

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MHA17001809/24**

Date In: 12/12/04	Job description	Date & Time Completed	Done by
Ref No: HA17001809/24	SAS e-filing		
Veh No: 5J20844	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/12/04-11:55	i-Motor Claim Form	M71083691/001	12/12/04 15:49
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: () 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

	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
HA201124			
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	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:n 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	10/02/2020 13:04
Date Of Accident	08/02/2020 11:05
Exact Location Of Accident	SLIP RD MOUNTBATTEN RD TWDS OLD AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2584Y
Insured/Policyholder	
Name Of Registered Owner	JETSPRINT AUTO ENTERPRISES
Co Reg No	5XXX650E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63484711

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107855242
Cover Note Number	

Driver

Name of Driver	TAN KHEEN MUN
NRIC No	SXXXX245G
Date Of Birth	15/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1988
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83094659
Fax Number	
Contact Number	OFFICE-83094659
Email Address	NOEMAIL

Address	BLK 121D SENGKANG EAST WAY #08-67
Postcode	544121
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	COLLIDED INTO BICYCLIST
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	1
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200208/2101.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

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.:



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2020 16:30		Vide Report No.: G/20200208/0137		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: TAN KHEEN MUN			Address: APT BLK 121D SENGKANG EAST WAY #08-67 SINGAPORE 544121		
ID Type / ID No.: NRIC NO / S6812245G			Contact No.: Home/Office: Mobile: 83094659		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 15/03/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 08/02/2020 11:05	Type of Location: SLIP ROAD (ZEBRA CROSSING)
Location: Along Road 1 Traveling Toward Road 2 MOUNTBATTEN ROAD OLD AIRPORT ROAD ROAD 1 SLIP ROAD TOWARDS OLD AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: MOVING VEHICLE AGAINST CYCLIST				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ2584Y	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver			
Name	TAN KHEEN MUN	ID No.	S6812245G
Related Vehicle	SJJ2584Y (Car)	Contact No.	83094659
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/02/2020 at about 1105hrs while travelling in my vehicle SJJ2584Y along Mountbatten Road turning left onto slip road towards Old Airport Road, I was travelling on the left lane of the 2 lanes. I travelled slowly at the slip road near the zebra crossing when one female pedestrian crossed from my right to left and one couple then crossed from my left to right, after the three pedestrian had crossed over, I then accelerate and suddenly, one bicycle then came out from my right to left, I was then unable to stop in time as such I collided onto him. The cyclist then fell onto my bonnet before falling forward.

I then got out of my vehicle and rendered aid to him. Ambulance arrived shortly after and the cyclist was then conveyed. Traffic police came after.

I wish to state that I have in car camera and the memory card was taken over by the traffic police. I was then advised to lodged a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20200208/2101

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20200208/2101

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 1 SHAUN CHUA YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2020 16:30
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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="radio"/>	5107855242		JETSPRINT AUTO ENTERPRISES	52799650E	GPC	Third Party	SJJ2584Y	SJJ2584Y	04/03/2019	04/03/2020

Continue

Policy Information

Policy No.	5107855242	Policyholder Name	JETSPRINT AUTO ENTERPRISES	Policyholder NRIC	52799650E
Certificate No.					
Address	335 UPPER PAYA LEBAR ROAD QUEMOY BUILDING SINGAPORE 534951				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/02/2019	Effective Date	04/03/2019 00:00	Expiry Date	04/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	THIS MARKETING INSURANCE A	Agent Tel.	63444479	GST Flag	Y
Com insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	335 UPPER PAYA LEBAR ROAD	Address 2	QUEMOY BUILDING	Address 3	SINGAPORE 534951
Address 4		Address Type	Singapore address	Post Code	534951
Unit No.		Related Policy Number	5113203772		

Insured Object: SJJ2584Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1083692

Policy No.	S107855242	Vehicle No.	S112584Y	GST Registration No.	M90368056P
Certificate No.					
Policyholder Name	JETSPRINT AUTO ENTERPRISES	Cover Type	Third Party	Policyholder NRIC	52799650E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	63484711	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
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	10/02/2020 15:46	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	08/02/2020	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD MOUNTBATTEN RD TWOS OLD AIRPORT RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	1,500.00
YIED OD Excess	500.00	YIED TP Excess	
Additional Excess	0	Driver is Covered?	
Total OD Excess Applicable	500.00	Total TP Excess Applicable	

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2012
GST Registration No.	M90368056P	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	335 UPPER PAYA LEBAR ROAD	Address 2	QUEMOY BUILDING	Address 3	SINGAPORE 534951
Address 4		Address Type	Singapore address	Post Code	534951
Unit No.		Related Policy Number	5113203772		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/03/1968
Unnamed driver Name	TAN KHEEN MUN	Driver NRIC	SXXXX245G	Driving Experience	31
Register Date of Driver License	15/05/1988	Driver Age	51	Contact No. (Home)	0
Contact No. (Mobile)	83094659	Contact No. (Office)	0	Address 3	RIVERVALE BANK
Address 1	BLK 121D	Address 2	SENGKANG EAST WAY	Post Code	544121
Address 4	SINGAPORE 544121	Address Type	Singapore address		
Unit No.	06-67	Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	JETSPRINT AUTO ENTERPRISES	Insured NRIC	52799650E
Contact No. (Mobile)		Contact No. (Home)	63484711	Contact No. (Office)	63484711
Email Address		OI Vehicle Number	S112584Y	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S112584Y ON 8 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	10/02/2020 15:49	Claim Close Date		Date Received	10/02/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083692	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 15:50

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

REGISTRATION

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:50	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:50	SAS	Normal	SAS 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Feb 2020 15:49	Photos	Normal	Photos 2020-2-10	

Video List

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