

NATIONAL Assessment Centre Services. [wef 1 Jan'09] **MNA0032169**

Date In: 12/3/20 - 16:05	Job description	Date & Time Completed	Done by
Ref No: 1/A/INC2003980/24	SAS e-filing		
Veh No: JMA 860 VS	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/3/20 - 13:30	I-Motor Claim Form	17/10 88 28-001	13/3/20 16:23
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: **SLVJY4J** 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	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR : Re-inspection \$75		
Dat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Dat. 2 / 3:	9) N12 : Idac Mobile 30		
	TP (N11) : TP (N-in INC) against INC \$20		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	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	13/03/2020 16:05
Date Of Accident	10/03/2020 13:30
Exact Location Of Accident	BLK 601 RIFLE RINGE RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8602B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY GUAN MING
NRIC No	SXXXX427J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92721406
Alternative Phone No	OFFICE-92721406

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101455613-01
Cover Note Number	

### Driver

Name of Driver	TAY GUAN MING
NRIC No	SXXXX427J
Date Of Birth	30/05/1988
Occupation	INDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92721406
Fax Number	
Contact Number	OFFICE-92721406
EEmail Address	NOEMAIL

Address	BLK 278A COMPASSVALE BOW #08-545
Postcode	541278
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 526 BEDOK NORTH STREET 3 #01-448 , <b>POSTCODE:</b> 460526 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4429999 - <b>FAX NO:</b> 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200313/2096.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV5543J
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

### 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:

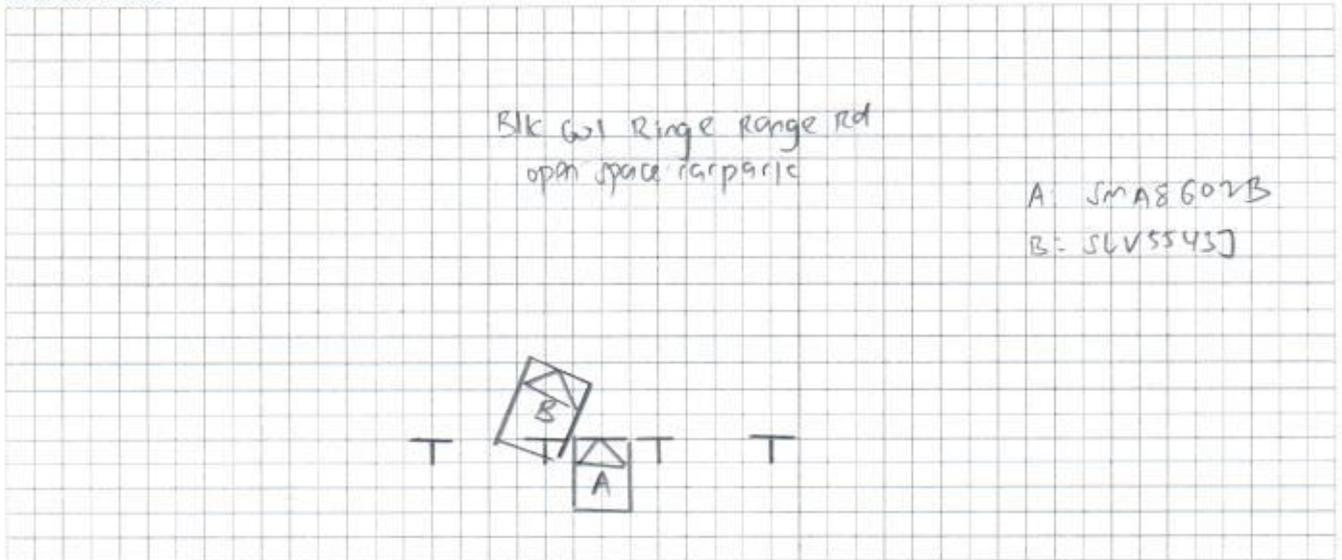
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - 7/20200313/2096.

**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.:





Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	TAY GUAN MING	ID No.	S8818427J
Related Vehicle	SMA8602B (Car)	Contact No.	92721406
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 13/03/2020, at about 0650hrs, I discovered some scratches on the front left portion of my vehicle's bumper. I then went to retrieve my in-car camera recordings and discovered that on the 10/03/2020, at about 1330hrs, there was a Grey Bentley, bearing registration no. SLV5543J, that side swiped my vehicle whilst exiting from a parking lot. The driver did not stop and leave down her particulars, and drove off. The entire incident was captured by my in-car camera.



**SINGAPORE  
POLICE FORCE**



T/20200313/2096

3 of 3

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20200313/2096

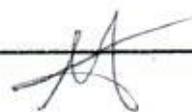
**CONTINUATION OF REPORT**

**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 / Staff Sgt SHAWN YUEN CHI WENG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368

Signature Of Informant: 
Date/Time: 13/03/2020 15:19
Classification Of Case: 

Authentication Stamp  
NP168

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"/>	5101455613-01		TAY GUAN MING	S8818427J	GPC	drive CLASSIC	SMA8602B	SMA8602B	21/06/2019	20/06/2020

Continue

▼ Policy Information

Policy No.	5101455613-01	Policyholder Name	TAY GUAN MING	Policyholder NRIC	S88184271
Certificate No.					
Address	BLK 278A #08-545 COMPASSVALE BOW COMPASSVALE HELM SINGAPORE 541278				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/05/2019	Effective Date	21/06/2019 00:00	Expiry Date	20/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 278A #08-545	Address 2	COMPASSVALE BOW	Address 3	COMPASSVALE HELM
Address 4	SINGAPORE 541278	Address Type	Singapore address	Post Code	541278
Unit No.	08-545	Related Policy Number	5101455613-01		

► Insured Object: SMA8602B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

Accident MT/1088128

Policy No.	S101455613-01	Vehicle No.	SMAB602B	GST Registration No.	
Certificate No.					
Policyholder Name	TAY GUAN MING	Policyholder NRIC	58818427J		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92721406	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	72
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
<b>Accident Details</b>					
Report Date	13/03/2020 16:21	Accident Report Within 24 hrs	Yes	Accident Type	HR and run
Date of Accident	10/03/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 601 RIFLE RINGE RD OPEN SPACE CARPARK				
<b>Total Excess Applicable</b>					
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 278A #08-545	Address 2	COMPASSVALE BOW	Address 3	COMPASSVALE HELM
Address 4	SINGAPORE 541278	Address Type	Singapore address	Post Code	541278
Unit No.	08-545	Related Policy Number	S101455613-01		

**DI Driver Info**

Driver Name	TAY GUAN MING	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	58818427J
Register Date of Driver License	18/04/2008	Driver Age	31
Contact No.(Mobile)	92721406	Contact No.(Office)	0
Address 1	BLK 278A	Address 2	COMPASSVALE BOW
Address 4	SINGAPORE 541278	Address Type	Singapore address
Unit No.	08-545	Post Code	541278
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 type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	TAY GUAN MING	Insured NRIC	58818427J	
Contact No.(Mobile)	92721406	Contact No.(Home)	N/A	Contact No.(Office)		
Email Address		O1 Vehicle Number	SMAB602B	TP Vehicle Number	SLV5543J	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SMAB602B / SLV5543J ON 10 Mar 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/03/2020 16:23	Claim Close Date		Date Received	13/03/2020 00:00	
Report Taken By	Jackson					

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/1088128	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/03/2020 16:24

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

Registration No.

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:24	SAS	Normal	SAS 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:24	Photos	Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:23	Photos	Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:23	Photos	Normal	Photos 2020-3-13	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:23	Photos	Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Mar 2020 16:23	Photos	Normal	Photos 2020-3-13	

Video List

Uploaded By/Date	Folder/ Date	File Name	Source	Action
		Display in New Window	Scan end uploading	