

NATIONAL Assessment Centre Services

(Ref: 1a 20)

Date In: 30/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/INC 20001633/TI	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SMD 7190 M	i-Motor Claim Form ✓		
P.O.A: 30/1/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP Reporting Only	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:	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 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:	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments: :	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: (Inc DA + SMRT Survey) \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N3: 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: Idno Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated			

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	30/01/2020 20:23
Date Of Accident	30/01/2020 10:45
Exact Location Of Accident	CLEMENTI AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7190M
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	2XXXXX292N
Email Address	SALES@OSCARSLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-91129911
Alternative Phone No	OFFICE-91129911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109910175-000016
Cover Note Number	
Driver	
Name of Driver	TAN TUCK MIANG
NRIC No	SXXXX167J
Date Of Birth	04/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97441477
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 51 UPPER SERANGOON VIEW #06-03
Postcode	534020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : -
	GENDER: : MALE

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 CIRCUMSTANCES OF ACCIDENT

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	FBD3943P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD MARZOOQ BIN MOHAMED JAIZE
NRIC/Passport Number	TXXXX927B
Contact Number	86415415
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 30/1/20 2:15pm

Driver's Signature

(If driver is not the policyholder)

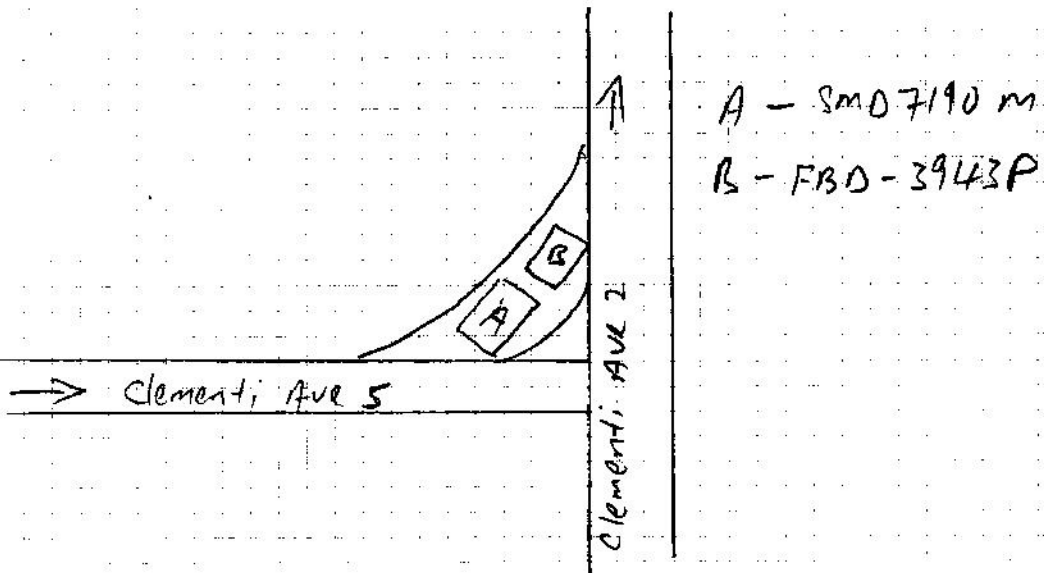
Date & Time: 30/1/20 2:15pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/1/2020 around 10.42am, I was travelling along Clementi Ave 5 towards Clementi Ave 2. I was checking my blind spot on my right hand side. I Accelerated slowly when the traffic is clear and realise B's vehicle ~~is~~ wasn't moving and I accidentally hit his rear tyre of his motorbike. He did not, fell off and claim that he wasn't injured at that point of time.

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



Policyholder's Signature

Date & Time: 30/1/2020
7.25 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/1/2020
7.25 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1082365

Policy No.	5109910175	Vehicle No.	SMD7190M	GST Registration No.	
Certificate No.	5109910175-000016				
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC	201431292N
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91129911	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(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	31/01/2020 12:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/01/2020	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVENUE 5				
▼ 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	50 EAST COAST ROAD	Address 2	#01-73 ROXY SQUARE	Address 3	SINGAPORE 428769
Address 4		Address Type	Singapore address	Post Code	428769
Unit No.		Related Policy Number	5109909289		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN TUCK MIANG	Driver NRIC	S7700167J	Driver DOB	04/01/1977
Register Date of Driver License	08/06/1998	Driver Age	43	Driving Experience	21
Contact No.(Mobile)	97441477	Contact No.(Office)		Contact No.(Home)	
Address 1	S1 UPPER SERANGOON VIEW	Address 2	#06-03 HERON BAY	Address 3	SINGAPORE 534020
Address 4		Address Type	Singapore address	Post Code	534020
Unit No.	06-03				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMD7190M	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		











Modification History

Claim 001. New

Claim Type *	OD-HX	Insured Name	OSCARS LEASING PRIVATE LIM	Insured NRIC	201431	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	810065	
Email Address		Vehicle Number	SMD7190M	Vehicle Number	FBD39	
Claim Description	SMD7190M / FBD3943P ON 30 Jan 2020				Name of Preferred Workshop	UNKN
Preferred Workshop	0	Insured Liability	Fully at Fault			
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date	31/01/2020 12:39	Date Received	31/01/	
Report Taken By	TAUFIKH					
<input checked="" type="checkbox"/> Print AK letter						
<div>Save Submit</div>						

Attachment

Accident No.	MT/1082365	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	31/01/2020 12:40		
Path *		Category *	Confidential	Urgency *	Desci
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	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:40	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:40	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:40	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:40	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:39	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:39	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:39	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:39	SAS		Normal	SAS 2020-1-31	
Video List	Uploaded By/Date	Folder Date	File Name	?	Source	
			Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YY), TIME: 10:43 (HH:MM)

LOCATION: Clementi Avenue 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD7190M
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5109910175-000016
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Wish
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: Oscars Leasing Private Limited (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 201431292N7 CONTACT: 91129911
C) ADDRESS: 50 East Coast Road #01-73 Roxy Square
S'pore 428769

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Tuck Mian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S77001671 CONTACT: 97441477
c) ADDRESS: Blk 51 Upper Serangoon View #06-03
S'pore 534020

*d) DATE OF BIRTH: 04/01/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: F803943P MODEL:
b) DRIVER'S NAME: Muhammed Marzooq Bin Mohamed Jaize
c) NRIC/FIN/PASSPORT: T0117927B CONTACT: 86415415

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger
(including driver)
(2)

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)

Email: Sales@oscarsleasing.com.sg

fax:

VIDEO =

REPUBLIC OF SINGAPORE



Land Transport Authority



THIS CARD IS VALID FOR THE FOLLOWING VEHICLE CLASSES:

Class 2B Motorcycles <= 200 cc 20 Jun 1996
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 08 Jun 1998

For LKK/NAC Use Only



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	02/07/2018

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7700167J



TAN TUCK MIANG

陈达铭

Race

CHINESE

Date of birth

04-01-1977

Country of birth

SINGAPORE

Sex

男

For LKK/NAC Use Only

4849196



NRIC No. S7700167J



Date of issue

14-10-2010

BLK 51 UPPER SERANGOON VIEW #08-03
SINGAPORE 534020

NRIC No. S7700167J

Date: 17/08/2018

For LKK/NAC Use Only

