

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAH 0067998**

Date In: 8/10/20-15:30	Job description	Date & Time Completed	Done by
Ref No: MAH 0067998	SAS e-filing		
Veh No: 5J3394614	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/10/20-08:30	i-Motor Claim Form	MAH 1105998-002	MAH 16.8
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: MAH 50698	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	ON*		
	*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	

Auditors' Comments:-

At 1: _____

At 2 / 3: _____

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	08/10/2020 15:32
Date Of Accident	08/10/2020 08:30
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE BUKIT PANJANG RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3946H
Insured/Policyholder	
Name Of Registered Owner	TANG HOCK LAM
NRIC No	SXXXX174H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83000900
Alternative Phone No	OFFICE-83000900

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	REPORTING ONLY
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	5109209757-01
Cover Note Number	

Driver

Name of Driver	TANG LI KIAT
NRIC No	SXXXX808J
Date Of Birth	01/04/1997
Occupation	INDOOR
Date Of Driving Pass	31/08/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94896474
Fax Number	
Contact Number	OFFICE-94896474
Email Address	NOEMAIL

Address	BLK 693B WOODLANDS AVENUE 6 #04-743
Postcode	732693
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	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	SLE5069B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HAN SENG
NRIC/Passport Number	SXXXX185I
Contact Number	97684272
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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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.:

13

CAR 1A
SJS 3946 H.
CAR 1
SLR 5069 B

On STATED TIME AND DATE

I WAS TRAVELLING ALONG BRK TOWARD
WOODLAND BEFORE BUYING PARKING EX1 ON
MY VEHICLE BEARING SSS 3946 H. THE
WEATHER IS RAINING AND ROAD WET, SUDDEANLY
THE VEHICLE BEARING SLR 5069 JAM BREAK
AND COME TO A STOP. I CANNOT STOP
IN TIME AND COLLIDED ON TO REAR,
WE BOTH DRIVER EXCHANGE PARTICULAR AND
AGREED TO PROCEED TO INSURANCE CLAIM.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: _____

NRIC/FIN No.:

Date of Accident : 8/10/2020 Accident Time: 0832 (24-HR-Format)
Accident Place : ~~THE BUS BUS~~ BKE TOWARD WOODLAND BEFORE BUKIT PAHOM. EX17
Vehicle Reg. No. (Car Plate No.) : SS3 3946 H
Vehicle Make/Model : HYUNDAI AVANTE
Insurance Company : N74C Policy No. 5109209757-01
Owner or Company Name / IC No. : TAN HOCK LAM 86912174 H.
Owner or Company Contact No. : 83000900 Owner's Hp Company Tel
DRIVER'S Name / IC No. : S9710808 J
DRIVER'S Date Of Birth : 4/1/1997 DRIVER'S License Pass Date 31/08/2018
Relationship of Owner & Driver : Spouse ☒ Parents ☐ Children ☐ Sibling ☐ Employee ☐ Others:
DRIVER'S Address : 31K 6933 WOODLANDS AVE 6 #04-743
DRIVER'S Contact No. / Alt No. : 1) 9489 6474 2) S 732693
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : Tanlikal@gmail.com
Weather & Road Surface : CLEAR & DRY ☒ RAINING & WET ☐ AFTER RAIN & WET
Reporting Type : ☒ Reporting Only ☐ Claim Other Party ☐ Claim Own Insurance
Number of Passengers (Including Driver): 0
Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use ☒ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SR 5069 B</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>VEZEL HONDA</u>	Vehicle Make/Model: _____
Name Driver: <u>LEE HAN SENG</u>	Name Driver: _____
IC No. Driver: <u>S 1433 135 1</u>	IC No. Driver: _____
Driver's Contact & Add: <u>9768727</u> <u>97684272</u>	Driver's Contact & Add: _____