

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MAN007638

|   |  |                       |              |
|---|--|-----------------------|--------------|
| Date In: 2/9/20-16:19                                   | Job description                          | Date & Time Completed | Done by      |
| Ref No: 109/1402205434/24                               | SAS e-filing                             |                       |              |
| Veh No: SMP115P   | E-mail (within 5hrs, AIC 2hrs)           |                       |              |
| D.O.A: 2/9/20-10:00                                     | i-Motor Claim Form                       | MY1102436-001         | 2/9/20 16:34 |
| OD / <input checked="" type="radio"/> 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: SLW666SD  | 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: ( )

|   |                       |         |
|---|-----------------------|---------|
| 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA2004738                       | Invoice Preparation Checklist                   | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR : Accident Reporting (\$30);              |                       |                       |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                       |                       |
| Contact No:                     | 3) TF : Towing Fee \$40/\$45                    |                       |                       |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |                       |                       |
|                                 | 5) RT : 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*   |                       |                       |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5           |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |                       |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                       |                       |
| Auditors' Comments:-            | TP (N11) : TP (N11 INC) against INC \$20        |                       |                       |
| Dat 1:                          | 9) N12: Idac Mobile 30                          |                       |                       |
| Dat 2 / 3:                      | 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             | 03/09/2020 16:19         |
| Date Of Accident           | 03/09/2020 10:00         |
| Exact Location Of Accident | YIO CHU KANG RD TWDS CTE |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SMP115P                          |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | MELISSA TAN YAN ROU @MELISSA ONG |
| NRIC No                     | SXXXX944I                        |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             | (LOCAL) +65-93221893             |
| Alternative Phone No        | OFFICE-93221893                  |

### Vehicle Particulars

|  |                                   |
|--|-----------------------------------|
| Manufacturer   | TOYOTA                            |
| Model  | COROLLA ALTIS 1.6 ELEGANCE (AUTO) |
| 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             | 5117476708                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN CHEONG LIM        |
| NRIC No              | SXXXX555Z             |
| Date Of Birth        | 18/01/1963            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 27/03/1980            |
| Driving Experience   | 40 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93855111  |
| Fax Number           |                       |
| Contact Number       | OFFICE-93855111       |
| Email Address        | NOEMAIL               |

|   |                   |
|---|-------------------|
| Address   | 62 SUNRISE AVENUE |
| Postcode  | 806702            |
| Was driver an employee of the Insured's Company     | NO                |
| If No, Relationship of the Driver with the Insured  | PARENT            |
| 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?  |     |
| 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

REFER TO STATEMENT.

#### 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         | SLW6665D    |
| 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:

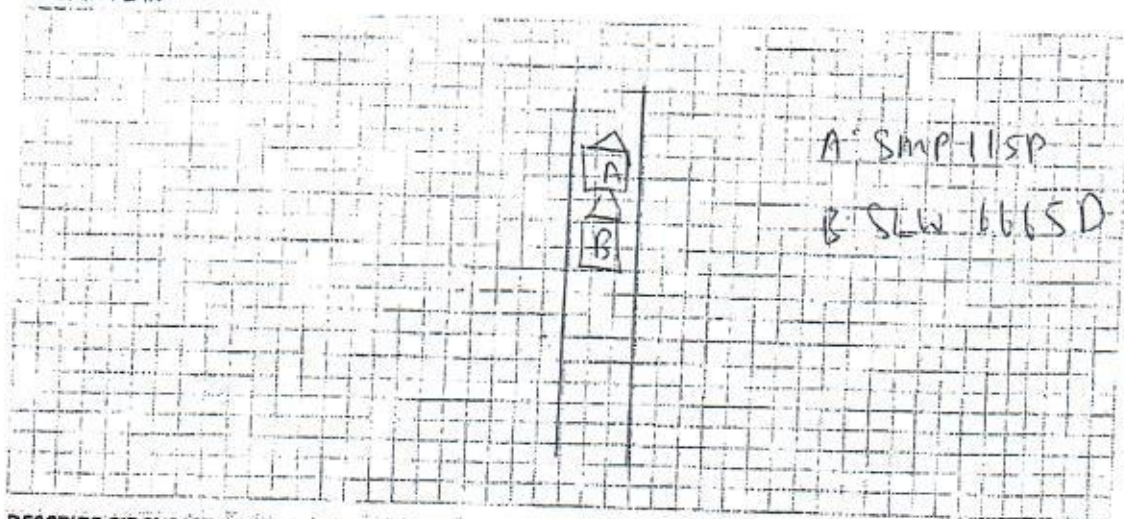
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

I was travelling along Slip Rd going to CTE from Yio Chu Kang Rd. The vehicle in front slow down & stop. I also slow down & stop. Suddenly, I felt a impact from the rear. I get down & realized vehicle B (SLW 6665 D) was over the rear of my vehicle.

## 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 ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### Accident details

|                            |   |
|----------------------------|---|
| Date and time of accident  | Date: 3/4/2020 (DD/MM/YY) Time: 10 AM (HH:MM) |
| Exact location of accident | Yio chu kang Rd going to CTE                  |

### Details of vehicle

|  |  |
|--|--|
| Vehicle registration number                        | SMP 115P   |
| Vehicle make and model                             | Toyota AHIS  |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>  |
| Purpose of using at said time                      | Private  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>  |

### Insurance information

|                   |  |
|-------------------|--|
| Insurance company | NTUC   |
| Policy number     |  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

### Insured / Policy holder

|                              |                                      |  |
|------------------------------|--------------------------------------|--|
| Name                         | MELISSA TAN YAN RUI                  | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S93439441                            |  |
| Contact                      | 9322 1843                            |  |
| Address                      | 504 Hongkong Ave 8 #10-108 S(530504) |  |

### Driver

Same as insured above ☐ (skip to D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | TAN Chong Lim   | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S15745552   |  |
| Contact                      | 93855111  |  |
| Address                      | 62 Sunrise Ave S(806702)  |  |
| Email address                |   |  |
| Date of birth                | 18/1/1963   |  |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |  |
| Driving date pass            | 27/3/2020   |  |

### General information of the accident

|  |  |
|--|--|
| Was driver an employee of the insured's company?             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| If no, relationship of the driver and insured: <u>Father</u> |  |
| Accident captured by camera?                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition  | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface   | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger  | 1 (Inclusive of driver)  |

#### Passenger 1

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 2

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 3

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 4

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 5

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 6

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Other information

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### Details of police action

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name |  |



Third party vehicle 1

|                              |            |
|------------------------------|------------|
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  | SLW 6665 D |
| Vehicle make model           |            |

Third party vehicle 2

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 3

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 4

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 5

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 6

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |



Witness 1

|      |  |
|------|--|
| Name |  |
|------|--|

Witness 2

|      |  |
|------|--|
| Name |  |
|------|--|

Injured person 1

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 2

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 3

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 4

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |