

NATIONAL Assessment Centre Services

(wef 1 Jan 08)

MHA 12 000 3291

Date In: 7/1/2008-8:18	Job description	Date & Time Completed	Done by
Ref No: NO/INC20000421/24	SAS e-filing		
Veh No: SMPS196	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/1/2008-12:10	i-Motor Claim Form	6/7/107905-001	7/1/2008 18:28
OD / TP / 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: 4P9 1096	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Sat 1: Sat 2 / 3:	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Q1:				
*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 (N-in INC) against INC \$20				
9) N12: Idao Mobile 30				
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	07/01/2020 18:18
Date Of Accident	06/01/2020 17:10
Exact Location Of Accident	JUNC YISHUN CENTRAL & YISHUN CENTRAL SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1319L
Insured/Policyholder	
Name Of Registered Owner	TAN TECK SIANG JUSTIN
NRIC No	SXXXX570I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97654300
Alternative Phone No	OFFICE-97654300

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8 X CVT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112408068
Cover Note Number	

Driver

Name of Driver	TAN TECK SIANG JUSTIN
NRIC No	SXXXX570I
Date Of Birth	31/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1985
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97654300
Fax Number	
Contact Number	OFFICE-97654300
Email Address	NOEMAIL

Address	BLK 582 WOODLANDS DRIVE 16 #12-470
Postcode	730582
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: ; - 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9109G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	87214007
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

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.:

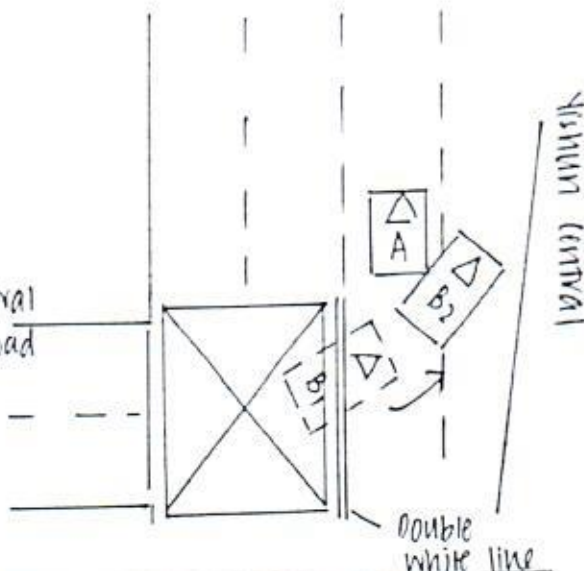
SKETCH PLAN

Vehicle A: SMP1319L

Vehicle B: YP91096

Yishun Central
Service Road

Yishun Central



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SMP1319L, was stationary along the stated venue due to red light. I was stationary for about 1-2 minutes when vehicle B, YP91096, hit onto my vehicle's rear light portion.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 01 / 2020 (DD/MM/YYYY). TIME: 17 : 09 (HHMM)

LOCATION: Junction of Yishun Central X Yishun Central service Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP1319L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA NOAH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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 Teck Sian Justin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S18715701 CONTACT: 97654300
 c) ADDRESS: 582 Woodlands Drive 16 #12-470 S730582

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

1/2 No. of passenger
 (including driver)
(02)

female passenger

- d) DATE OF BIRTH: 31 / 01 / 1967 (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) Driestling

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: _____

B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP91096 MODEL: _____

- b) DRIVER'S NAME: _____

- c) NRIC/FIN/PASSPORT: _____ CONTACT: 87214007

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____

- e) DRIVER'S NAME: _____

- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

1/2 No. of passenger
 (including driver)
(02) male

1/2 No. of passenger
 (including driver)
()

email =

fax =

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[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="06/01/2020 17:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SMP1319L"/>	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"/>	5112408068		TAN TECK SIANG JUSTIN	S18295701	GPC	drive CLASSIC	SMP1319L	SMP1319L	11/09/2019	10/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5112408068	Policyholder Name	TAN TECK SIANG JUSTIN	Policyholder NRIC	S18295701
Certificate No.					
Address	BLK 582 #12-470 WOODLANDS DR 16 SINGAPORE 730582				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/09/2019	Effective Date	11/09/2019 00:00	Expiry Date	10/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 582 #12-470	Address 2	WOODLANDS DR 16	Address 3	SINGAPORE 730582
Address 4		Address Type	Singapore address	Post Code	730582
Unit No.		Related Policy Number	5112408068		

Insured Object: SMP1319L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	11/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 11 Sep 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: INDEX CREDIT PTE LTD CHASSIS NUMBER: ZWR800395953 ENGINE NUMBER: 22R0E00574 VEHICLE REGISTRATION NUMBER: SMP1319L ORIGINAL REGISTRATION DATE: 11 Sep 2019

Continue

Cancel

Claim Handling

Accident MT/1079035

Policy No.	S112408068	Vehicle No.	SMP1319L	GST Registration No.	
Certificate No.					
Policyholder Name	TAN TECK SIANG JUSTIN	Cover Type	drive CLASSIC	Policyholder NRIC	S18295701
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97654300	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	07/01/2020 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	06/01/2020	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNG YISHUN CENTRAL & YISHUN CENTRAL SERVICE RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 582 #12-470	Address 2	WOODLANDS DR 16	Address 3	SINGAPORE 730582
Address 4		Address Type	Singapore address	Post Code	730582
Unit No.		Related Policy Number	S112408068		
01 Driver Info					
Driver Name	TAN TECK SIANG JUSTIN	Driver Type	Main Driver	Driver DOB	31/01/1967
Unnamed driver Name		Driver NRIC	S18295701	Driving Experience	34
Register Date of Driver License	07/02/1985	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	97654300	Contact No.(Office)	0	Address 3	SINGAPORE 730582
Address 1	BLK 582	Address 2	WOODLANDS DR 16	Post Code	730582
Address 4		Address Type	Singapore address		
Unit No.	12-470				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001

New













Claim Type *	CO-MX	Insured Name	TAN TECK SIANG JUSTIN	Insured NRIC	S18295701
Contact No.(Mobile)	90301424	Contact No.(Home)	63664008	Contact No.(Office)	
Email Address	justs@singnet.com	O1 Vehicle Number	SMP1319L	TP Vehicle Number	
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP1319L DN 6 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, name unknown	GIA report	Received
Date Registered	07/01/2020 18:28	Claim Close Date		Date Received	07/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					
Save Submit					

Attachment

Accident No.	MT/1079035	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/01/2020 18:29						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse... Clear	Please Select		<input type="checkbox"/>		Normal			
	Browse... Clear	Please Select		<input type="checkbox"/>		Normal			
	Browse... Clear	Please Select		<input type="checkbox"/>		Normal			
	Browse... Clear	Please Select		<input type="checkbox"/>		Normal			
	Browse... Clear	Please Select		<input type="checkbox"/>		Normal			
	Browse... Clear	Please Select		<input type="checkbox"/>		Normal			

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:29	SAS		Normal	SAS 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV (CES) on 07 Jan 2020 18:28	Photos		Normal	Photos 2020-1-7

Video List

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