

NATIONAL Assessment Centre Services.

Form 1 Jan 2005

NA20014433

Date In: 01/01/2020 17:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC200017274	SAS e-Milling		
Veh No: 8KX 9861A	E-mail (3 days, AIC 2hrs)		
D.O.A: 31/01/2020 19:50	I-Motor Claim Form	01/01/2020 15:18	
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: 8KX 24924	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA2000660

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N3: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TE (Nil) : TP (Non INC) against INC	\$20
	9) NI2: Idas Mobile	\$0
	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	01/02/2020 12:18
Date Of Accident	31/01/2020 19:50
Exact Location Of Accident	BLK 218 SUMANG WALK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN9261A
Insured/Policyholder	
Name Of Registered Owner	TAN SIOK HENG
NRIC No	SXXXX114G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90124483
Alternative Phone No	OTHERS-90124483

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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	5098134470-01
Cover Note Number	

Driver

Name of Driver	TAN SIOK HENG
NRIC No	SXXXX114G
Date Of Birth	12/07/1960
Occupation	INDOOR
Date Of Driving Pass	23/10/1980
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90124483
Fax Number	
Contact Number	OTHERS-90124483
EMail Address	NOEMAIL

Address	BLK 314B PUNGGOL WAY #007-631
Postcode	822314
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	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?	YES
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: : TIEN LI MUN 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

PLEASE REFER TO SKETCH PLAN

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	SLU2492Y
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)

DETAILS OF INJURED PERSON 1

Name	TAN SIOK HENNG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKN9261A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TIEN LI MUN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKN9261A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

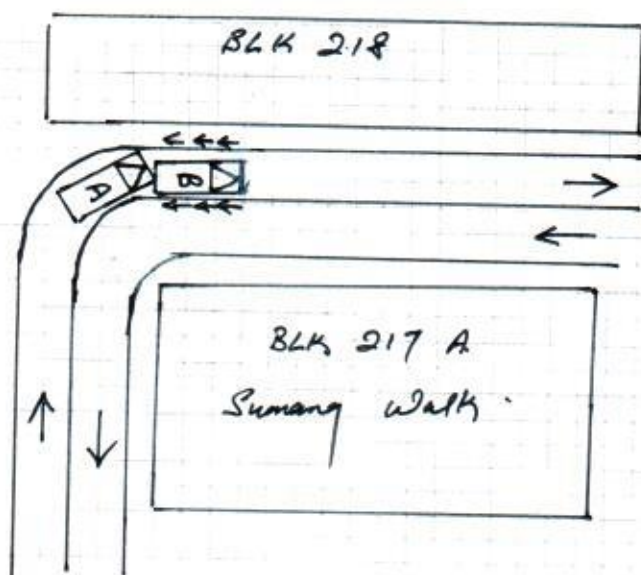
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



(A) SKN 9261A

(B) SLN 2492 Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/2020 at @ 1950hrs, I was travelling in my vehicle (SKN 9261A) along BLK 218 Sumang Walk driveway.

- While approaching the right bend, I saw a vehicle (SLN 2492 Y) in front of me stopped and I stopped a car length away. Suddenly, the said vehicle reversed at a high speed without checking. As a result, the said vehicle collided onto the front right portion of my vehicle. We agreed to private settle, but after quotation, the repair cost was too high and we both agreed to report insurance for claim. The driver of (SLN 2492 Y) signed a letter admitting he reversed and collided onto my car.

Attached with the letter signed by the other party.

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.:

As of the mention date 31/01/20 and the time 1950 for which the accident happened between both vehicle, SKN 9261 A & SLU 2492 Y.


As per driver for vehicle (SLU 2492 Y) I

admitted that I on mention date and time reversed my vehicle and collided to the vehicle (SKN 9261 A) was then driven by Mr. Tan. ~~just~~

As for now quotation was given at the cost of repair fee payable amount, _____ of which whether to proceed with one time full payment or proceed ahead for accident reporting to claim from the insurance.


Receiving Party
SKN 9261 A

Mr Tan Siok Heng


Paying Party
SLU 2492 Y

Cst Use

 01/02/2020
Rosa WAA03

Vehicle No.	SKN 9261A	Model / Make	Audi A3
Date of Accident	31/01/2020		
Time of Accident	1950 HRS		
Location of Accident	BLK 218, Sunang walk driveway.		
Exact purpose use during accident	Private Used		
Name of Owner	TAN Siok HENG.		
Telephone No.	H/P: 9012 4483	Home:	Office:
NRIC	S 1427114 G.		
Address	BLK 314B Punggol Way #07-631 (S) 822314.		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NJUC.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5098134470-01		
Name of Driver	<u>As Above</u> If No,		
NRIC		Any Passengers:	01 (F)
Date of birth	12/07/1960		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	23/10/1980		
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	No, <u>If Yes, Who?</u>		
Name And Contact No.	Tan Siok Heng (H/P: 9012 4483)		
Name And Contact No.	Tien Li Mun (H/P: 9632 5923)		
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SLU 2492 Y.	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 right portion.		
Camera Recorder	Yes <u>No</u>		
Email Address	-		
PARTICULAR WORKSHOP	Tweencar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tung		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		

Claim Handling

Accident MT/1082512

Policy No.	5098134470-01	Vehicle No.	SKN9261A	GST Registrati
Certificate No.				
Policyholder Name	TAN SIOK HENG			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90124483	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	01/02/2020 15:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/01/2020	Time of Accident hh:mm	19:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 218 SUMANG WALK DRIVEWAY			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
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	BLK 314B #07-631	Address 2	PUNGGOL WAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098134470-01	
▼ OI Driver Info				
Driver Name	TAN SIOK HENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1427114G	Driver DOB
Register Date of Driver License	23/10/1980	Driver Age	39	Driving Experi
Contact No.(Mobile)	90124483	Contact No.(Office)		Contact No.(H
Address 1	BLK 314B #07-631	Address 2	PUNGGOL WAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<div>YesNo</div>	Driver Vehicle No.	SKN9260A	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>YesNo</div>	

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAI
Contact No.(Mobile)	90124483	Contact No. (Home)	631
Email Address	SIOKHENG60@GMAIL.COM	OI Vehicle Number	SKI
Claim Description	SKN9261A / SLU2492Y ON 31 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<div>Print AK letter</div>			

Save Submit

Attachment

Accident No.

MT/1082512

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

01/02/2020 15:38

Path *

Category *

Confider

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

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No file chosen

Clear

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NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

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NO

Choose File

No file chosen

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:38	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:38	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:38	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:38	Photos		Normal	Pi
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:37	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:37	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:37	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:37	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:37	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 15:37	SAS		Normal	!

Video List

Uploaded By/Date	Folder Date	File Name	
			<div>Display in New Window</div> <div>Scan and uploading</div>

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S098134470-01

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKN9261A |
| Chassis Number | : WAUZZZ8V2E1042315 |
| 2. Name of Policyholder | : TAN SIOK HENG |
| 3. Effective Date of Insurance | : 15 Feb 2019 |
| 4. Expiry Date of Insurance | : 29 Jul 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

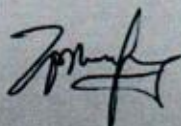
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN SIOK HENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

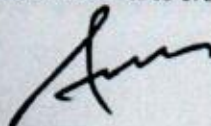
Agency : AUTO WORLD PTE. LTD. (00000573401)
Date of Issue : 24 Jan 2019 12:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	6092H 201426092H

Vehicle Details

Vehicle No:	SKN9261A
Vehicle to be Exported:	Yes
Intended De-registration Date:	28 Feb 2018
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.4 TFSI (AMBIENTE)
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	CXS203266
Chassis No.:	WAUZZZ8V2E1042315
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,202.00
Original Registration Date:	30 Jul 2014
First Registration Date:	30 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$15,083.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jul 2024
PARF Rebate Amount:	\$11,312.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jul 2024
COE Category:	A+ Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$62,890.00
COE Rebate Amount:	\$40,320.00
Total Rebate Amount:	\$51,632.00

The information contained herein is correct as at 14 Feb 2018

OK