

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

SM 09212000V

Date Inc: 11/2/21 17:54	Job description	Date & Time Completed	Done by
Ref No: MA/INC 21001516164	SAS e-Mailing		
Veh No: SLG 1476	E-mail (within 2hrs, AIC 2hrs)		
DEFA: 29/1/21 15:30	I-Motor Claim Form	MT/1119617001	21/2/21 09:15
OT: 11: Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SKJ 7932R	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 ()		

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date of Incident: ()	
Location: ()	
Weather: ()	
Road Conditions: ()	
Witnesses: ()	
Police Report: ()	

MA 2101269	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: 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
	For claiming status INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: IDAO DA + SMRT Survey	\$160
	8) NIUC Additional Services:-	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*NF: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: IDAO Mobile	\$0
	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	01/02/2021 17:54 (SGT)
Date of Accident	29/01/2021 15:30 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG147G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG CHONG KIAT
NRIC No	SXXXX281H
Email Address	TANGCHONGKIAT07022020@GMAIL.COM
Mobile Phone No	(Phone) +65-83335394
Alternative Phone No	+65-83335394

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	5118656460
Cover Note Number	-

DRIVER

Name of Driver	TANG CHONG KIAT
NRIC No	SXXXX281H
Date Of Birth	09/06/1993
Occupation	Indoor

Date Of Driving Pass	02/09/2015
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83335394
Alt. Phone Number	+65-83335394
Email Address	TANGCHONGKIAT07022020@GMAIL.COM
Address	BLK 693B WOODLANDS AVE 6 #04-743
Address complement	-
Postcode	732693
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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

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	SKJ7972R
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	TANG CHONG KIAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLG147G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

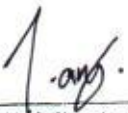
SKETCH PLAN

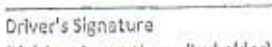
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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.:

upper paya lebar road

Vehicle A

SLG147G

Vehicle B

SKJ7972R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was travelling in my vehicle bearing car plate number SLG147G along Upper Paya Lebar road towards Paya Lebar Square on lane 3 and the traffic flow was heavy. While I was stationary on the lane and decided to change lane due to the traffic but there were too many on-going cars thus I was unable to do a lane change and suddenly I felt a huge impact on the driver's side of my vehicle then I realized that (SKJ7972R) vehicle B did a lane change from lane 2 to my lane and wasn't aware of my stationary vehicle which then collided onto my vehicle. due to the impact of the bang, I felt unwell and sought medical attention at a 24hour clinic the next day and was given 2 days MC. The other party and I had exchanged particulars and both agreed to proceed with insurance claim.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

29/01/2021 17:40

Vehicle No.(For Motor)

SLG147G

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"/>	5118656460		TANG CHONG KIAT	S9319281H	GPC	drive CLASSIC	SLG147G	SLG147G	18/08/2020	17/08/2021

Date of Accident: 29/1/21 Accident Time: 1530 (24-HR-Format)
 Accident Place: UPPER PAYA LEBAR ROAD (OUTSIDE SHALU)
 Vehicle Reg. No. (Car Plate No.): SLG 147G
 Vehicle Make/Model: HONDA CIVIC
 Insurance Company: NTUC INCOME Policy No. 511865460
 Owner or Company Name / IC No.: TANG CHONG KIAT
 Owner or Company Contact No.: 83335394 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No.: AS ABOVE
 DRIVER'S Date Of Birth: 09/6/1993 DRIVER'S License Pass Date 9/2/2015
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address: BK 693B WOODLANDS AVE 6 #04-743
 DRIVER'S Contact No. / Alt No.: 1) AS ABOVE 2) S 732693
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address: Tangchongkiat07022020@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): 01
 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>SLG 147G</u>	Vehicle Reg. No: <u>SKJ 7972 R</u>
Vehicle Make/Model: <u>HONDA CIVIC</u>	Vehicle Make/Model: <u>BMW 216</u>
Name Driver: <u>TANG CHONG KIAT</u>	Name Driver: <u>LOUISA FANG YU XIAD</u>
IC No. Driver: <u>59319281H</u>	IC No. Driver: <u>S9037663A</u>
Driver's Contact & Add: <u>83335394</u>	Driver's Contact & Add: _____

Admin @ epicar.sg

IC di inside whatsapp kto # Yes Injury