NATIONAL Assessment Centre Services [wef : Jan'06] MHAN 00870972

	Job description	Date & Time Completed	Done by
Date In: 3/9/12-10:38	SAS e-filing		
Ref No: NA/INK20/04647H	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SKB7W85	i-Motor Claim Form	MY1105037-001	30/9/20 12:53
D.O.A : 20/9/20-15:32	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD : (TP) / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:)

TP Particulars: Veh No: SLG649K   .   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

NA2005312

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist	Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($80)		
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 (Non INC) against INC $20		
9) N12: Idac Mobile 30		
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 witholding 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	30/09/2020 10:38
Date Of Accident	29/09/2020 15:30
Exact Location Of Accident	EUNOS AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7008S

Insured/Policyholder

Name Of Registered Owner	TYE FOT LIN
NRIC No	SXXXX797F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91112486
Alternative Phone No	OFFICE-91112486

Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI ULTRA (PI)
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	5109848398-01
Cover Note Number	

Driver

Name of Driver	TYE FOT LIN
NRIC No	SXXXX797F
Date Of Birth	24/02/1974
Occupation	INDOOR
Date Of Driving Pass	30/11/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91112486
Fax Number	
Contact Number	OFFICE-91112486
EMail Address	NOEMAIL

Address	BLK 112 BEDOK RESERVOIR ROAD #13-260
Postcode	470112
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 - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE649K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SHIN YAM, TOMMY (CHEN SHENGYAN)
NRIC/Passport Number	SXXXX538H
Contact Number	98222948
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.

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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

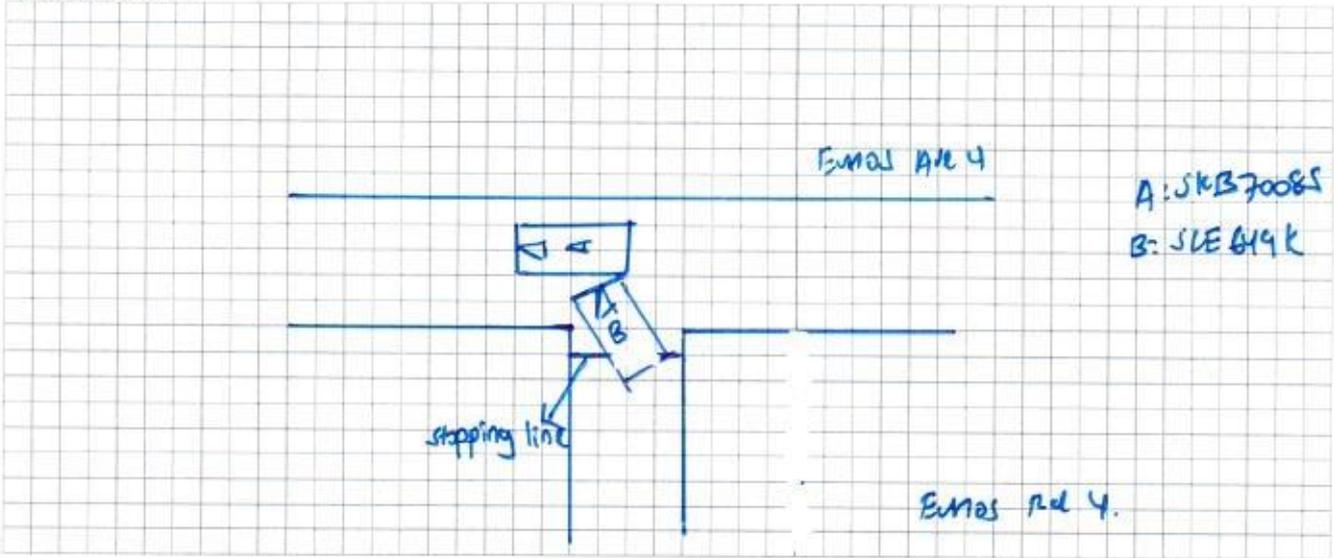   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

Eunos Ave 4

A: SKB 7008S
B: SLE 6194 K

stopping line

Eunos Rd 4.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was travelling along straight along Eunos Ave 4. Suddenly vehicle

B came out from the minor rd. He did not stop before the stopping line.

vehicle B front right portion hit onto my vehicle rear left portion.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE:(29 / 9 / 20.)(DD/MM/YYYY), TIME:(15 : 30)(HH:MM)

LOCATION: Eunos Ave 4

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: JKB 7008S
   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: Private.
   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: _____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 91112486.
   c) ADDRESS: _____

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

⚡No of passenger
(Including driver)
(1.)

3. **DRIVER**
   a) NAME: _____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

   *d) DATE OF BIRTH: (____/____/____)(DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: _____

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: _____

⚡No of passenger
(Including driver)
(2.)

8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SLE649K.   MODEL: 98222948
   b) DRIVER'S NAME: Tan chin yam, Tommy (Chen Shengyen)
   c) NRIC/FIN/PASSPORT: 578645384.   CONTACT: _____

⚡No of passenger
(Including driver)
(__)

9. **THIRD PARTY VEHICLE**
   d) VEHICLE NUMBER: _____   MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____   CONTACT: _____

email = Pauline

fax =

VIDEO = ✓