

NATIONAL Assessment Centre Services. [Print | Jan'08] **SMC 2100003**

Date In: 24/03/2021 16:59	Job description	Date & Time Completed	Done by
Ref No: NBA1 SMC210003813/4	SAS e-illing		
Veh No: SM8 9752J	E-mail (by date time, AIC time)		
D.O.A: 24/03/2021 09:31	I-Motor Claim Form	MT112531-001	24/03/2021
OID: (TH) Reporting Only	I-Motor W/O (with/without OD time, TP time)		17:27
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Visor		

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

TP Registration: Vch No: **SM8 9525B** 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 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 > \$9000) ()

Injury: _____

NA2102093	1) All Accident Reporting (30)	
Driver/Owner:	2) DA1 Survey Assessment (\$100)	INC ()
Contact No:	3) TP1 Towing Fee	\$100
Damaged Portion:	4) TP1 Follow-Through Survey	\$30
QC Checked by (Engi-In-Charge):	5) TP1 Follow-Through Survey (Resurvey)	\$30
	6) TP1 Follow-Through Survey (Resurvey)	\$30
	7) TP1 Follow-Through Survey (Resurvey)	\$30
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	100) TP1 Follow-Through Survey (Resurvey)	\$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 24/03/2021 16:59 (SGT)
Date of Accident 24/03/2021 09:31 (SGT)
Exact Location of Accident Bendemeer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7762J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN XIN HUI, AUDREY
NRIC No SXXXX200C
Email Address adelineadeline16@yahoo.com
Mobile Phone No (Phone) +65-94870736
Alternative Phone No +65-97254372

VEHICLE PARTICULARS

Manufacturer Jaguar
Model E-pace
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
Transmission Auto
CC 1997

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116559191-01
Cover Note Number -

DRIVER

Name of Driver SIM ANN HUAT FRANCIS
NRIC No SXXXX329G

Date Of Birth	26/10/1953
Occupation	Indoor
Date Of Driving Pass	21/12/1972
Driving experience	48 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97254372
Alt. Phone Number	-
Email Address	adelineadeline16@yahoo.com
Address	BLK 111 MC NAIR ROAD #03-239
Address complement	-
Postcode	320111
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ADELINE LOW CHEW YONG
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 1

Vehicle Registration Number	SBS8525B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	PREMKUMAR ACHUTHAN
Passport No/FIN	GXXXX463U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 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

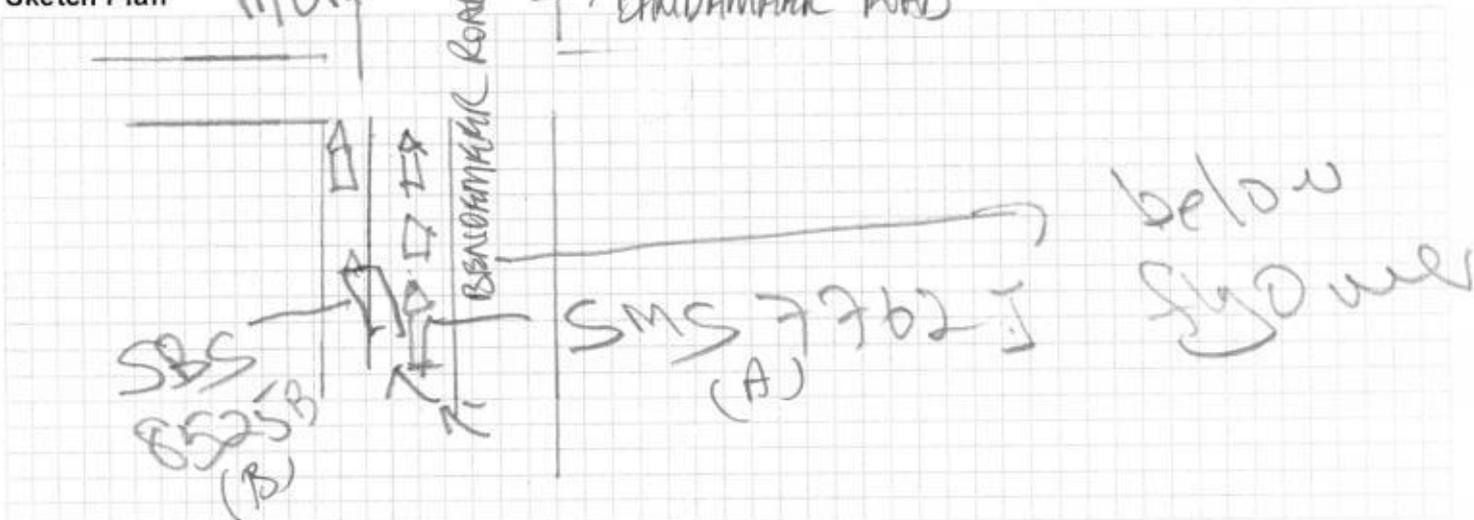
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

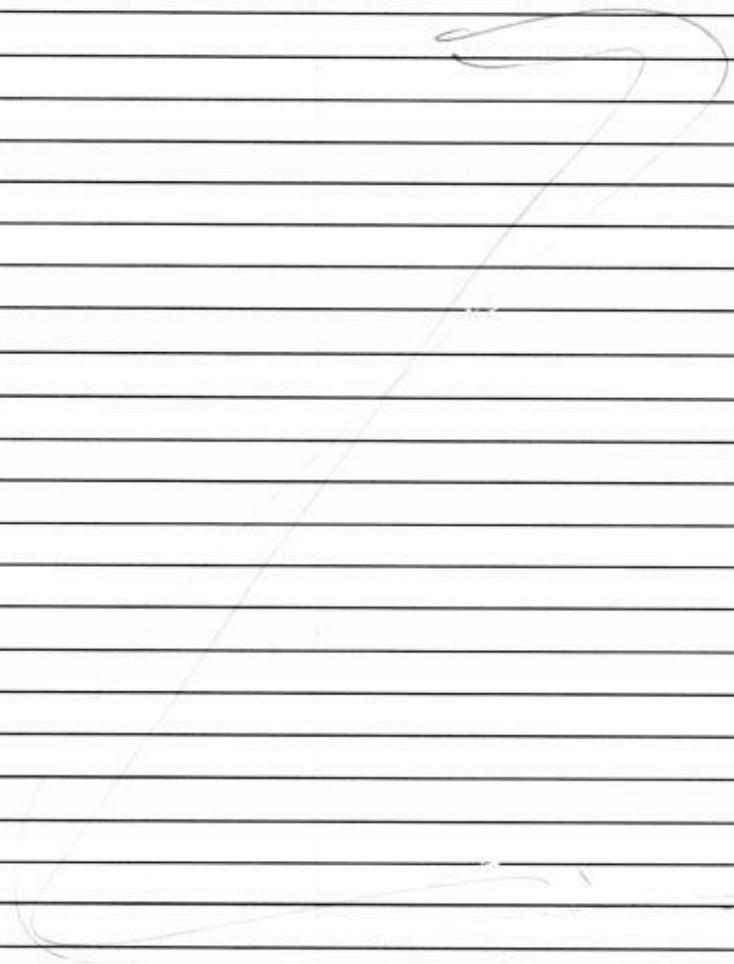
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 24/3/2021 @ 0931 hrs. I stopped behind a vehicle at the second left lane as the traffic light was red. My vehicle SMS 7707 was stationary while waiting for the traffic light to change. While stationary, a bus JBBC 8525 hit the front left side of SMS 7707 when turning to the extreme left lane. This caused damage to the front left side of the car. That's all.



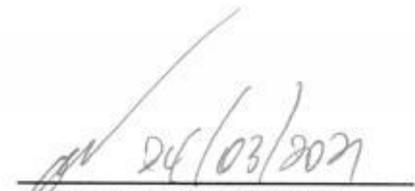
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time
24/3/2021 @ 1510 hrs



24/03/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 24/03/2024 (DD/MM/YYYY), TIME: 09:31 (HH:MM)

LOCATION: Below Woodsville flyover, Bendemeer Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 7762J
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5116559191
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Jaguar
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Tan Xin Hui Audrey (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8731200C CONTACT: 94870736
c) ADDRESS: 44 Lor 7 Realty Park Singapore 536812

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sim Ann Huat Francis (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0053329G CONTACT: 97254377
c) ADDRESS: B1C III McNair Rd #03-229 Singapore 320111

*d) DATE OF BIRTH: (26/10/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

STATUS OF DRIVING PASS 2112/1972

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father-in-law

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: S888525B MODEL: _____

b) DRIVER'S NAME: Prem Kumar Achuthan

c) NRIC/FIN/PASSPORT: G85654634 CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Adeline Low Chew Yong

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = Francis Adeline adeline16@yahoo.com

VIDEO

Claim Handling

Accident MT/1125571

Policy No.	5116559191-01	Vehicle No.	SMS7762J	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	TAN XIN HUI, AUDREY	Cover Type	drive PREMIUM	Loading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)
Contact No.(Mobile)	94870736	Special Remark		eCode
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	Private Hire
NCD Protection	Yes			

▼ Accident Details

Report Date	24/03/2021 17:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/03/2021	Time of Accident hh:mm	09:31	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BENDEMEER ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?
YIED OD Excess	500.00	YIED TP Excess	0.00	
Additional Excess	0.00			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage		Sum Insured	99999999.99
Excess Waiver			

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	44 LORONG 7 REALTY PARK	Address 2	PEOPLE'S GARDEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116559191-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SIM ANN HUAT FRANCIS	Driver NRIC	S0053329G	Driving Experience
Register Date of Driver License	21/12/1972	Driver Age	67	Contact No.(Home)
Contact No.(Mobile)	97254372	Contact No.(Office)		Address 3
Address 1	BLK 111 #03-239	Address 2	MCNAIR ROAD	Post Code
Address 4		Address Type	Foreign address	
Unit No.	03-239	Driver Vehicle No.	SMS7762J	Driver Insurer Company
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No			

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN XIN HUI, AUDREY	Insured NRIC
Contact No.(Mobile)	94870736	Contact No.(Home)	62888846	Contact No.(Office)
Email Address	aud.tXH@gmail.com	OI Vehicle Number	SMS7762J	TP Vehicle Number
Claim Description	SMS7762J / SB58525B ON 24 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received
Date Registered	24/03/2021 17:06	Claim Close Date		Total Loss but Repaired
Report Taken By	ROSLI WAHAB	Workshop Repairer		
<input type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No. MT/1125571 Claim No. 001
 Last Doc. Received Yes No Upload Date 24/03/2021 17:29

Path *

- No file chosen

Category *		Confidential	Urgen
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:29	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:29	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:29	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:29	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:29	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:06	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:06	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:06	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 24 Mar 2021 17:06	SAS		Normal	SAS 2021-3-24

Video List

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

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116559191-01		TAN XIN HUI, AUDREY	S8731200C	GPC	drivo PREMIUM	SMS7762J	SMS7762J	13/03/2021	12/03/2022

Continue