

# NATIONAL Assessment Centre Services (ver 1 Jan 2013)

Date In: 02/11/2018 13:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019944/RY	SAS e-filing		
Veh No: SLN 8609 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/11/2018 14:30	I-Motor Claim Form	MT/1018271 + 001	3/11/18 10:35
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: GBC56544	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:	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

NA1807113	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) PT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 Report	02/11/2018 13:35
Date Of Accident	02/11/2018 11:30
Exact Location Of Accident	KOON SENG RD TWDS CIRCUIT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8609B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAMSERVE
Co Reg No	53366700C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90051829
Alternative Phone No	OFFICE-90051829

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5092763593
Cover Note Number	

### Driver

Name of Driver	LOW THIAM SIEW ( LIU TIANSHOU )
NRIC No	S7512713H
Date Of Birth	28/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90051829
Fax Number	
Contact Number	OTHERS-90051829
Email Address	NOEMAIL

Address	36 LENGKONG DUA
Postcode	417711
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	2
Passenger 1	
	NAME: : ANG HUI MIN
	GENDER: : FEMALE

#### 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

PLS REFER TO THE ATTACHED 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	GBC5654U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SEI YONG YIH
NRIC/Passport Number	G2620370N
Contact Number	83578611 / 98552625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name LOW THIAM SIEW (LIU TIANSHOU )  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN8609B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name ANG HUI MIN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN8609B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



## 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.

**TAMSERVE**  
**Co Reg No: 53366700C**

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

A - SLN 8609 B  
B - ABC 5654 U

Rambai rd.

Koon Seng Rd  
towards Circuit Rd

Car B suddenly  
make a illegal reserve  
and hit my car in front

Car A was  
Stationed

Vehicle A was driving along this road and come to station while Vehicle B was in front. Suddenly the Vehicle B make a fast illegal reserve and hit my car Front A which was stationed behind @ Vehicle B.

The driver of Vehicle B admitted his fault as he wanted to reserve and turn right into the small lane ( Rambai Rd ). Due to his illegal reserving and didn't notice that Vehicle A was behind him. Vehicle B has reserved and bang on to my car damagely.

I/We declare the foregoing particulars are true in every respect.

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7512713H



Name  
**LOW THIAM SIEW**  
**(LIU TIANSHOU)**  
**劉添壽**

Race  
**CHINESE**

Date of birth  
**28-04-1975**

Sex  
**M**

Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7512713H**

Name  
**LOW THIAM SIEW**  
**(LIU TIANSHOU)**

Birth Date **28 Apr 1975**

Issue Date **09 Oct 2003**



3 8 7 7 4 4 4



NRIC No: **S7512713H**

Date of issue  
**11-05-2006**

Address  
**36 LENGKONG DUA**  
**SINGAPORE 417711**

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

PASS DATE  
**21 Oct 1996**

Class 3 **Moto: Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

NP 428A

Licence No: **S7512713H**



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="02/11/2018 11:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SLN8609B"/>	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"/>	5092763593		TAMSERVE	53366700C	GPC	drivo CLASSIC	SLN8609B	SLN8609B	27/07/2017	24/11/2018
				<input type="button" value="Continue"/>						



### Policy Information

Policy No.	5092763593	Policyholder Name	TAMSERVE	Policyholder NRIC	53366700C
Certificate No.					
Address	36 LENGKONG DUA SINGAPORE 417711				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/07/2017	Effective Date	27/07/2017 00:00	Expiry Date	24/11/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	INDEX AGENCY PTE LTD	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	36 LENGKONG DUA	Address 2	SINGAPORE 417711	Address 3	
Address 4		Address Type	Singapore address	Post Code	417711
Unit No.		Related Policy Number	5092763593-01		

### Insured Object: SLN8609B

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	23/05/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Jul 2017 TO 24 Nov 2018 In view of this amendment, an additional premium of \$447.29 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

## Claim Handling

## Accident MT/1018271

Policy No.	5092763593	Vehicle No.	SLN8609B	GST Registration No.
Certificate No.				
Policyholder Name	TAMSERVE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90051829	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

## ▼ Accident Details

Report Date	03/11/2018 10:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/11/2018	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KOON SENG RD TWDS CIRCUIT RD			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	17/07/20
GST Registration No.	53366700C	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	36 LENGKONG DUA	Address 2	SINGAPORE 417711	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092763593-01	

## ▼ OI Driver Info

Driver Name	LOW THIAM SIEW (LIU TIANSHOU)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7512713H	Driver DOB
Register Date of Driver License	21/10/1996	Driver Age	43	Driving Experience
Contact No.(Mobile)	90051829	Contact No.(Office)	0	Contact No.(Home)
Address 1	36 # LENGKONG DUA	Address 2	SINGAPORE 417711	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## 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 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name TAMSERVE

NIL Contact No. (Home)

Vehicle Number SLN860

SLN8609B / GBC5654U ON 2 Nov 2018

Preferred Workshop  Insured Liability  Not at Fault

Repair Option Preferred Workshop, Name unknown

GIA report

Received

03/11/2018 10:35 Claim Close Date

Workshop Repairer



## Attachment



Accident No.	MT/1018271	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/11/2018 10:35
Path *		Category *	
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:35	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:34	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:33	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:33	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:32	Photos	Normal	Photos