

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

SM072110009

Date In: 20/01/2021 16:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC2100 NA/1/1	SAS e-filing		
Veh No: 2B 2944R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/01/2021 18:18	I-Motor Claim Form	MT1119305001	30/01/2021 16:21
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: SMA 1153B	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:
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Date/Time	Actions

X/A2100927	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	Dat. 1:	6) TR: Re-inspection \$75		
	Dat. 2 / 3:	7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	on:			
	*N5: Courtesy Car / Tp 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: Idao 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 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 Submission	30/01/2021 16:17 (SGT)
Date of Accident	29/01/2021 18:18 (SGT)
Exact Location of Accident	MacRitchie Viaduct, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2994R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN AI HWA
NRIC No	SXXXX395A
Email Address	henryfutaba@yahoo.com.sg
Mobile Phone No	(Phone) +65-98256678
Alternative Phone No	+65-88232994

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5087948075-03
Cover Note Number	-

#### DRIVER

Name of Driver	LAU KHOON TECK
NRIC No	SXXXX486J
Date Of Birth	02/01/1956
Occupation	Indoor

Date Of Driving Pass	19/08/1982
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88232994
Alt. Phone Number	-
Email Address	ktlau7468@yahoo.com.sg
Address	BLK 12 TELOK BLANGAH CRESCENT #08-103
Address complement	-
Postcode	090012
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA1153B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAU KHOON TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLB2994R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 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.

#### 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

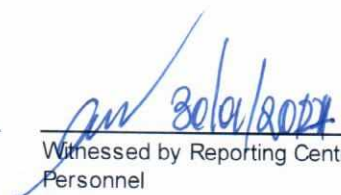
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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



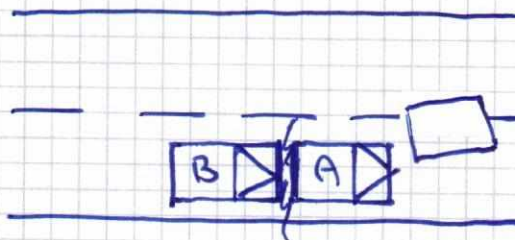
Witnessed by Reporting Centre Personnel

#### Sketch Plan

MACRINTHE JARONG

Vehicle A - SLB 29942

Vehicle B - SMA 1153B



### Describe Circumstances of the Accident

I was driving along MacRitchie Viaduct toward Braddell Road,  
I was on the right lane.

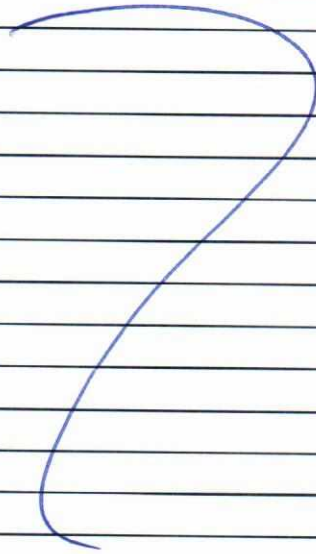
While driving straight ahead, suddenly the vehicle  
in front of me got into a accident with a vehicle on the left  
lane, and stopped immediately. And so I applied brake and  
manage to stop in time behind the vehicle in front, which suddenly  
after a few seconds, I felt a great impact from the rear  
of my vehicle.

Alighted from my vehicle and realized it was a vehicle with  
licence plate number (SMA 1153B) collided to the rear of my  
vehicle.

A video footage of how the accident happened was taken from  
another vehicle at the back.

Vehicle A - SLB 2994R

Vehicle B - SMA 1153B



### Declaration

We declare the foregoing particulars are true in every respect.

Tan

Policyholder's Signature / Date &  
Time

Ram

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

aw 30/01/2021

Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SLB 2994 R	MAKE & MODEL: Mazda 3	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT: 29/01/21	/ /	CC: 1496 CC
TIME OF ACCIDENT:	1910 HRS	
LOCATION OF ACCIDENT:	Mazritchre Viasduct.	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Tan Ai Hua.	
TEL NO:	H/P: 98256678	OFFICE: HOME:
NRIC:	S 1623395A	
ADDRESS:	Blk 12 Telok Blangah Crescent #08-103	
EMAIL:	Henry FUTABA @ yahoo.com.sg	S(090012)
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO	
INSURANCE COMPANY:	Ntuc	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:		
NAME OF DRIVER:	AS ABOVE / IF NO: Lau Khoun Teck	
NRIC:	S 1167486J	ANY PASSENGER: Nil
DATE OF BIRTH:	02 / 01 / 1956	LICENCE PASSED DATE: 19 / 08 / 1982
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR	
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE	
CONTACT NO:	H/P: 8823 2994	OFFICE: HOME:
ADDRESS:	Blk 12 Telok Blangah Crescent #08-103	S(090012)
EMAIL:	KTLAU 7468 @ yahoo.com.sg.	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Spouse	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:	
ANY INJURIES:	NO / IF <input checked="" type="radio"/> YES WHO?	
NAME & CONTACT:	Lau Khoun Teck. 8823 2994.	
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SMA 1153 B	ANY PASSENGERS:
NAME OF DRIVER:		CONTACT NO:
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT PORTION:	Rear	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Im.	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

## Claim Handling

Accident MT/1119365

Policy No.	5087948075-03	Vehicle No.	SLB2994R	GST Registration No.	
Certificate No.					
Policyholder Name	TAN AI HWA			Policyholder NRIC	S1623395A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98256678	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	30/01/2021 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to P
Date of Accident	29/01/2021	Time of Accident hh:mm	18:18	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACRITCHIE VIADUCT				
<b>Total Excess Applicable</b>					
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 Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	33 PUNGGOL FIELD	Address 2	#04-12 PRIVE	Address 3	SINGAPORE 828817
Address 4		Address Type	Singapore address	Post Code	828817
Unit No.	04-12	Related Policy Number	5087948075-03		
<b>OI Driver Info</b>					
Driver Name	Lau Khoon Teck	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1167486J	Driver DOB	02/01/1956
Register Date of Driver License	19/08/1982	Driver Age	65	Driving Experience	38
Contact No.(Mobile)	88232994	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLB2994R	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN AI HWA	Insured NRIC	
Contact No.(Mobile)	98256678	Contact No.(Home)	63127914	Contact No.(Office)	
Email Address	taneunice5@gmail.com	Vehicle Number	SLB2994R	TP Vehicle Number	
Claim Description	SLB2994R / SMA1153B ON 29 Jan 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By				Claim Close Date	Date Received
				ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1119365	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2021 16:21



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

Message Board

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 16:21	SAS		Normal	SAS 2021-1-30

## Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

- Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

29/01/2021 16:01

Vehicle No.(For Motor)

SLB2994R

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087948075-03		TAN AI HWA	S1623395A	GPC	drivo CLASSIC	SLB2994R	SLB2994R	31/03/2020	30/03/2021