

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 118015814

Date In: 1/2/18-12:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002002/24	SAS e-filing		
Veh No: JF 36234	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 1/1/18-01:30	i-Motor Claim Form	M/0976165	1/2/18 14:10
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: P80504	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 ()	
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

NA180696	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*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 (N7a INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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 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	01/02/2018 12:29
Date Of Accident	01/01/2018 01:30
Exact Location Of Accident	RAFFLES BOULEVARD MARINA SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3623H
Insured/Policyholder	
Name Of Registered Owner	CARWISE PTE LTD
Co Reg No	201725931G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94309849
Alternative Phone No	OFFICE-94309849

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5094372947
Cover Note Number	

Driver

Name of Driver	TAN JIE YING, CELIN (CHEN JIEYING, CELIN)
NRIC No	S8142189G
Date Of Birth	27/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88090369
Fax Number	
Contact Number	OFFICE-88090369
Email Address	NOEMAIL

Address	BLK 899A TAMPINES STREET 81 #05-764
Postcode	521899
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- F/20180101/2147.

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	PA8050H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

8

2

4

2

2

4

4

4

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.:



SINGAPORE POLICE FORCE



F/20180101/2147

1 of 2

POLICE REPORT (NP299)

Report No. F/20180101/2147

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 01/01/2018 20:26	Vide Report No. A/20180101/0130	Station Diary No. 123	
Name Of Informant NG YEE CHUNG	Address APT BLK 298 YISHUN STREET 20 #05-41 SINGAPORE 760298		
ID Type / ID No. NRIC NO / S7124707D	Contact No. Home/Office	Mobile 94309849	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation Company director	Sex Male	Age 46	Date of Birth 09/07/1971
Institution/School Name	Race Chinese		
Date/Time Of Incident 01/01/2018 08:45 - 01/01/2018 08:45	Location Of Incident C/O 6 RAFFLES BOULEVARD MARINA SQUARE SINGAPORE 039594 PAN PACIFIC HOTEL		

Brief details.

I wish to state that I am the director of my own car rental company named Carwise Pte Ltd.

On 01/01/2018 at about 0845hrs, I received a call from Inspector William Chia Tel: 62240000 from Central Police Division. He informed me that (V1) one red Mitsubishi Lancer GLX (SJF3623H) registered under my company was found abandoned with its front portion damaged at Pan Pacific Hotel since

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD FATHI BIN TALHAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2018 20:26
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / Staff Sgt MUZZAMMIL BIN OMAR Contact No.: 62180000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180101/2147

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180101/2147

0200hrs. He also informed me that the Police have attended to the incident vide incident no. A/20180101/0130.

I then instructed my tow truck to proceed down to the location to tow the vehicle to my company workshop named Fong Workshop located at 160 Sin Ming Drive #08-06 Sin Ming Autocity. When the tow truck reached at the hotel, the driver send a picture of the damages to me. Base on the picture, (V1) front bumper and hood was badly damaged and it looked like the car had hit onto something.

I wish to state that (V1) was rented out by a customer named Tan Jie Ying, Celin F/36 IC: S8142189G of Blk 889A Tampines Street 81 #05-764 Hp: 88090369. She rented the vehicle from me since 20/12/2017 and the rental will last till 19/05/2018 as she is a Grab/Uber driver.

I have tried calling her numerous times but she did not answer. I also messaged her at her mobile but she did not reply. I am uncertain of what happened to the vehicle or even my client.

I am lodging this report for my own record purpose as well as future reference as I intend to take necessary action against my client. I was also advised by Inspector William Chia to lodge a Police report as well.

Signature Of Officer Recording The Report:

F / Staff Sgt MUHAMMAD FATHI BIN TALHAH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
Staff Sgt MUZZAMMIL BIN OMAR
Contact No.: 62180000

Authentication Stamp

Signature Of Informant:

Date/Time:
01/01/2018 20:26

Classification Of Case:

DRIVING LICENSE

REPUBLIC OF CHINA

License Number S8142189 G

Name

TAN JIE YING, CELIN
(CHEN JIEYING, CELIN)

Birth Date 27 Dec 1981

Issue Date 22 Sep 2005





REPUBLIC OF SINGAPORE

IDENTIFICATION NO S8142189G



TAN JIE YING, CELIN
(CHEN JIEYING, CELIN)

陳潔櫻

CHINESE

DATE OF BIRTH

27-12-1981

(1) Under 18 years old birth

SEX

F

SINGAPORE



S8142189G



23/09/2014

APT BLK 809A TAMPINE S STREET 81 #05-764
SINGAPORE 521899

23/09/2014

S8142189G

NRIC No

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

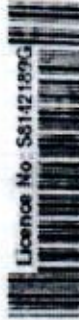
Class 3

Motor cars \leq 3000 kg with \leq 7 passengers,
exclusive of the driver; and motor tractors
vehicles \leq 2500 kg

PASS DATE

07 Oct 2003

NP 428A



Licence No: S8142189G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7124707D



Name

NG YEE CHUNG
(HUANG YIZHONG)

黄怡仲

Race

CHINESE

Date of birth

09-07-1971

Sex

M

Country of birth

SINGAPORE

S7124707D

4918993



NRIC No. S7124707D



Date of issue
05-01-2013

Address

APT BLK 298 YISHUN STREET 20
#05-41
SINGAPORE 760298

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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="01/01/2018 08:45"/>						
Vehicle No. (For Motor)	<input type="text" value="SJF3623H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094372947	CARWISE PTE. LTD.	201725931G	GFT	Third Party	SJF3623H	SJF3623H	19/09/2017	
<input type="button" value="Continue"/>									

Claim Handling

• Exit

The premium on this policy has not been collected.

Accident MT/0976165

Policy No.	5094372947	Vehicle No.	SJF3623H	GST Registration No.	
Policyholder Name	CARWISE PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201725931G
Product Code	FLEET INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	50
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

🔍 Accident Details

Report Date	03/01/2018 13:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/01/2018	Time of Accident (hour:min)	01:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG RAFFLES BOULEVARD OPPOSITE MARINA SQUARE				

🔍 Benefits

🔍 Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

🔍 GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	03/01/2018 15:26:27 Karthlyn Yuan changed GST Status Verified from No to Yes				

🔍 Policyholder Mailing Address

Address 1	8 CANBERRA DRIVE	Address 2	#11-11 EIGHT COURTYARDS	Address 3	SINGAPORE 768141
Address 4		Address Type	Singapore address	Post Code	768141
Unit No.	11-11	Related Policy Number	5094372947		

🔍 DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	CARWISE PTE. LTD.	Insured NRIC	201725931G
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		O1 Vehicle Number *	SJF3623H	TP Vehicle Number	PAB050H
Claim Description	SJF3623H / PAB050H ON 1 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	01/02/2018 00:00
Date Registered	01/02/2018 14:10	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0976165	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2018 14:12

🔍 Attachment List

Attachment	Uploaded By/Date	Category	Confidential	Urgency	Description	Msg Sent? Action (CO)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message Upload

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:11	SAS	Normal	SAS 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:10	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:10	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:10	Photos	Normal	Photos 2018-2-1	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:10	Photos	Normal	Photos 2018-2-1	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:10	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 14:10	Photos	Normal	Photos 2018-2-1	Edit

Video List

uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading