

NATIONAL Assessment Centre Services. [ver 1.3-2005]

20090090000

Date In: 17/10/2010 17:30	Job description	Date & Time Completed	Done by
Ref No: XBA/AC200/115514	SAS e-billing		
Veh No: SMN 7560B	E-mail (by date time, A/C time)		
OD: 18/10/2010 18:15	I-Motor Claims Form	18/10/2010	18:01
OD: TP: Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whisp		

Preferred Wkep / INC Assign Wkep / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SMN 7560B** 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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo (Repair Cost > \$9000) ( )

Injury: \_\_\_\_\_

Driver/Owner:	1) AD: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$10/\$45
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Issue DA + EMRT Survey	\$100
	8) NIUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Legal Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non-INC) / Police (NI)	\$20
	NI: Mile Mobile	\$9
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

20005457

20090090000

## 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	14/10/2020 17:30
Date Of Accident	13/10/2020 18:15
Exact Location Of Accident	BLOCK 505 TAMPINES CENTRAL 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7560B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG SIAK WANG (CHEN XIWANG)
NRIC No	SXXXX772H
Email Address	ANTHONY.TANG2013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93364796
Alternative Phone No	OTHERS-93364796

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	5112049327-01
Cover Note Number	

### Driver

Name of Driver	TANG SIAK WANG (CHEN XIWANG)
NRIC No	SXXXX772H
Date Of Birth	20/11/1982
Occupation	INDOOR
Date Of Driving Pass	30/06/2005
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93364796
Fax Number	
Contact Number	OTHERS-93364796
EMail Address	ANTHONY.TANG2013@GMAIL.COM

Address	BLK 308C PUNGGOL WALK #14-346
Postcode	823308
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201014/2080

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV4026R
Vehicle Make/Model/Colour	TOYOTA WISH
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.
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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**.
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: 1715 14/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

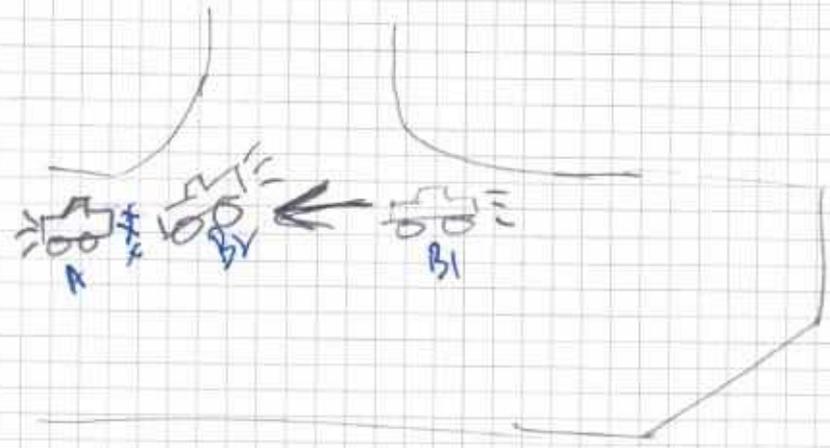


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN BEK 505 TAMPIKAS CIRC 1 OPTIM CARPARK



- A) SMX 7560B
- B) SJV 4026R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in stationary position and dropped of passengers  
 While waiting in stationary position, another vehicle  
 SJV 4026R reverse into my rear.

POLICE REPORT 7/20201514/2080

DECLARATION

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

Policyholder's Signature  
 Date & Time: 14/10/2020  
 1720

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (13/10/2013) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: Tampines Central 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN 7560 B  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5112049327-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Sienta  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: personal use  
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: Tang Siak Wang (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: SF2397724 CONTACT: 93264196  
c) ADDRESS: Blk 208C Punggol Walk #14-346

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

### DRIVER

- a) NAME: as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (20/11/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 30 June 2005

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) clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Tampines Neighbour Police (all)

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJV 4026 R MODEL: Toyota Wish  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

# No of passenger  
(Including driver)  
(1)

# No of passenger  
(Including driver)  
( )

# No of passenger  
(Including driver)  
( )

email = anthony.tang2013@gmail.com

VIDEO



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2020 14:48		Vide Report No.:		Station Diary No.: 104	
<b>Informant's Particulars</b>					
Name of Informant: TANG SIAK WANG			Address: APT BLK 308C PUNGGOL WALK #14-346 SINGAPORE 823308		
ID Type / ID No.: NRIC NO / S8239772H			Contact No.:		Mobile: 93364796
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 20/11/1982	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/10/2020 18:15	Type of Location: Car Park
Location: TAMPINES CENTRAL 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV4026R	Car	TOYOTA	WISH	Silver		0
SMN7560B	Car	TOYOTA	SIENTA	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201014/2080

2 of 3

Report No. T/20201014/2080

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

**Brief Details.**

On 13 October 2020 at about 6.15 pm, I parked my car registration number SMN7560B at the open carpark at Block 505 Tampines Central 1. I parked my car head in and stayed inside my car. My car was idling. Suddenly there was another car registration number SJV7026R that was reversing and the rear portion of the said car collided to the rear portion of my parked car. I horned twice at the car but the driver just drove off. The whole incident was caught in my in-car camera. The rear portion of my car sustained two scratches measuring about 5 cm long each.



**SINGAPORE  
POLICE FORCE**



T/20201014/2080

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

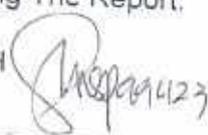
Report No. T/20201014/2080

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / SI SHAHRIN BIN ABDULLAH 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG Contact No.: 65476144

Signature Of Informant: 
Date/Time: 14/10/2020 14:48
Classification Of Case:

Authentication Stamp  
NP168



**Claim Handling**

Accident MT/1106600

Policy No.	5112049327-01	Vehicle No.	SMN7S60B	GST Registrati
Certificate No.				
Policyholder Name	TANG SIAK WANG (CHEN XIWANG)			Policyholder NI
Product Code	PRIVATE CAR (INSURANCE)	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93364796	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ **Accident Details**

Report Date	14/10/2020 17:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/10/2020	Time of Accident hh:mm	18:15	Country of Acc
Reporting Centre		Grange Force		ICM No.
Accident Location	BLOCK 505 TAMPINES CENTRAL 1 OPEN CARPARK			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 880 #04-286	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-346	Related Policy Number	5112049327-01	

▼ **OI Driver Info**

Driver Name	TANG SIAK WANG (CHEN XIWANG)	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S8239772H
Register Date of Driver License	30/06/2005	Driver Age	37
Contact No.(Mobile)	93364796	Contact No.(Office)	
Address 1	BLK 880 #04-286	Address 2	TAMPINES AVENUE 8
Address 4		Address Type	Singapore address
Unit No.	14-346		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMN7S60B
			Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TA
Contact No.(Mobile)	93364796	Contact No. (Home)	64
Email Address	anthony.tang2013@gmail.com	OI Vehicle Number	SM
Claim Description	SMN7S60B / SJV4026R ON 13 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	14/10/2020 18:01	Received	
Report Taken By	ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No. MT/1106600 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 14/10/2020 18:01

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Print"/>	<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:01	SAS	Normal	Sr

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/10/2020 17:26"/>
Vehicle No.(For Motor)	<input type="text" value="SMN7560B"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NAIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112049327-01		TANG SIAK WANG (CHEN XIWANG)	S8239772H	GPC	drive CLASSIC	SMN7560B	SMN7560B	27/08/2020	26/08/2021

Continue