

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA/20008517

Date In: 18/01/2020 16:35	Job description	Date & Time Completed	Done by
Ref No: XBA/NA/20001124/4	SAS e-filing		
Veh No: SLE 98495	E-mail (45 mins, AIC 2hrs)		
D.O.A: 17/01/2020 18:05	I-Motor Claims Form	17/01/2020 18:00	18/01/2020 16:51
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 Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLE 99608	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 repaler.
() 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	Action

NA/2000548	1) AR: Accident Reporting (\$30)	
Claimant: ()	2) DA: Damage Assessment (\$100) INC (\$10)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2005)	
Auditors' Comments:	6) TR: Re-inspection \$75	
Ref:	7) NI: Idas DA + SMRT Survey \$160	
2 / 2	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TE (N11): TP (N-11) against INC \$30	
	9) N12: Idas 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	18/01/2020 16:35
Date Of Accident	17/01/2020 18:05
Exact Location Of Accident	CHANGI AIRPORT T4 BOULEVARD SLIP ROAD INTO T4 WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML9849S
Insured/Policyholder	
Name Of Registered Owner	TAN MUN HENG
NRIC No	SXXXX014B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92979867
Alternative Phone No	OTHERS-92979867
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110104790
Cover Note Number	
Driver	
Name of Driver	TAN MUN HENG
NRIC No	SXXXX014B
Date Of Birth	22/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92979867
Fax Number	
Contact Number	OTHERS-92979867
Email Address	NOEMAIL

Address	23 JALAN SANKAM
Postcode	759036
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE9960B
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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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:

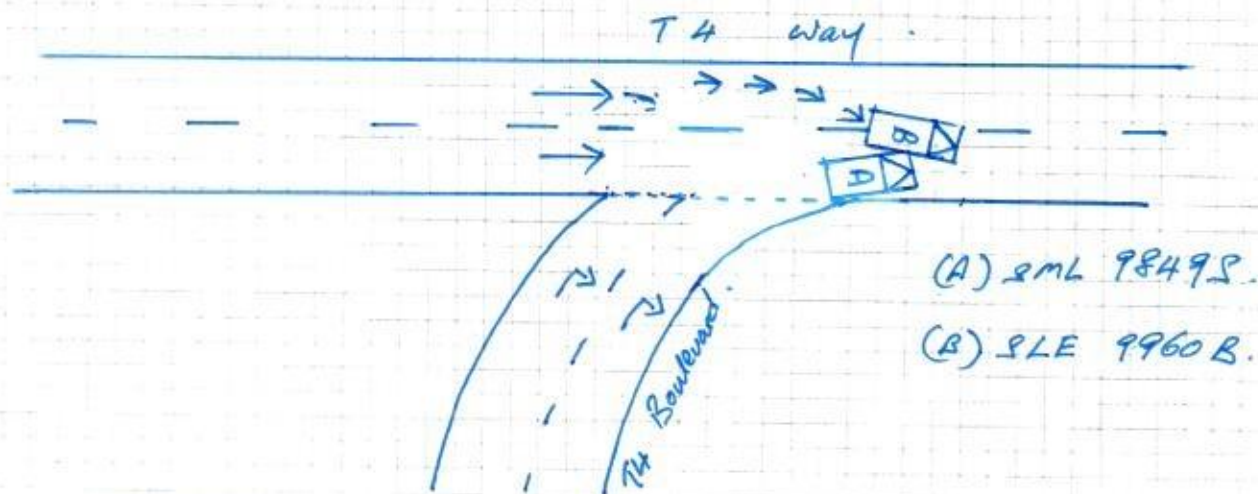
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

18/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/01/2020 at @ 1808 hrs, I stopped my vehicle (SML 9849S) along Changi Airport T4 Boulevard slip road into T4 Way. to give way to the traffic on the main road. When the traffic was cleared, my move forward into T4 way on the right lane. Suddenly, a car (SLE 9960B) on the left lane cut onto my path and collided onto the front left side of my vehicle.

DECLARATION

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

2

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.:

18/01/2020

Rosa, [Signature]

Vehicle No.	SML 98493. Model / Make Toyota Noah.		
Date of Accident	17/01/2020.		
Time of Accident	1808 HRS		
Location of Accident	Changi Airport T4 Boulevard slip road into T4 Way.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	TAN MUN HENG.		
Telephone No.	H/P : 92979867	Home :	Office :
NRIC	S 1762014 B		
Address	23 Jalan Sankam (S) 759036.		
Claim type	OD	THIRD PARTY	<u>REPORTING ONLY</u>
Insurance Company	NTUC.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5110104790.		
Name of Driver	<u>As Above If No,</u>		
NRIC	Any Passengers : N.A.		
Date of birth	22/03/1966.		
Occupation	<u>Outdoor</u>	Indoor	
Driving License Pass Date	14/12/1998.		
Gender	<u>Male</u>	Female	
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <u>Owner</u> .	
Weather condition	<u>Clear</u>	Raining Other	
Road Surface	<u>Dry</u>	Wet Other	
Any Injuries	<u>No,</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	SLE 9960 B.		Any Passengers : N.A.
Name of Driver			Contact No. :
Vehicle C No.			Any Passengers :
Vehicle D No.			Any Passengers :
Vehicle E no.			Any Passengers :
Vehicle F No.			Any Passengers :
Vehicle G No.			Any Passengers :
Witness Name	N.A.		Witness Contact : N.A.
Accident Portion	Front left side.		
Camera Recorder	<u>Yes</u>	No	Over Ride.
Email Address			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tong.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Claim Handling

Accident MT/1080788

Policy No.	5110104790	Vehicle No.	SML9849S	GST Registrat
Certificate No.				
Policyholder Name	TAN MUN HENG			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92979867	Contact No.(Office)		Contact No.(f
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	18/01/2020 16:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/01/2020	Time of Accident hh:mm	18:05	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	CHANGI AIRPORT T4 BOULEVARD SLIP ROAD INTO T4 WAY			
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 Covi
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	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	23 JALAN SANKAM	Address 2	SEBBAWANG STRAITS ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110104790	
OI Driver Info				
Driver Name	TAN MUN HENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1762014B	Driver DOB
Register Date of Driver License	14/12/1998	Driver Age	53	Driving Exper
Contact No.(Mobile)	92979867	Contact No.(Office)		Contact No.(f
Address 1	23 JALAN SANKAM	Address 2	SEBBAWANG STRAITS ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SML9849S	Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 OD-MX New				
Claim Type OD-MX Insured Name T				
Contact No.(Mobile)	92979867	Contact No. (Home)		A
Email Address		DI Vehicle Number		S
Claim Description SML9849S / SLE9960B ON 17 Jan 2020				
Preferred Workshop		Insured Liability	Not at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered				18/01/2020 16:44 Claim Close Date
Report Taken By			ROSLI WAHAB	Workshop Repairer
Print AK letter				

Save

Submit

Attachment

Accident No. MT/10A0756

Claim No. 001

Last Doc. Received * Yes No

Upload Date 18/01/2020 16:51

Path

Category *

Confidi

Choose File No file chosen

Clear

Please Select

NO

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NO

Choose File No file chosen

Clear

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NO

Choose File No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2020 16:51	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2020 16:51	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2020 16:51	Photos	Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2020 16:50	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2020 16:50	NRIC/ Driving License	Y Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2020 16:50	SAS	Normal	

Video List

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

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

17/01/2020 16:34

Vehicle No.(For Motor)

SML9849S

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5110104790		TAN MUN HENG	S1762014B	GPC	drive CLASSIC	SML9849S	SML9849S	13/06/2019	12/06/2020

Continue