

NATIONAL Assessment Centre Services. (v01.1.1/1000)

MAH 48157393

Date In: 05/12/2018 14:55	Job description	Date & Time Completed	Done by
Ref No: NBA/NC0021912/Y	SAS e-illing		
Veh No: SJ2 75524	E-mail (with 3hrs, AIC 3hrs)		
P.O.A: 05/12/2018 12:30	1-Motor Claim Form	M71022697-001	05/12/2018
OD: TP Reporting Only	1-Motor W/O (with 100 hrs, 27 hrs)		15:26
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SLV80518	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remove:	DR: 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

Date/Time	Action

MAH8026

Document Particulars	Invoice Preparation Checklist	Amount	Unit
Driver/Owner:	1) AR: Accident Reporting (330):	17	
Control No:	2) DA: Damage Assessment (\$100): INC (\$40)		
Assessed Portion:	3) TP: Towing Fee	\$10543	
	4) FT: Follow-Through Survey	\$130	
	5) YT: Follow-Through Survey (Recovery)	\$30	
	6) TR: Re-inspection	\$75	
	7) NI: New DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	9) NTUC Additional Services		
	10) NTUC Additional Services		
	11) NTUC Additional Services		
	12) NTUC Additional Services		
	13) NTUC Additional Services		
	14) NTUC Additional Services		
	15) NTUC Additional Services		
	16) NTUC Additional Services		
	17) NTUC Additional Services		
	18) NTUC Additional Services		
	19) NTUC Additional Services		
	20) NTUC Additional Services		

Invoice dated: _____ Fee Charged: _____

Invoice total: _____ 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	05/12/2018 14:55
Date Of Accident	05/12/2018 12:30
Exact Location Of Accident	MARGARET DRIVE TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7552Y
Insured/Policyholder	
Name Of Registered Owner	LIAUW LEE SIA
NRIC No	S2188341G
Email Address	WONGFJ@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91383545
Alternative Phone No	OTHERS-93686215

Vehicle Particulars

Manufacturer	MAZDA
Model	8
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	5063507769-04
Cover Note Number	

Driver

Name of Driver	WONG FOOT JONG
NRIC No	S0136127I
Date Of Birth	24/11/1953
Occupation	INDOOR
Date Of Driving Pass	06/07/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93686215
Fax Number	
Contact Number	OTHERS-91383545
Email Address	WONGFJ@SINGNET.COM.SG

Address	43 SIXTH CRESCENT
Postcode	276449
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	SIDE SWIPE
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

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	SLV8051S
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUEN WEI MUI RUTH
NRIC/Passport Number	S7222422A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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: 5/12/2018

3.11 pm

Reporting Centre Personnel's Signature

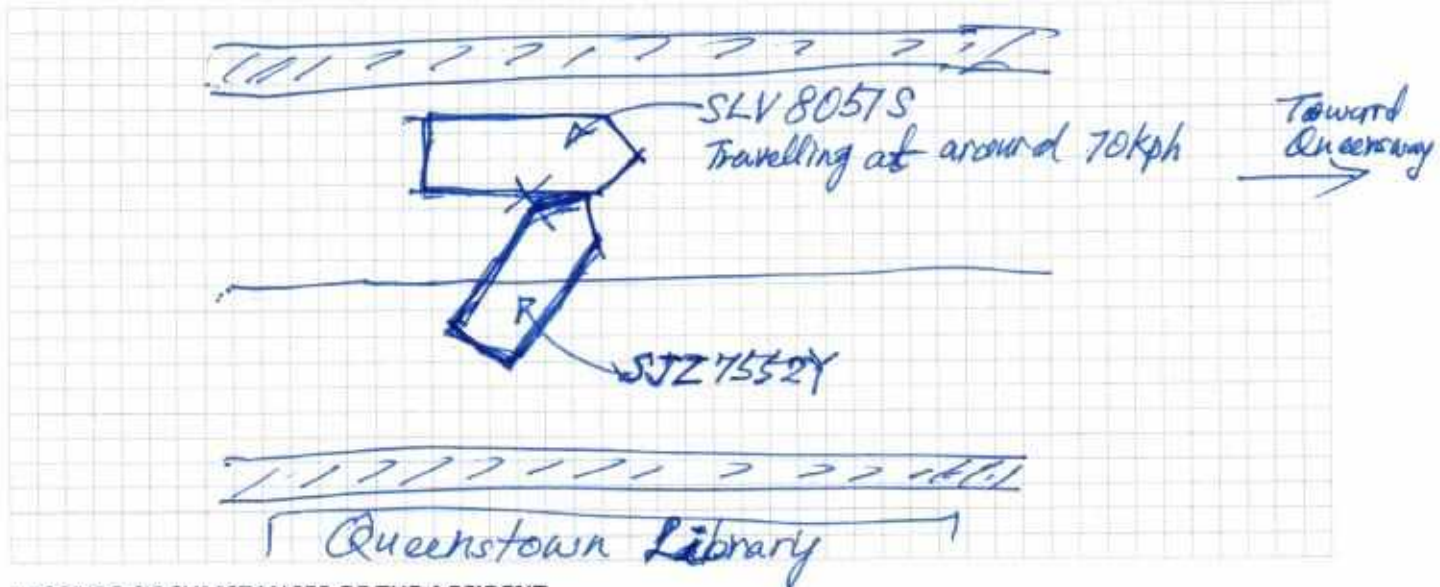
Name:

NRIC/FIN No.:

05/12/2018

Rafael Lim

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5 Dec 2018 at around, I was driving vehicle no. SJZ 7552Y and making a legal Three-point turn in front of Queenstown Library. As I was turning my car toward Queensway and has crossed the centre white line, a vehicle no. SLV 8057S driven by Yuen wei Mai, Ruth travelling at high speed (70kph) approached my car and tried to drive pass my car thru the narrow space between my car and the road kerb. As a result it caused a collision between my car vehicle no. SJZ 7552Y and vehicle no. SLV 8057S

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.:

Claim Handling

Accident NT/1822697

Policy No.	S063507769-04	Vehicle No.	SJZ7552Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIAU/LIE SIA	Cover Type	drive CLASSIC	Policyholder NRIC	S2189141G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	91383545	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFR	+ No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private hire	No

Accident Details

Report Date	05/12/2018 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/12/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARGARET DRIVE TOWARDS QUEENWAY				

Excess

Own Damage Excess	400.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	43 SIXTH CRESCENT	Address 2	SINGAPORE 276449	Address 3	
Address 4		Address Type	Singapore address	Post Code	276449
Unit No.		Related Policy Number	S063507769-04		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver OOR	24/11/1953
Unnamed driver Name	WONG POOT JONG	Driver NRIC	S01361271	Driving Experience	0
Register Date of Driver License	06/07/2018	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	93666215	Contact No.(Office)		Address 3	
Address 1	43 # SIXTH CRESCENT	Address 2	SINGAPORE 276449	Post Code	276449
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJZ7552Y	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001 Now

Claim Type *	OD-MX	Insured Name	LIAU/LIE SIA	Insured NRIC	S2189141G
Contact No.(Mobile)		Contact No. (Home)	91383545	Contact No. (Office)	64890
Email Address		OT Vehicle Number	SJZ7552Y	TP Vehicle Number	SLV801
Claim Description	SJZ7552Y / SLV801S ON 5 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Request No. Finalisation	Yes	Preferred Workshop Name unknown			
Date Registered		Claim Close Date	05/12/2018 15:26	Date Received	05/12/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	NT/1822697	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/12/2018 15:26
Path *		Category *	Confidential Urgency * Desc
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Choose File No file chosen	Clear	Please Select	NO Normal
Message Read			

Attachment List

Attachment	Uploaded By/Data	Category	Urgency	Description
NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26		Photos	Normal	Photos 2018-12-5

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	Photos	Normal	Photos 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	SAS	Normal	SAS 2018-12-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2018 15:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-5

Video List:

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

ACCIDENT STATEMENT

ACCIDENT DATE: 05/12/2018 (DD/MM/YYYY) TIME: 12:30 (HH:MM)

LOCATION: Margaret Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ 7552 Y
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mazda 8
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 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: LIAUN LEE SIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2188341G CONTACT: 91383545
 c) ADDRESS: 43, Sixth Crescent S(276449)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG FOOT JONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0136127I CONTACT: 93686215
 c) ADDRESS: 43, Sixth Crescent S(276449)

* d) DATE OF BIRTH: 24/11/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06/07/1976

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SLV80518 MODEL: Toyota Wish
 b) DRIVER'S NAME: Yuen Wei Mai Ruth
 c) NRIC/FIN/PASSPORT: S7222422A CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = wongfj@singnet.com.sg

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S01361271



WONG FOOT JONG

王 菲 榮

Race
CHINESE

Date of Birth 24-11-1953 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S01361271

Name

WONG FOOT JONG

Birth Date 24 Nov 1953

Issue Date 16 Jul 2004



1819619

NRIC No. S01361271



Blood Group O+ Date of issue 23-03-1994



No. 1847412

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

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

06 Jul 1976



Licence No: S01361271

NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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="05/12/2018 14:54"/>							
Vehicle No.(For Motor)	<input type="text" value="SJZ7552Y"/>	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"/>	5063507769-04		LIAUW LEE SIA	S2188341G	GPC	drivo CLASSIC	SJZ7552Y	SJZ7552Y	27/12/2017	26/12/2018
<input type="button" value="Continue"/>										