/2020
<input type="button" value="Continue"/>										

Claim Handling

The premium on this policy has not been collected.

Accident MT/1076452

Policy No.

5114412588

Certificate No.

Policyholder Name

LIEW LAH PAN

Product Code

PRIVATE CAR INSURANCE

Contact No.(Mobile)

92708186

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

SBV4418M

GST Registration No.

Cover Type

4min CLASSIC

Contact No.(Office)

0

Special Remark

TCA

No

Yes

NCD Entitlement(%)

0

Policyholder NRIC

53041640F

Loading

0

Contact No.(Home)

0

eCode

No

eCode Reason

Private Hire

No

Report Date

19/12/2019 14:16

Date of Accident

19/12/2019

Reporting Centre

Accident Location

CRD-BOUND AVE TO CTE EXIT

Accident Report Within 24 hrs

Yes

Time of Accident (hh:mm)

10:30

Accident Type

Side Swipe

Country of Accident

Singapore

OCM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

TP Standard Excess

0.00

YIED TP Excess

0.00

Driver is Covered?

Covered

OO Standard Excess

1,500.00

YIED OO Excess

500.00

Additional Excess

0.00

Total OO Excess Applicable

2,000.00

Total TP Excess Applicable

0.00

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 514 #06-208

Address 2

JURONG WEST STREET 81

Address 3

SINGAPORE 640814

Address 4

Address Type

Singapore address

Post Code

640814

Unit No.

D6-208

Related Policy Number

5114412588

OT Driver Info

Driver Name

Unnamed Driver

Unnamed driver Name

FOOEN GARETH MARK

Register Date of Driver License

22/03/2018

Contact No.(Mobile)

91142384

Driver Type

Unnamed Driver

Driver NRIC

G3230046X

Driver Age

33

Driver DOB

14/02/1986

Contact No.(Office)

0

Driving Experience

1

Contact No.(Home)

0

Address 1

54 LAKESIDE DRIVE

Address 2

CASPIAN

Address 3

SINGAPORE 648317

Address 4

Address Type

Singapore address

Post Code

648317

Unit No.

#09-20

Does he own a Singapore Registered car?

Yes - No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyzer or Blood Test Reading?

0 mg

Any injury?

Yes - No

Modification History

Claim 001 OD-MX

New

Claim Type *

OD-MX

Insured Name

LIEW LAH PAN

Insured NRIC

53041640F

Contact No.(Mobile)

Contact No.(Home)

Contact No.(Office)

NIL

Email Address

Vehicle Number

SBV4418M

Vehicle Number

KB8503T

Claim Description

SBV4418M / KB8503T ON 19 Dec 2019

Name of Preferred Workshop

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred Workshop, Name unknown

GA report

Received

Date Registered

19/12/2019 14:23

Claim Close Date

Date Received

19/12/2019 00:00

Report Taken By

ROSINDA

Workshop Repairer

Total Loss but Repaired

Attachment

Accident No.

MT/1076452

Claim No.

001

Last Doc. Received

Yes - No

Upload Date

19/12/2019 00:00

Choose File

No file chosen

Clear

Please Select

Confidential

No

Urgency

Normal

Choose File

No file chosen

Clear

Please Select

Confidential

No

Urgency

Normal

Choose File

No file chosen

Clear

Please Select

Confidential

No

Urgency

Normal

Choose File

No file chosen

Clear

Please Select

Confidential

No

Urgency

Normal

Choose File

No file chosen

Clear

Please Select

Confidential

No

Urgency

Normal

Choose File

No file chosen

Clear

Please Select

Confidential

No

Urgency

Normal

Message Read

Send Message

Upload

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (OO)

Action

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:22

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-12-19

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:22

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-12-19

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:22

SAS

Normal

SAS 2019-12-19

Edit

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

1/2

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:22	Photos	Normal	Photos 2019-12-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:22	Photos	Normal	Photos 2019-12-19	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:21	Photos	Normal	Photos 2019-12-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:21	Photos	Normal	Photos 2019-12-19	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2019 14:21	Photos	Normal	Photos 2019-12-19	Edit
Video List					
Uploaded By/Date		Folder Date		File Name	
				Source	
				Action	
				Display in New Window	
				Scan and uploading	