

NATIONAL Assessment Centre Services

(Ref: Jan 05)

Date In 17/03/20	Job description	Date & Time Completed	Done by
Ref No NA/INC20004150/13	SAS e-filing		
Veh No SGJ22095	E-mail (within 8hrs, AIC 2hrs)		
DOA 22/02/20 1655	i-Motor Claim Form	MT/1088690-001	
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 <u>Fax / Hand to</u> <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLF57814	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

NA2002202

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 (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

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	17/03/2020 12:37
Date Of Accident	22/02/2020 16:55
Exact Location Of Accident	BLK 222 SIMEI ST 4 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ2209S
Insured/Policyholder	
Name Of Registered Owner	TAY HOCK LENG
NRIC No	SXXXX630J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92288686
Alternative Phone No	OTHERS-92288686

Vehicle Particulars

Manufacturer	BMW
Model	320i
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	5108024992
Cover Note Number	

Driver

Name of Driver	TAY HOCK LENG
NRIC No	SXXXX630J
Date Of Birth	23/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92288686
Fax Number	
Contact Number	OTHERS-92288686
Email Address	NOEMAIL

Address	BLK 330 YISHUN RING RD #12-1442
Postcode	760330
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?	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)	5
Passenger 1	NAME: : FAMILY GENDER: : MALE
Passenger 2	NAME: : FAMILY GENDER: : MALE
Passenger 3	NAME: : FAMILY GENDER: : FEMALE
Passenger 4	NAME: : FAMILY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200314/2116

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5781Y
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

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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:

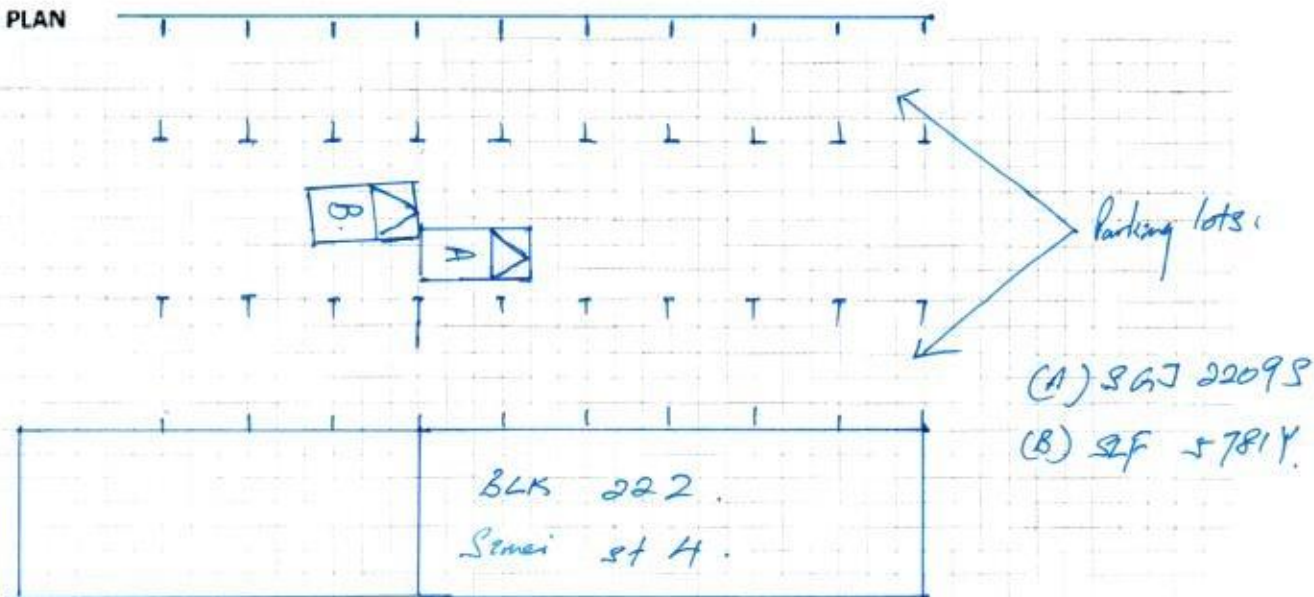
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls refer to Police Report
No: T/2020.0314/2116.

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.:



SINGAPORE POLICE FORCE



T/20200314/2116

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4

Report No. T/20200314/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2020 17:42	Vide Report No.:	Station Diary No.: 105
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Informant's Particulars

Name of Informant: TAY HOCK LENG			Address: APT BLK 330 YISHUN RING ROAD #12-1442 SINGAPORE 760330		
ID Type / ID No.: NRIC NO / S1677630J			Contact No.: Home/Office: Mobile: 92288686		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 23/06/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3,4,5		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2020 16:55	Type of Location: Car Park
Location: Along Road 1 SIMEI STREET 4				
Carpark at Blk 222 Simei Singapore 520222				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle agaisnt stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ2209S	Car	BMW	320I EFFICIENTD YNAMICS A/T 2WD NAV HID	Grey	Slightly Damaged	4
SLF5781Y	Car				Slightly Damaged	1



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ2209S	NTUC Income Insurance Co-Operative Limited	5108024992	09/03/2019	29/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY HOCK LENG		ID No. S1677630J
Related Vehicle	SGJ2209S (Car)		Contact No. 92288686
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 22/2/2020 at about 1655 hours, I was driving (SGJ2209S) my family(4 passengers) to Blk 222 Simei Street 4 to visit my daughter who is staying there. Upon entry to the carpark gantry, I made a right turn immediately and stopped my vehicle to allow my family members to alight. However, there was a Lorry(GBC9207Y) who was behind us was continuously honking at us as we are obstructing his passage. Thus I moved my vehicle further up to allow the lorry to mover further forward. A 3rd car bearing registration plate SLF5781Y tried overtaking the lorry and my car by squeezing through the narrow road.

Even though there was ample space for SLF5781Y to squeeze through, he might have driven too close to my car. Hence his front right bumper side of the car collided with the left rear bumper of my car causing visible scratches. The driver of SLF5781Y ignored the collision thus I decided to go after him. I managed to stop SLF5781Y two blocks away from the incident location and told him about the collision. I initially wanted private settlement however the driver denied colliding with my vehicle. We argued and I decided to let the matter rest to not complicate things further as he was not being compliant.

We decided to let the matter rest thus we did not lodge any Traffic accident report as we feel that there is not a need to lodge any considering that there are no damage to government property, No injury to anyone. That is all

I did not managed to exchange particulars with the driver as I did not plan to claim anything from him due to the few scratches. None of my family members including myself are injured

I am lodging this traffic accident report as I have received a letter from Traffic Police(TP/IP/13311/2020) asking me to lodge one. That is all.



**SINGAPORE
POLICE FORCE**



T/20200314/2116

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20200314/2116

CONTINUATION OF REPORT

Vehicle No.	SGJ 2209-S		Model / Make	BMW 320I
Date of Accident	22/02/2020			
Time of Accident	1655 HRS			
Location of Accident	BLK 222 Simei St 4 (Open Carpark)			
Exact purpose use during accident	Private Use			
Name of Owner	TAY HOCK LENG			
Telephone No.	H/P: 92288686	Home:	Office:	
NRIC	S 1677630-J			
Address	BLK 330 Yishun Ring Road #12-1442(S) 760330			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5108024992			
Name of Driver	As Above If No,			
NRIC	Any Passengers: 04 (02M) (02F)			
Date of birth	23/06/1964			
Occupation	Outdoor	Indoor		
Driving License Pass Date	23/05/1983			
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 owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where? Yishun North H.P.C		
Vehicle B No.	SLF 5781 Y	Any Passengers: 01		
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	Rear left portion			
Camera Recorder	Yes / No			
Email Address	-			
PARTICULAR WORKSHOP	TwinCar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Teng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

22/02/2020 16:55

Vehicle No.(For Motor)

SGJ22095

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"/>	5108024992		TAY HOCK LENG	S1677630J	GPC	drive CLASSIC	SGJ22095	SGJ22095	09/03/2019	29/03/2020

Continue

Claim Handling

Accident MT/1088690

Policy No.	5108024992	Vehicle No.	SGJ22095	GST Registration No.	
Certificate No.					
Policyholder Name	TAY HOCK LENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	92288686	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	
▼ Accident Details					
Report Date	18/03/2020 11:42	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	22/02/2020	Time of Accident hh:mm	16:55	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 222 SIMEI ST 4 OPEN CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 330 #12-1442	Address 2	YISHUN RING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5108024992-01		
▼ OI Driver Info					
Driver Name	TAY HOCK LENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1677630J	Driver DOB	
Register Date of Driver License	30/01/1985	Driver Age	55	Driving Experience	
Contact No.(Mobile)	92288686	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 330	Address 2	YISHUN RING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#12-1442				
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		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAY HOCK LENG	Insured NRIC	
Contact No.(Mobile)	98559607	Contact No.(Home)	98559607	Contact No.(Office)	
Email Address		OI Vehicle Number	SGJ22095	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGJ22095 / SLF5781Y ON 22 Feb 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	18/03/2020 11:49	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No. MT/1088690

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 18/03/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

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NO

Normal

Browse...

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NO

Normal

Browse...

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NO

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Browse...

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NO

Normal

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Please Select

NO

Normal

Message No.0

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:48

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:48

SAS

Normal

SAS 2020-3-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:48

Photos

Normal

Photos 2020-3-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:46

Photos

Normal

Photos 2020-3-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:46

Photos

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Photos 2020-3-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:46

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Photos 2020-3-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2020 11:46

Photos

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Photos 2020-3-18

Video List

Uploaded By/Date

Folder Date

File Name

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Display In New Window

Scan and uploading