

NATIONAL Assessment Centre Services

(wef 1 JAN05) MNA18000275

Date In: 2/1/18 - 11:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000073/24	SAS e-filing		
Veh No: 526851R	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 30/12/17-0450	i-Motor Claim Form	M7/0476000	2/1/18 2053
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SDR717817	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 : _____

Date/Time	Actions

NA1800048	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (N-on INC) against INC \$20		
2at. 1:	9) N12: Idac Mobile 30		
2at. 2 / 3:	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 ability.
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 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	02/01/2018 11:56
Date Of Accident	30/12/2017 04:50
Exact Location Of Accident	PIE (CHANGI) BEFORE BEDOK RESERVOIR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6851R
Insured/Policyholder	
Name Of Registered Owner	LOCK LYE TIN, STANLEY (LUO LITIAN)
NRIC No	S7826525F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81897301
Alternative Phone No	OFFICE-81897301

Vehicle Particulars

Manufacturer	NISSAN
Model	JUKE 1.6 A/T ABS D/AIRBAG 2WD 5DR
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
If No, Please state action to be taken	THIRD PARTY
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	5076639752-02
Cover Note Number	

Driver

Name of Driver	GOH MEI CHENG (WU MEICHENG)
NRIC No	S8214471D
Date Of Birth	08/05/1982
Occupation	INDOOR
Date Of Driving Pass	31/05/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97999512
Fax Number	
Contact Number	OFFICE-97999512
Email Address	NOEMAIL

Address	BLK 405 PASIR RIS DRIVE 6 #06-483
Postcode	510405
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

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	SDR7178H
Vehicle Make/Model/Colour	
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**.
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 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:

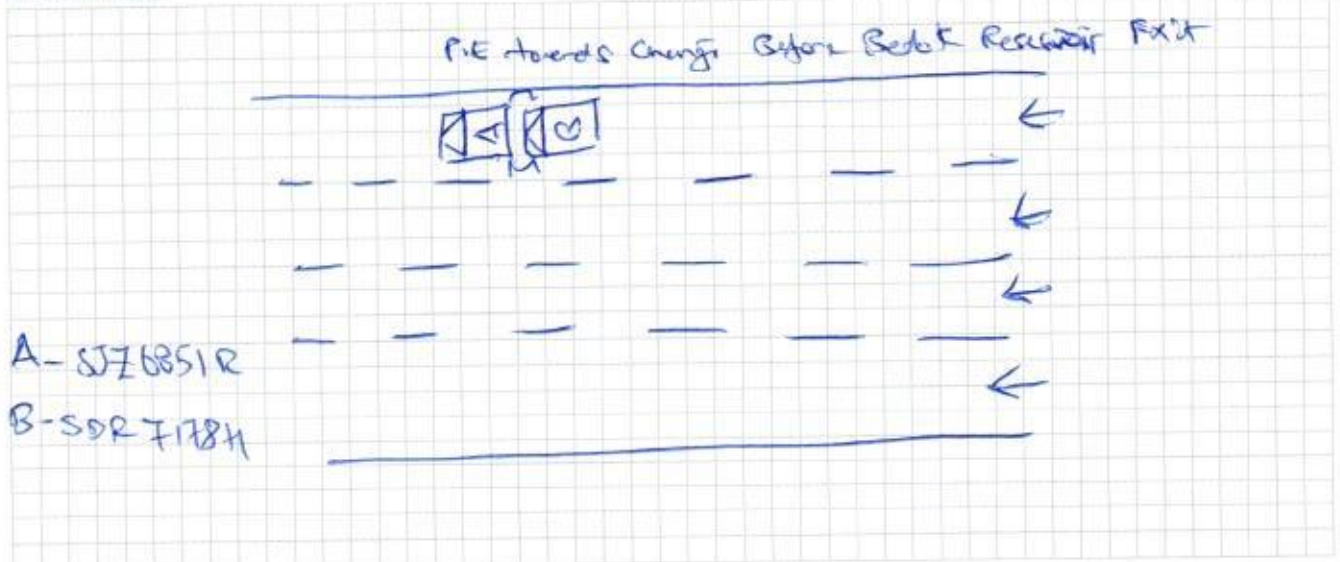
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Chongz on the extreme right lane of a 4-lanes, approaching somewhere before Bedok Reservoir Rd Exit, vehicles ahead of me slowed down and stopped. As such, I applied brake and stopped accordingly. Out of the sudden, vehicle (B) came from the rear and collided directly into the rear portion of my vehicle.


A-SJZ 6851R

B-SOR 7178H

DECLARATION

I/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:


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

Date of Accident: 30/12/17		Accident Time: 4.50	
Vehicle (A) No: SJZ 6851 R		Make Model: Nissan (Reserve)	
Location: PIE towards Changi before before Res exit			
Owner Name: Jack Lee Tan, Stanley			
Owner Address: Rm 405, Rm Rm D. 6, Rm G-183, SCSIO-183			
Owner NRIC: S782652SF		Email: slock@bgpartners.com	
HP: 81897801	Home:	Office:	
Insurance Company: MIA		Insurance Policy No:	
(Comprehensive / Third Party / Third Party Fire & Theft)			
Driver Name: Goh Mei Chong			
Driver NRIC: S82144710		Date of Birth: 02/5/1982	
Driver Contact No: 97999512		Occupation: Indus	
Driving License Pass Date: 31/5/2014		Relationship With Owner: spouse	

Claiming Under: (Own Damage Claim / Third Party Claim / Reporting Only)

Weather Condition: (Clear / Raining / Drizzling / After Rained)

Road Surface: (Wet / Dry)

Damage Portion of Vehicle(A): Rear / Front / Right Side / Left Side / Chain Collision

Anyone Injured: YES <u>NO</u>	Name: —
Police Report: YES <u>NO</u>	If YES, Where: —
Passenger In Vehicle (A): 01	
Witness Name: —	NRIC: HP:

Vehicle (B) No: SDR 7178H	Vehicle (C) No:
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(B):	Damage portion of vehicle(C):

Vehicle (D) No:	Vehicle (E) No:
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(D):	Damage portion of vehicle(E):

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S 8214471D**

Name **GOH MEI CHENG (WU MEICHENG)**

Birth Date **08 May 1982**

Issue Date **26 Nov 2007**

001545594E




4514 4513



NRIC No. **S8214471D**



Date of issue **26-11-2007**

Address **APT BLK 405, PASIR RIS DRIVE 6, #05-853 SINGAPORE 510405**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

PASSE DATE **31 May 2004**

License No: **S8214471D**

NP 425A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8214471D**



Name **GOH MEI CHENG (WU MEICHENG)**

Race **CHINESE**

Date of birth **08-05-1982**

Sex **F**

Country of birth **SINGAPORE**




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7826525F



Name

LOCK LYE TIN, STANLEY
(LUO LITIAN)

骆礼添

Race

CHINESE

Date of birth

Sex

09-09-1978

M

Country of birth

SINGAPORE



4278884



NRIC No. S7826525F

Date of issue

15-09-2008

Address

APT BLK 405 PASIR RIS DRIVE 6
#06-483
SINGAPORE 510405

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

30/12/2017 04:50

Vehicle No.(For Motor)

SJZ6851R

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5076639752-02	LOCK LYE TIN STANLEY (LUD LITIAN)	S7826525F	GPC	drive CLASSIC	SJZ6851R	SJZ6851R	24/12/2017	23/12/2018

▼ Policy Information

Policy No.	5076639752-02	Policyholder Name	LOCK LYE TIN STANLEY (LUO LI	Policyholder NRIC	S7826525F
Address	BLK 405 #06-483 PASIR RIS DRIVE 6 SINGAPORE 510405				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/11/2017	Effective Date	24/12/2017 00:00	Expiry Date	23/12/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 405 #06-483	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510405
Address 4		Address Type	Singapore address	Post Code	510405
Unit No.		Related Policy Number	5076639752-02		

► Insured Object: SJZ6851R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0976000

Policy No.	5076639752-02	Vehicle No.	SJZ6851R	GST Registration No.	
Policyholder Name	LOCK LYE TIN STANLEY (LUO LITIAN)			Policyholder NRIC	S78
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81897301	Contact No.(Office)	0	Contact No.(Home)	0
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

▼ Accident Details

Report Date	02/01/2018 20:51	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	30/12/2017	Time of Accident hh:mm	04:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE BEDOK RESERVOIR RD EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 405 #06-483	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510
Unit No.		Related Policy Number	5076639752-02		

▼ OI Driver Info

Driver Name	GOH MEI CHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8214471D	Driver DOB	08/0
Register Date of Driver License	31/05/2004	Driver Age	35	Driving Experience	13
Contact No.(Mobile)	97999512	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 405	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510
Unit No.	06-483				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
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	LOCK LYE TIN STANLEY (LUO LI	Insured NRIC	S78
Contact No.(Mobile)	81897301	Contact No.(Home)	65841452	Contact No.(Office)	
Email Address	slock@bgcpartners.com	OI Vehicle Number	SJZ6851R	TP Vehicle Number	SDR
Claim Description	SJZ6851R / SDR7178H ON 30 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	02/01/2018 20:53	Claim Close Date		Date Received	02/0
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

1/2/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0976000

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2018 20:54

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 Read](#)

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) on 02 Jan 2018 20:54	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:54	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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