

NATIONAL Assessment Centre Services, [part 1 of 2] 8/08/21 250004

Date In: 11/07/2021 12:19	Job description: SAS calling	Date & Time Completed: 11/02/2021	Done by:
Ref No: 18000000000000000000	U-mail (Sasha Blue, A/G Blue)		
Veh No: 58 6054	I-Motor Claim Form	MT1128890-001	11/02/2021
D.O.A. 10/07/2021 19:50	I-Motor W/O (W/ins: OD 21st, TP 41st)		12:30
(1) TP Reporting Only	I-P Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Preferred Wksp / INC Assign Wksp / QW:	Ass'n Report by Fax / Hand to Owner/VViksz		

TP Identification:	Veh No: 58 6054	INC () / Non-INC ()	Yel:	Fax:
Owner / Driver:	Period:	Cover Type:	Tel:	
Confirmed by:	Date:			

Insured/Driver Liability:	% [Note: Est Status (WO): N: 0-20%; P: 21-79%; R: 80-100%]
Year of Registration:	Warranty: YES () / NO ()
Excess (\$)	Landing: \$1,000 () / \$2,000 ()
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Ref of report.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In ()	Invoice: YES () / NO ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$9,000) ()	

Injury:

1) All Additional Incident (330)	
2) DA: Damage Assessment (\$100)	
3) TP: Towing Fee (\$100)	
4) TP: Follow-up Survey (Survey) (\$100)	
5) TP: Follow-up Survey (Survey) (\$100)	
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30) TP: Follow-up Survey (Survey) (\$100)	

Driver/Owner:	1) All Additional Incident (330)
Contract No:	2) DA: Damage Assessment (\$100)
Damaged Portion:	3) TP: Towing Fee (\$100)
QC Checked by (Engr-In-Charge):	4) TP: Follow-up Survey (Survey) (\$100)
	5) TP: Follow-up Survey (Survey) (\$100)
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	29) TP: Follow-up Survey (Survey) (\$100)
	30) TP: Follow-up Survey (Survey) (\$100)

Invoice dated: 11/02/2021

Page 1 of 1

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	11/02/2021 12:45 (SGT)
Date of Accident	10/02/2021 19:40 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS COMMONWEALTH AVENUE WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4052U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JONATHAN TAN KO LENG
NRIC No	SXXXX160G
Email Address	sniliams@yahoo.co.uk
Mobile Phone No	(Phone) +65-91888774
Alternative Phone No	+65-90046579

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5084505032-04
Cover Note Number	-

DRIVER

Name of Driver	SEOW MUI LIN SHARON (XIAO MEILING SHARON)
NRIC No	SXXXX207H

Date Of Driving Pass	29/01/2001
Driving experience	20 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90046579
Alt. Phone Number	-
Email Address	sniliums@yahoo.co.uk
Address	BLK 51 STRATHMORE AVENUE #06-195
Address complement	-
Postcode	140051
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	AFTER RAIN
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SON
Gender	Male

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	HELPER
Gender	Female

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJZ7683C
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIA RUI SHEN
NRIC No	SXXXX581B
Contact Number	(Phone) +65-83155518
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
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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



Describe Circumstances of the Accident

I was at the zebra crossing at the junction of Clementi Road and Commonwealth Ave West when the vehicle SJZ7683C suddenly banged my car from behind. My car did not make contact with the car in front of me.

As there were cars also waiting to turn left and I didn't want to block the way, I moved my car to the Chevron marking by the left side of the road to unobstruct traffic.


The driver who hit my car apologised and said that his car skidded and it was his fault. We took photos and exchanged particulars.


This took place at about 7.40pm on Wednesday 10 Feb 2021. The road was wet ~~but~~ after as it had rained earlier on.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 11/2/2021; 11.19am
Driver's Signature (If driver is not the policyholder) / Date & Time

 11/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 02 / 2021) (DD/MM/YYYY), TIME: (19 : 40) (HH:MM)

LOCATION: Junction of Clementi Road and Commonwealth Ave West

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG4052U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5084505032-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Elantra
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private 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: Jonathan Tan Ko Leng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST682160G CONTACT: 91888744
 c) ADDRESS: Blk 51 Strathmore Ave #06-195
Forfar Heights S(140051)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Seow Mui Lin Sharon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST92720TH CONTACT: 90046579
 c) ADDRESS: Blk 51 Strathmore Ave #06-195
Forfar Heights S(140051)

* d) DATE OF BIRTH: (24 / 08 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29 Jan 2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After rain

b) ROAD SURFACE: (DRY / WET / OTHERS) Wet

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: SJZ 7683C MODEL: Audi
 b) DRIVER'S NAME: Sia Rui Shen
 c) NRIC/FIN/PASSPORT: S9824581B CONTACT: 83155518

9. THIRD PARTY VEHICLE

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

Email: sniliams@yahoo.co.uk

VIDEO

Claim Handling

Accident MT/1120890

*Policy No.	5084505032-04	Vehicle No.	SLG4052U	GST Registration No.
Certificate No.				
Policyholder Name	JONATHAN TAN KO LENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	91888774	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	11/02/2021 13:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/02/2021	Time of Accident hh:mm	19:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENTI ROAD SLIP ROAD TOWARDS COMMONWEALTH AVENUE WEST			

▼ 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 Covered?
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 51 #06-195	Address 2	STRATHMORE AVENUE	Address 3
Address 4	SINGAPORE 140051	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5084505032-04	

▼ OI Driver Info

Driver Name	SEOW MUI LIN SHARON	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7927207H	Driver DOB
Register Date of Driver License	20/01/2003	Driver Age	41	Driving Experience
Contact No.(Mobile)	90046579	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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLG4052U	Driver Insurer Comp.

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	JONATHAN
Contact No.(Mobile)	91888774	Contact No. (Home)	6674316
Email Address	jonathan_tan1976@yahoo.com	OI Vehicle Number	SLG4052
Claim Description	SLG4052U / SJZ7683C ON 10 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	11/02/2021 13:28	Claim Close Date	

Report Taken By

ROS LI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1120890 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/02/2021 13:30

Path *

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category *

Confidential

Please Select NO

Clear

Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 13:30	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 13:30	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 13:30	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 13:30	Photos		Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 13:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 13:29	SAS		Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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="10/02/2021 11:06"/>							
Vehicle No.(For Motor)	<input type="text" value="SLG4052U"/>	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"/>	5084505032-04		JONATHAN TAN KO LENG	S7682160G	GPC	drivo PREMIUM	SLG4052U	SLG4052U	29/09/2020	28/09/2021
<input type="button" value="Continue"/>										