

NATIONAL Assessment Centre Services

Form 1-10/05

Page 1

Date In: 12/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008302/13	SAS e-filing		
Veh No: 5B2 865	E-mail (within 3hrs, AHC 2hrs)		
D.O.A: 11/08/20 1400	I-Motor Claim Form	MT/1099681-001	
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 Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: 5JW176L	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 rep/aler.

() 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

NA0004114	Invoice Preparation Checklist	Am (\$) In Bill	Am (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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		
Additors' Comments:	For claiming against INC Only (waf 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 1 day Mobile \$0		
	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	12/08/2020 09:20
Date Of Accident	11/08/2020 14:00
Exact Location Of Accident	JUNC OF SERANGOON AVE 4 & SERANGOON NORTH AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBZ86S
Insured/Policyholder	
Name Of Registered Owner	TAN HOW SOON IVAN
NRIC No	SXXXX841C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86994326
Alternative Phone No	OTHERS-86994326
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	5115011094
Cover Note Number	
Driver	
Name of Driver	TAN HOW SOON IVAN
NRIC No	SXXXX841C
Date Of Birth	01/09/1971
Occupation	INDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86994326
Fax Number	
Contact Number	OTHERS-86994326
Email Address	NOEMAIL

Address	BLK 152 SERANGOON NORTH AVE 1 #04-326
Postcode	550152
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJW176L
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)

DETAILS OF INJURED PERSON 1

Name	TAN HOW SOON IVAN
Approximate Age	
Injuries Sustain	MONITOR
Injured person in which vehicle?	SBZ86S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	WIFE
Approximate Age	
Injuries Sustain	MONITOR
Injured person in which vehicle?	SBZ86S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

X

Policyholder's Signature
Date & Time:

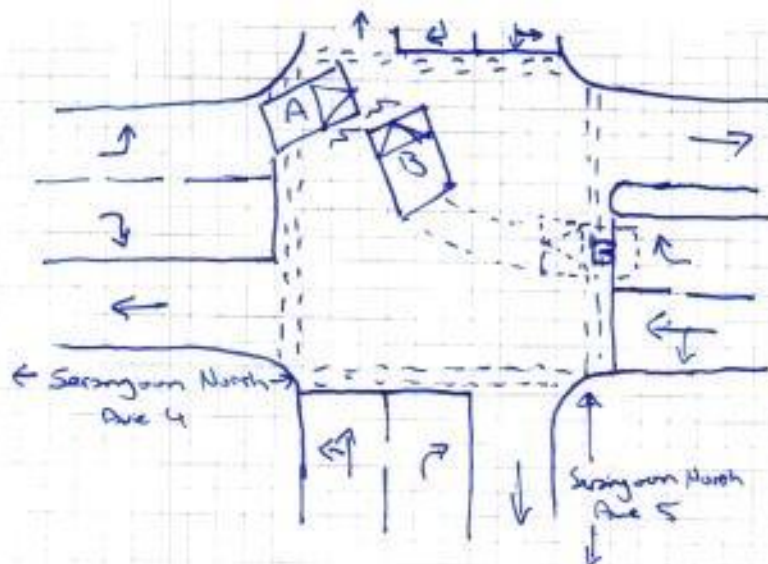
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A
- SBZ 863

Vehicle B
- SJW 176L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a left turn from Serangoun North Ave 4 going into Serangoun North Ave 5.

As there was pedestrian crossing the road, so I stopped and give way to the pedestrian. Which suddenly a vehicle from the opposite direction hit head onto my vehicle while she was making a right turn from the opposite side.

Alighted from my vehicle and realized it was a vehicle with licence plate (SJW 176L) collided to the front right portion of my vehicle while she fail to give way to me on the right of way at the junction and look out for on-going vehicle.

The whole accident footage was recorded and captured by my in-car camera.

Vehicle A - SBZ 863

Vehicle B - SJW 176L

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.:

Vehicle No.	SBZ 865	Model / Make	Honda Fit
Date of Accident	11/08/20		
Time of Accident	1400	HRS	
Location of Accident	Junction of Serangoon North Ave 4 and Serangoon North Ave 5		
Exact purpose use during accident	Private Use		
Name of Owner	Tan How Soon Ivan		
Telephone No.	H/P : 8699 4326	Home :	Office :
NRIC	S 7130841C		
Address	Blk 152 Serangoon North Ave 1		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5115011094		
Name of Driver	As Above If No,		
NRIC		Any Passengers : 1 (wife)	
Date of birth	01 Sep 1971		
Occupation	Outdoor / Indoor		
Driving License Pass Date	27 May 2013		
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?	Monitoring
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SSW 176L	Any Passengers :	
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		Witness Contact :	
Accident Portion	Front Right Portion.		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ian.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115011094

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SBZ865**
Chassis Number : GK33411856
2. Name of Policyholder : TAN HOW SOON IVAN
3. Effective Date of Insurance : 19 Dec 2019
4. Expiry Date of Insurance : 18 Dec 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN HOW SOON IVAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TWINCAR LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 18 Dec 2019 17:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident NT/1099681

Policy No.	982965	Vehicle No.	982965	GST Registration No.	
Certificate No.					
Policyholder Name	TAN HOW SOON IVAN			Policyholder NRIC	927139411
Product Code	REGULAR CAR INSURANCE	Cover Type	WHOLE TO WHOLE	Loading	0
Contact No. (Mobile)	982965	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	None
EPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	11/08/2020 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/08/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	KNOX ROAD NORTH AVE 4 & STRANGERS NORTH AVE 5				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	440.00	TP Standard Excess	0.00		
KID OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	440.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

Policyholder Mailing Address

Address 1	SEA 102 011 011	Address 2	STRANGERS NORTH AVENUE 5	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	622502
Unit No.		Related Policy Number	982965		
01 Driver Info					
Driver Name	TAN HOW SOON IVAN	Driver Type	Main Driver	Driver DOB	1990-01-01
Unnamed Driver Name		Driver NRIC	927139411	Driving Experience	5
Register Date of Driver License	17/05/2018	Driver Age	30	Contact No. (Home)	0
Contact No. (Mobile)	982965	Contact No. (Office)	0	Address 3	SINGAPORE
Address 1	SEA 102	Address 2	STRANGERS NORTH AVENUE 5	Post Code	622502
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX **New**

Claim Type	OD-MX	Insured Name	TAN HOW SOON IVAN	It	NR
Contact No. (Mobile)		Contact No. (Home)	982965	Cc	NR
Email Address		01		TP	NR
Claim Description	982965 / 31W176L On 11-Aug-2020				NR
Preferred Workshop	Preferred	Insured Liability	Not at Fault	GA report	Received
Preferred Report Option	Preferred	Preferred Workshop Name unknown			
Date Registered	12/08/2020 17:10	Claim Date	12/08/2020 17:10	To	NR
Report Taken By	ROSLINDA	Workshop Repairer		NR	NR
Print All Letter					
Save Submit					

Attachment

Accident No.	NT/1099681	Claim No.	001
Last Doc. Received	No Yes No	Upload Date	12/08/2020 17:10
Choose File	No file chosen	Category	Please Select
Choose File	No file chosen	Confidential	No Yes
Choose File	No file chosen	Urgency	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

N/A

Normal

Clear

Please Select

N/A

Normal

Clear

Please Select

N/A

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 17:09	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 17:09	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 17:09	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 17:09	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 17:09	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 17:09	Photos		Normal	Photos 2020-8-12

Video List

Uploaded By/Date	Folder Date	File Name	?	Source

Display in New Window

Scan and uploading