

NATIONAL Assessment Centre Services. (part 1 Jan 05)

Date In: 24/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006647/13	SAS e-filing		
Veh No: CB4525E	E-mail (within 3hrs, AIC 2hrs)		
DTLA: 23/06/20 0900	I-Motor Claim Form	MT/1095241-001	
OD - TP (Reporting Only)	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wesp / INC Assign Wesp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: PEDESTRIAN 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: ()

Repairs: (INC Ref: 67894616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Comments/Particulars	Invoice/Registration Charge List	Unit (\$)	Adm. (\$)
NA2003250	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bgr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming repair INC Only (w/c 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*TP (N11): TP (N11) INC against INC \$20		
	*NI2: Idao Mobile \$0		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

SALES

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	24/06/2020 17:09
Date Of Accident	23/06/2020 09:00
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB4525E
Insured/Policyholder	
Name Of Registered Owner	TAN YEW MOH
NRIC No	SXXXX395C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96203875
Alternative Phone No	OTHERS-96203875

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5007376762-15
Cover Note Number	

Driver

Name of Driver	TAN YEW MOH
NRIC No	SXXXX395C
Date Of Birth	25/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1971
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96203875
Fax Number	
Contact Number	OTHERS-96203875
E-Mail Address	NOEMAIL

Address	BLK 922 HOUGANG STREET 91 #11-33
Postcode	530922
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	RAINING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : TAN NOH HOON GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200623/2022

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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT(PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

24-6-20

GIA/RC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

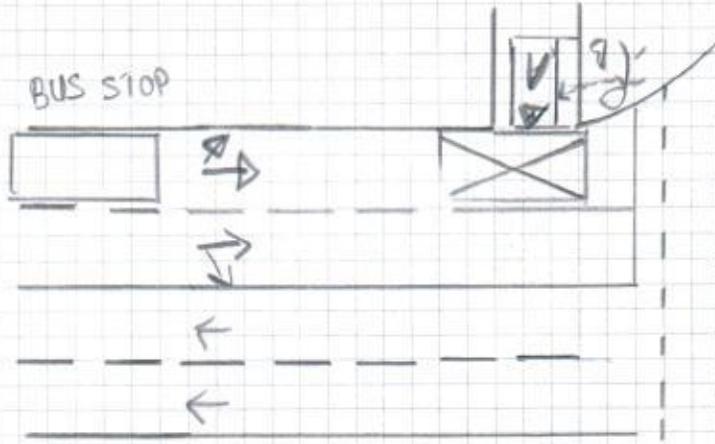
24/06/20

SKETCH PLAN

UPP EAST COAST ROAD

A - CB4525E

B - PEDESTRIAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200623/2022

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Handwritten Signature]

Policyholder's Signature
Date & Time:

[Handwritten Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Handwritten Signature] 24/06/20

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20200623/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2020 11:54	Vide Report No.: G/20200623/0082 /	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: TAN YEW MOH		Address: APT BLK 922 HOUGANG STREET 91 #11-33 SINGAPORE 530922	
ID Type / ID No.: NRIC NO / S0071395C		Contact No.: Home/Office:	Mobile: 96203875
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 25/02/1951	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: VAN DIRVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2020 09:00	Type of Location: Straight Road
Location: Along Road 1 UPPER EAST COAST ROAD				
Junction of 440A Upper East Coast Road and Upper East Coast Road				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB4525E	Van	TOYOTA	PWVL4B	Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB4525E	NTUC Income Insurance Co-Operative Limited	5007376762-15	22/06/2020	21/06/2021



Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20200623/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Driver			
Name	TAN YEW MOH	ID No.	S0071395C
Related Vehicle	NIL	Contact No.	96203875
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 23/06/2020 at about 0900hrs, I was driving my van (CB4525E, Toyota, Silver) out of 440A Upper East Coast Road (Alphabet Playhouse) towards Upper East Coast Road. Before proceeding out to make the left turn at the said junction, I had stopped my van to check clear of traffic coming from the right. As the traffic was clear, I proceeded to make the left turn. However, my van (left side mirror) slightly hit onto an old couple. I immediately brake and alighted from my van to assist the couple. I wish to state that I did not saw the old couple when making the left turn. The ambulance conveyed the couple to hospital.

Traffic Police came to the accident location. I was advised to lodge a police report. No in-car camera in my van.



Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

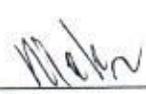
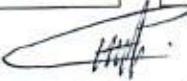
Report No. T/20200623/2022

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 / Sr Staff Sgt NUR ZARIFAH BINTE ZULKIFLI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2020 11:54
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476356 	Classification Of Case:
Authentication Stamp NP168 	

ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 06 / 20 (DD/MM/YYYY), TIME: 09 : 00 (HH:MM)

LOCATION: JUNC OF 440A UPA EAST COAST RD 1 UPP
EAST COAST
RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB4525E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TAN YEW MOH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0071395C CONTACT: 9620 3875
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 25 / 02 / 1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) CONVEY
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PEDESTRIAN MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)
(2)

TAN. MOH
HUON (F)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Email =

fax =

VIDEO =

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/06/2020 09:00"/>
Vehicle No.(For Motor)	<input type="text" value="CB4525E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5007376762-15		TAN YEW MOH	S0071395C	GBS	Third Party, Fire & Theft	CB4525E	CB4525E	22/06/2020	21/06/2021

Claim Handling

Accident MT/1095241

Policy No.	5007376762-15	Vehicle No.	CB4525E	GST Registration No.	
Certificate No.					
Policyholder Name	TAN YEW MOH	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S0071395C
Product Code	BUS INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96203875	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	24/06/2020 17:57	Accident Report Within 24 hrs	Yes	Accident Type	Collided into
Date of Accident	23/06/2020	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER EAST COAST ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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 922 #11-33	Address 2	HOUGANG STREET 93	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530922
Unit No.		Related Policy Number	5007376762-15		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/02/195
Unnamed driver Name	TAN YEW MOH	Driver NRIC	SXXXX395C	Driving Experience	49
Register Date of Driver License	03/02/1971	Driver Age	69	Contact No.(Home)	0
Contact No.(Mobile)	96203875	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 922	Address 2	HOUGANG STREET 93	Post Code	530922
Address 4		Address Type	Singapore address		
Unit No.	#11-33				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TAN YEW MOH	In	NF
Contact No.(Mobile)	96203875	Contact No.(Home)	NIL	Co	NC
Email Address		Vehicle Number	CB4525E	(O	TP
Claim Description	CB4525E / PEDESTRIAN ON 23 Jun 2020			Ve	No
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	Nu	Pr
Date Registered	24/06/2020 18:02	Preferred Workshop, Name unknown		Wi	
Report Taken By	ROSLINDA	GIA report	Received	De	Re

Print AK letter

Save Submit

Attachment

Accident No.	MT/1095241	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/06/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	SAS		Normal	SAS 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 18:02	Photos		Normal	Photos 2020-6-24

Video List

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