

NATIONAL Assessment Centre Services		Date: 15/08/2020		Ref No: NA/200/89815	
Date In: 15/08/2020	12:27	Job description	Date & Time Completed	Done by	
Ref No: NA/200/89815		SAS e-filing			
Veh No: FM 1896H		E-mail (within 3hrs, NIS 2hrs)			
D.O.A: 15/08/2020	13:28	i-Motor Claim Form	15/08/2020	12:48	
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: SCA895DP	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

NA200/295	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Contact No:	3) TF: 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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) NI: Idno DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N-in INC) against INC	\$20		
	9) N12: Idno 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	15/08/2020 12:27
Date Of Accident	08/08/2020 13:25
Exact Location Of Accident	103 PUNGGOL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM1896H
Insured/Policyholder	
Name Of Registered Owner	TAN PENG CHUAN DARYL
NRIC No	SXXXX965H
Email Address	DARYLPC97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83457176
Alternative Phone No	OTHERS-83457176
Vehicle Particulars	
Manufacturer	HONDA
Model	FS150F-149CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	MOTORCYCLE
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	5110672640-01
Cover Note Number	
Driver	
Name of Driver	TAN PENG CHUAN DARYL
NRIC No	SXXXX965H
Date Of Birth	01/05/1997
Occupation	INDOOR
Date Of Driving Pass	08/03/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83457176
Fax Number	
Contact Number	OTHERS-83457176
EMAIL Address	DARYLPC97@GMAIL.COM

Address	BLK 195 PASIR RIS STREET 12 #10-90
Postcode	510195
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)	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

PLEASE REFER TO SKETCH PLAN

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	SKA8952P
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTINE
NRIC/Passport Number	
Contact Number	97958237
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**.
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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: 150920 1136

Driver's Signature

(If driver is not the policyholder)
Date & Time:

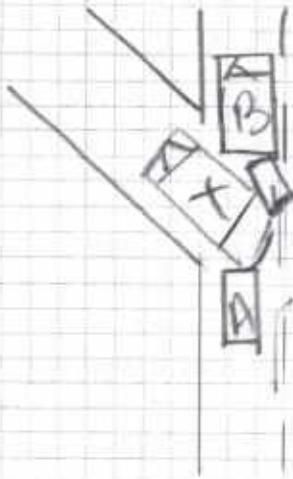
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

103 PUNIGOL ROAD



A) FBM 189614

B) SKA 8925P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08 August 2020, I was on the way home approaching 103 Punigol Rd entering T/E (KPE) (PIE) at 1325 when accident happened. Before the accident I was behind a 5 ton construction vehicle, when the construction vehicle was sitting to the left lane, I decided to overtake it. After I overtake it I clash with the car in front of me.

Being a construction vehicle which is tall, I wasn't able to see anything in front of the vehicle. When it shifted to the left lane, it was very near to the car in front causing me to emergency brake. In which I wasn't able to stop in time, the construction ~~then~~ vehicle ^{then} continued its journey.

After the accident, the car and my vehicle moved to the side of the road to check if everyone is okay. Everybody is okay, nobody got hurt. We exchanged contact and carry on with our day.

DECLARATION

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

Policyholder's Signature

Date & Time: 15/08/20 1136

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/08/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 08 / 2020) (DD/MM/YYYY), TIME: (13 : 25) (HH:MM)

LOCATION: 103 PUNGOL RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM1896H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5110672640-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: RS150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going home
 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 FENG CHUAN DARYL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9714965H CONTACT: 8345+176
 c) ADDRESS: PASIR RIS BLK 195 STREET 12
 #10-90 (3)510145

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (01 / 05 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 year 4 months

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)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA8952P MODEL: TOYOTA SIENNA
 b) DRIVER'S NAME: CHRISTINE
 c) NRIC/FIN/PASSPORT: CONTACT: 97953237

9. THIRD PARTY VEHICLE

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

Email = darylpc97@gmail.com

fax =

video =

Accident MT/118043

112

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

100

Normal

Clear

Please Select

100

Normal

Clear

Please Select

100

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2020 12:45	SAS	Normal	SAS 2020-8-15

Video List

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

Policy Query

Policy No.

Date of Accident

08/08/2020 12:25

Vehicle No. (For Motor)

FBM1896H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5110672640-01		TAN PENG CHUAN DARYL	S9714965H	GMC	Third Party, Fire & Theft	FBM1896H	FBM1896H	08/08/2020	07/08/2021