

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MWA 120028978.

Date In: 6/3/20 10:11	Job description	Date & Time Completed	Done by
Ref No: NA11WC200036691h4	SAS e-Ming		
Veh No: SMC 8906P	E-mail (within 3hrs, AIC 2hrs)		
IP: 513/20 14:50.	I-Motor Claim Form	MT/1087132 ⁰⁰¹	6/3/20 10:34
IP: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand to Owner/Wks		

Preferred Wesp / INC Assign Wesp / QW: ()	Tel: ()	Fax: ()
IP Particulars:	Veh No: SML 2746.B.	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: YBS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	Date and 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

<p>MA 2001854</p> <p>Claimants Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p>	<p>Invoice/Repairation Checklist</p> <p>1) AR: Accident Reporting (\$30); 30.00</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wof 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>Q1:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N/n INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>
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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	06/03/2020 10:11
Date Of Accident	05/03/2020 14:50
Exact Location Of Accident	BLK 108 JLN BUKIT MERAH (OPEN CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8906P
Insured/Policyholder	
Name Of Registered Owner	TAN BOON KIM
NRIC No	SXXXX184A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97493131
Alternative Phone No	OFFICE-97493131

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5102481733-01
Cover Note Number	

Driver

Name of Driver	TAN BOON KIM
NRIC No	SXXXX184A
Date Of Birth	06/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97493131
Fax Number	
Contact Number	OFFICE-97493131
EMail Address	NOEMAIL

Address	268D COMPASSVALE LINK #10-09
Postcode	544268
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?	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)	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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2746B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH KOK ANN
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 BOON KIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC8906P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

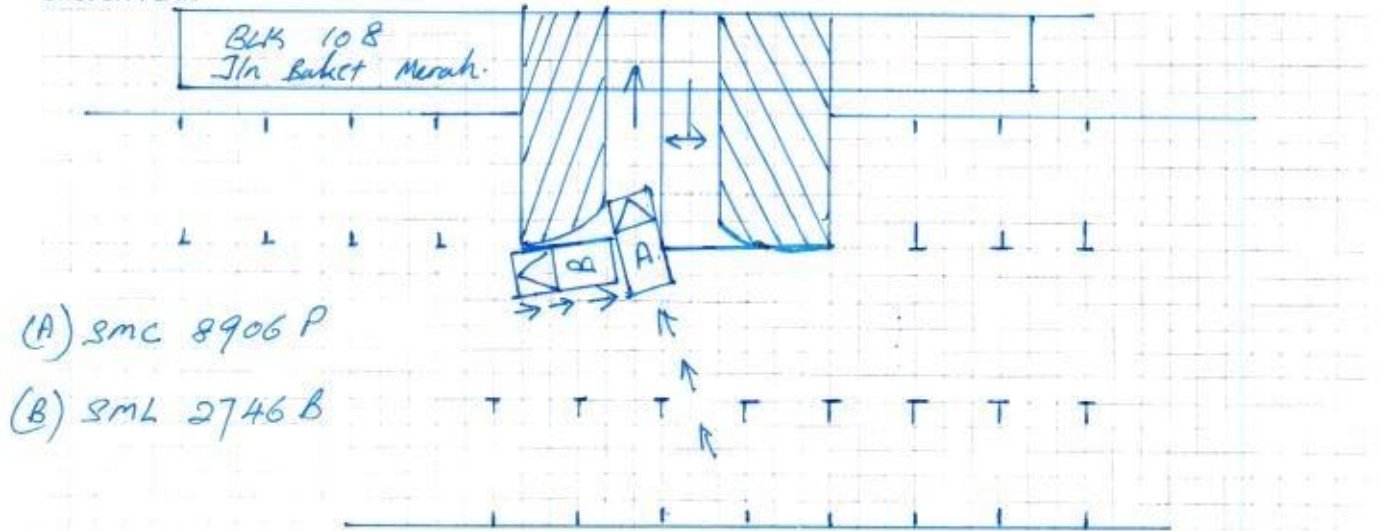
X

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/03/2020 at @ 1450 hrs, I stopped my vehicle SMC 8906 P in the parking lot in front of BLK 108 Jln Bukit Merah. I received job and wanted to exit the carpark. When I want to exit, there was a oncoming car (SML 2746B) on my right and I give way to the said vehicle. When the said vehicle passed me and I moved forward to exit. The said vehicle suddenly reversed. On seeing these, I horned continuously to alert but the said vehicle continue reversing and collided onto the 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.:

Vehicle No.	SMC 8906 P		Model / Make	Toyota CHR
Date of Accident	05 / 03 / 2020			
Time of Accident	1450 HRS			
Location of Accident	BLK 108 Jln Bukit Merah (Open Carpark)			
Exact purpose use during accident	Chauffeur			
Name of Owner	TAN BOON KIM			
Telephone No.	H/P : 9749 3131	Home :	Office :	
NRIC	S 7437184 A			
Address	BLK 268D Compassvale Link #10-09 (S) 544268			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.				
Name of Driver	As Above If No,			
NRIC	Any Passengers : N.A			
Date of birth	06 / 11 / 1974			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	11 / 08 / 1995			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owned		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	TAN BOON KIM (H/P: 9749 3131)			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SML 2746 B	Any Passengers :		N.A
Name of Driver	OH KOK ANN	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	Left side			
Camera Recorder	Yes / No			
Email Address	eric.tanbks74@gmail.com			
PARTICULAR WORKSHOP	Twincar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Feng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102481733-01		TAN BOON KIM	S7437184A	GPC	drivo CLASSIC	SMC8906P	SMC8906P	26/07/2019	25/07/2020

Claim Handling

Accident MT/1087132

Policy No.	5102481733-01	Vehicle No.	SMC8906P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN BOON KIM			Policyholder NRIC	S7437184A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97493131	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	06/03/2020 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/03/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 108 3LN BUKIT MERAH (OPEN CARPARK)				

▼ 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 268D #10-09	Address 2	COMPASSVALE LINK	Address 3	SINGAPORE 544268
Address 4		Address Type	Singapore address	Post Code	544268
Unit No.		Related Policy Number	5102481733-01		

▼ OI Driver Info

Driver Name	TAN BOON KIM	Driver Type	Main Driver	Driver DOB	06/11/1974
Unnamed driver Name		Driver NRIC	S7437184A	Driving Experience	26
Register Date of Driver License	28/04/1993	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	97493131	Contact No.(Office)		Address 3	SINGAPORE 544268
Address 1	BLK 268D #10-09	Address 2	COMPASSVALE LINK	Post Code	544268
Address 4		Address Type	Singapore address		
Unit No.					
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN BOON KIM	Insured NRIC	S7437184A
Contact No.(Mobile)	97493131	Contact No.(Home)	64257437	Contact No.(Office)	
Email Address		OI Vehicle Number	SMC8906P	TP Vehicle Number	SML27
Claim Description	SMC8906P / SML2746B ON 5 Mar 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Contract No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	06/03/2020 10:33	Date Received	06/03/2020
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1087132	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2020 10:34		
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		Clear	Please Select	NO	Normal

▼ Attachment List

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