NATIONAL Assessment Centre Services. [ver 1 Jan'09] MMA 119170052.

		Job description	Date & Time Completed	Done by
Date In	27/12/19 09:35			
Ref No	MA/INC190227401/64	SAS e-filing		
Veh No	SCW 168T	E-mail (within 3hrs, AIC 2hrs)		
DOA	20/12/19 10:30.	i-Motor Claim Form	MT/1077157-002	27/12/19 11:56.
OD	(D) Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
		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: Veh No: SLS 9143 U. 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 ( )

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 Routines 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	Action

MA 2000018

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2:

Invoice Preparation Checklist		Amt ($) Claimed	Amt ($) Audited
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
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:-			
OJT*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

CHECKED

CHECKED

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/12/2019 09:42

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 witholding 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	27/12/2019 09:35
Date Of Accident	20/12/2019 10:30
Exact Location Of Accident	TUAS CHECKPOINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCW168T
Insured/Policyholder	
Name Of Registered Owner	TAN WEE CHIN (CHEN WEIJUN)
NRIC No	SXXXX363H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96885660
Alternative Phone No	OFFICE-96885660
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD AUTO MOONROOF
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	5078080079-03
Cover Note Number	
Driver	
Name of Driver	TAN WEE CHIN (CHEN WEIJUN)
NRIC No	SXXXX363H
Date Of Birth	08/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96885660
Fax Number	
Contact Number	OFFICE-96885660
EMail Address	NOEMAIL

Address	10A EAST COAST RD
Postcode	428708
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	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?		
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)	7	
Passenger 1	NAME:	: UNKNOWN
	GENDER:	: MALE
Passenger 2	NAME:	: UNKNOWN
	GENDER:	: MALE
Passenger 3	NAME:	: UNKNOWN
	GENDER:	: MALE
Passenger 4	NAME:	: UNKNOWN
	GENDER:	: FEMALE
Passenger 5	NAME:	: UNKNOWN
	GENDER:	: FEMALE
Passenger 6	NAME:	: UNKNOWN
	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS9143U
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

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.

on behalf

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

A = SCW 168T
B = SLS 9143U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Upon exiting Tuas checkpoint towards Johor, vehicle B brushed against our car at a merging lane. Our car was ahead of car B and had the right of way. We exited Singapore on 20th December 2019 and only came back on 25th December 2019. Hence, the report was filed on 26 December 2019. My insurance company has been notified shortly after the accident on 20th Dec'19.

DECLARATION

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

On behalf

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.:

ACCIDENT STATEMENT

ACCIDENT DATE:(20 / 12 / 19.)(DD/MM/YYYY). TIME:(10 : 30.)(HH:MM)

LOCATION: Tuas checkpoint

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: SCW 168T
   b)INSURANCE COMPANY: IMC
   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 wee chin (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT: 96885660
   c)ADDRESS:

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (7)

3. DRIVER
   a)NAME: As Above. (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT:
   c)ADDRESS:

3M 3F

   *d)DATE OF BIRTH: (___/___/___)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)YEARS OF DRIVING EXPRERIENCE:
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:

*No of passenger (including driver) (___)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLS 9143 U 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:

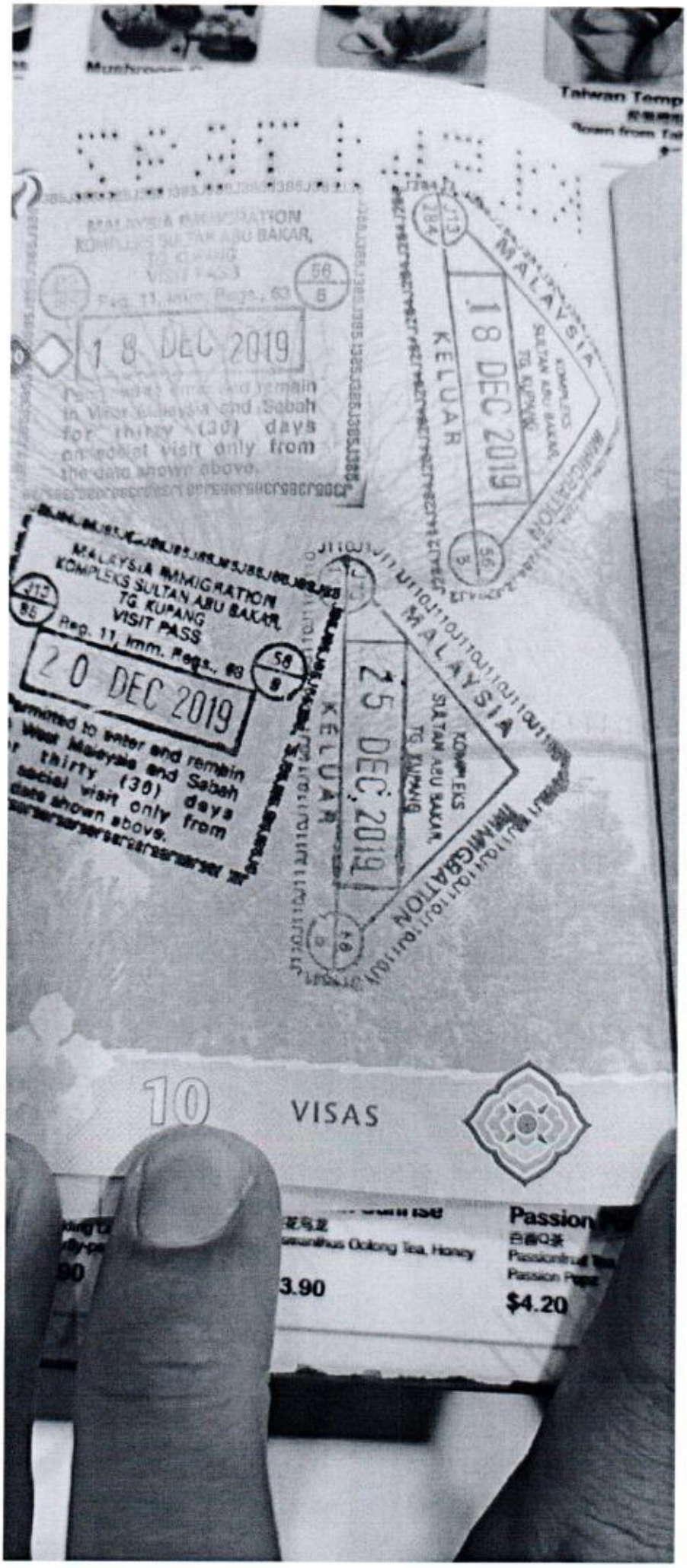
*No of passenger (including driver) (___)

* photo.

email = hazel_lian84@yahoo.com.

fax =

VIDEO = Yes.


MALAYSIA IMMIGRATION
KOMPLEKS SULTAN ABU BAKAR,
TG. KUPANG
VISIT PASS
Reg. 11, Imm. Regs., 63
18 DEC 2019
MALAYSIA
KELUAR
18 DEC 2019
MALAYSIA IMMIGRATION
KOMPLEKS SULTAN ABU BAKAR,
TG. KUPANG
VISIT PASS
Reg. 11, Imm. Regs., 63
20 DEC 2019
MALAYSIA
KELUAR
25 DEC 2019
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3.90
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eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident 20/12/2019 17:17
Vehicle No.(For Motor) SCW168T
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5078080079-03		TAN WEE CHIN (CHEN WEIJUN)	S7819363H	GPC	drivo CLASSIC	SCW168T	SCW168T	25/03/2019	29/02/2020

Continue

Claim Handling

Accident MT/1077157

Policy No.	5078080079-03	Vehicle No.	SCW168T	GST Registration No.	
Certificate No.					
Policyholder Name	TAN WEE CHIN (CHEN WEIJUN)			Policyholder NRIC	S7819363H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

Accident Details

Report Date	26/12/2019 10:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	20/12/2019	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS CHECK POINT				

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	10A EAST COAST ROAD	Address 2	SINGAPORE 428708	Address 3	
Address 4		Address Type	Singapore address	Post Code	428708
Unit No.		Related Policy Number	5078080079-03		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN WEE CHIN (CHEN WEIJUN)	Insured NRIC	S7819		
Contact No.(Mobile)	96885660	Contact No. (Home)	62527928	Contact No. (Office)	NIL		
Email Address	remus@l-design.com.sg	OI Vehicle Number	SCW168T	TP Vehicle Number	SLS91		
Claim Description	SCW168T / SLS9143U ON 20 Dec 2019	Name of Preferred Workshop	0				
Preferred Workshop	0	Insured Liability	Partially at Fault				
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	27/12/2019 11:51	Claim Close Date		Date Received	27/12/		
Report Taken By	LIEW SHAN HUI						

Print AK letter

Save Submit

Attachment

Accident No.	MT/1077157	Claim No.	002
Last Doc. Received	Yes No	Upload Date	27/12/2019 11:56

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 27 Dec 2019 11:56	Photos	Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 27 Dec 2019 11:56	Photos	Normal	Photos 2019-12-27

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:55	Photos		Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:55	Photos		Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:55	Photos		Normal	Photos 2019-12-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:54	Photos		Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:54	Photos		Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:54	Photos		Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:54	Photos		Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 11:52	SAS		Normal	SAS 2019-12-27

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading