

NATIONAL Assessment Centre Services.

[Part 1 of 2]

MAA/20090153

Date In: 15/10/2020 10:43

Ref No: MAA/20090153

Veh No: SIF 6413C

D.O.A: 15/10/2020 08:20

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (if applicable)

I-Motor Claims Form

I-Motor W/O (With: OD 3hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Date & Time Completed

Done by

M711106660-001

15/10/2020

11:03

Preferred Wksp / INC Assign Wksp / OW: (

TP Participant:

Veh No:

SLA 9706R

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Tel: (

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: YRS () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

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

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

Drive-In (

/ Towed-In (

; Invoice: VRS (

/ NO (

; Towing Co: (

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: (

MAA/2005478

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee

4) PT: Follow-Through Survey

5) PT: Follow-Through Survey (Resurvey)

6) TR: Re-inspection

7) NI: (See DA + SMRT Survey

8) NIUC Additional Services

9) NIUC Additional Services

10) NIUC Additional Services

11) NIUC Additional Services

12) NIUC Additional Services

13) NIUC Additional Services

14) NIUC Additional Services

15) NIUC Additional Services

16) NIUC Additional Services

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18) NIUC Additional Services

19) NIUC Additional Services

20) NIUC Additional Services

21) NIUC Additional Services

22) NIUC Additional Services

23) NIUC Additional Services

24) NIUC Additional Services

25) NIUC Additional Services

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

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	15/10/2020 10:43
Date Of Accident	15/10/2020 08:00
Exact Location Of Accident	JALAN BUKIT MERAH SLIP RD TOWARDS HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6413C
Insured/Policyholder	
Name Of Registered Owner	FIRDAUS TAN JO HAN NICHOLAS
NRIC No	SXXXX786Z
Email Address	NICHOLASJHTAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91466794
Alternative Phone No	OTHERS-91466794

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK

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	5100408352-02
Cover Note Number	

Driver

Name of Driver	FIRDAUS TAN JO HAN NICHOLAS
NRIC No	SXXXX786Z
Date Of Birth	23/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2001
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91466794
Fax Number	
Contact Number	OTHERS-91466794
Email Address	NICHOLASJHTAN@YAHOO.COM

Address	BLK 98 BOON TIONG ROAD #07-513
Postcode	163009
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	SLA6706R
Vehicle Make/Model/Colour	AUDI
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.
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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:

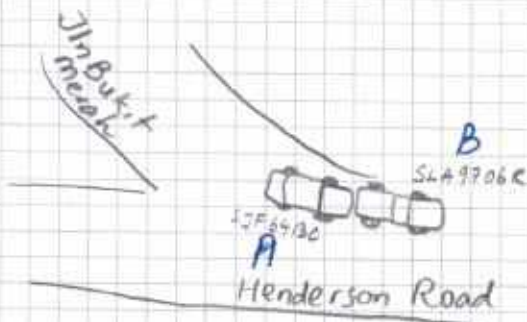
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 15 Oct 20' 1045

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


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

SKETCH PLAN



A) SJF 6413C


B) SLA 9706R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


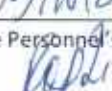
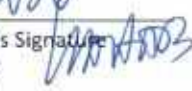
I was turning out of the slip road from Jln Bukit Merah onto Henderson Rd. Other car moved forward. I checked my blind spot before moving forward. When I looked forward again I realised the car had stopped and I tapped his bumper. My speed was just at moving off speed <10km/h. We drove to the side and spoke. After looking at the scratches on his car, he told me to just carry on.

DECLARATION

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


Policyholder's Signature
Date & Time: 15 Oct 2010 10:15

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 10 / 20) (DD/MM/YYYY), TIME: (08 : 00) (HH:MM)

LOCATION: Henderson Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 6413C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5100408352-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Corolla Axio
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling to work
 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: Firdaus Tan Jo Han Nicholas (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S80049862 CONTACT: 91466794
 c) ADDRESS: 7B Boon Tiong Rd #07-513 S163009

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (23 / 02 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21 Feb 2007

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: SLA 9906R MODEL: Audi
 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)
 (2)

* No of passenger
 (Including driver)
 ()

Email = nicholasjhtan@yahoo.com

VIDEO

Claim Handling

Accident MT/1106640

Policy No.	5100408352-02	Vehicle No.	SJF6413C	GST Registrati
Certificate No.				
Policyholder Name	FIRDAUS TAN JO HAN NICHOLAS			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91466794	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	15/10/2020 11:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/10/2020	Time of Accident hh:mm	09:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BUKIT MERAH SLIP RD TOWARDS HENDERSON RD			

▼ 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 9B #07-513	Address 2	BOON TIONG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100408352-02	

▼ OI Driver Info

Driver Name	FIRDAUS TAN JO HAN NICHOLAS	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S80647862	Driver DOB
Register Date of Driver License	09/05/2001	Driver Age	40	Driving Experi
Contact No.(Mobile)	91466794	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 9B #07-513	Address 2	BOON TIONG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJF6413C	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001

New

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	FF
91466794	Contact No. (Home)	RI
nicholasjhtan@yahoo.com	OI Vehicle Number	SJI

SJF6413C / SLA5706R ON 15-Oct-2020

Preferred Workshop: [] Insured Liability: Fully at Fault

Preferred Repair Option: Preferred Workshop, Name unknown

GIA report: Received

15/10/2020 11:02 Claim Close Date

ROSLI WAHAB

Save Submit

Attachment

Accident No. MT/1106640 Claim No. 001
 Last Doc. Received: ☒ Yes ☐ No Upload Date 15/10/2020 11:03

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confider

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

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NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos	Normal	PHI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	SAS	Normal	Sr

Video List

Uploaded By/Date:

Folder Date

File Name

Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

* Change Language

* Change Password

* Log Out

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/10/2020 10:41"/>
Vehicle No. (For Motor)	<input type="text" value="SIF6413C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100408352-02		FIRDAUS TAN JO HAN NICHOLAS	S60047862	GIC	drive CLASSIC	SIF6413C	SIF6413C	05/06/2020	04/06/2021