

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118036450

Date In: 17/3/18 - 11:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005055/24	SAS e-filing		
Veh No: SJR1258D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/2/18 - 04:00	i-Motor Claim Form	MT/0085096	17/3/18 11:39
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: AC7227L	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

NA1801703	Invoice Preparation Checklist	Am't (\$) In 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		
QC Checked by (Engr-In-Charge):	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*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Lat. 1:	
Lat. 2 / 3:	

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	17/03/2018 11:02
Date Of Accident	28/02/2018 04:00
Exact Location Of Accident	ALONG BUYONG RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1258D
Insured/Policyholder	
Name Of Registered Owner	GOH XUE ER
Co Reg No	53331669C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81235482
Alternative Phone No	OFFICE-81235482

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095537899
Cover Note Number	

Driver

Name of Driver	LIEW JOON WEE, DESMOND (LIU JUNWEI)
NRIC No	S8714829G
Date Of Birth	04/06/1987
Occupation	INDOOR
Date Of Driving Pass	26/04/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84880341
Fax Number	
Contact Number	OFFICE-84880341
EMail Address	NOEMAIL

Address	BLK 826 JURONG WEST STREET 81 #03-420
Postcode	640826
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	COLLISION - CHANGE/CROSS LANE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS ON 2ND LANE FILTERED TO 1ST LANE. SUDDENLY VEHICLE B ALONG 1ST LANE TRYING TO GO STRAIGHT. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B LEFT PORTION.

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	PC7227L
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)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

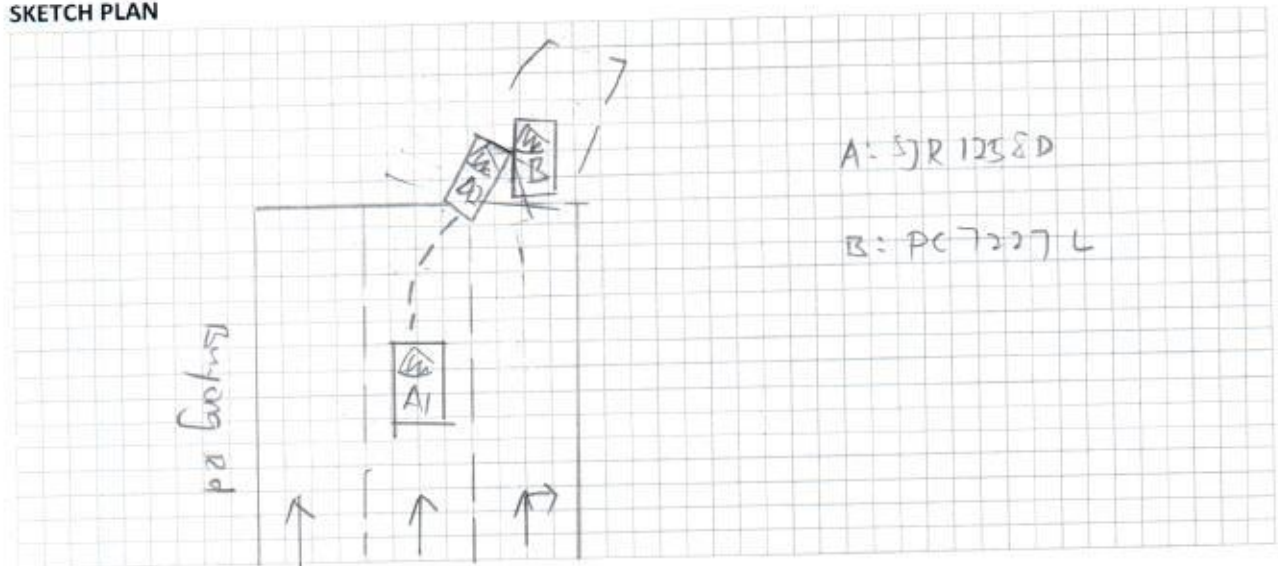


Policyholder's Signature
Date & Time:

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

Refer to statement.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8714829G**

Name
LIEW JOON WEE, DESMOND
(LIU JUNWEI)

Birth Date: **04 Jun 1987**
Issue Date: **26 Apr 2007**


001497039A




SINGAPORE ARMED FORCES IDENTITY CARD

Name
LIEW JOON WEE, DESMOND

NRIC No
S8714829G



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Mailroom Base or any Police Station.

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

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

PASS DATE
26 Apr 2007

Licence No: **S8714829G**

NP 428A

GERALTCGDP9066510VMS007 0000000000071

NRIC No/Colour
S8714829G/ PINK

Race
CHINESE

Date Of Birth
04/06/1987

Service Status
REGULAR

Address
**Blk 826 JURONG WEST STREET 81
#03-420 SINGAPORE 640826**

Blood Group
A (+)

Country Of Birth
SINGAPORE

Sex
M



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095537899	GOH XUE ER	53331669C	GPC	drive CLASSIC	SJR1258D	SJR1258D	10/12/2017	09/12/2018

Claim Handling

Exit

Accident MT/0985096

Policy No.	5095537899	Vehicle No.	SJR12580	GST Registration No.	
Policyholder Name	GOH XUE ER	Cover Type	Drive CLASSIC	Policyholder NRIC	S3331669C
Product Code	PRIVATE CAR 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	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	07/03/2018 14:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	28/02/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUYONG ROAD TO CTE				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History: 07/03/2018 16:22:43 Karthlyn Yuan changed GST Status Verified from No to Yes			

Policyholder Mailing Address

Address 1	BLK 838 #04-513	Address 2	HOUGANG CENTRAL	Address 3	SINGAPORE 530838
Address 4		Address Type	Singapore address	Post Code	530838
Unit No.	#04-513	Related Policy Number	5095537899		

OI 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	GOH XUE ER	Insured NRIC	S3331669C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63447667
Email Address		OT Vehicle Number	SJR12580	TP Vehicle Number	PC7227L
Claim Description	SJR12580 / PC7227L ON 28 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/03/2018 11:39	Claim Close Date		Date Received	17/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985096	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2018 11:40

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	

☐ Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar					

	r 2018 11:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	SAS	Normal	SAS 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:40	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:39	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:39	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:39	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:39	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:39	Photos	Normal	Photos 2018-3-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 11:39	Photos	Normal	Photos 2018-3-17	Edit
Video List					
<div> <div>Uploaded By/Date</div> <div>Folder Date</div> <div>File Name</div> <div>Source</div> <div>Action</div> </div>					
<div> <div>Display in new Window</div> <div>Scan and uploading</div> </div>					