

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MA118160224.

Date In: 12/12/18 10:31	Job description	Date & Time Completed	Done by
Ref No: MA11816022335144	SAS e-filing		
Veh No: SGJ1101A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/12/18 10:30	I-Motor Claim Form	MT/1023636-001	12/12/18 16:48
OD: <input checked="" type="checkbox"/> 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:

GBB4846R

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

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:

Ref. 1:

Ref. 2/3:

MA1808158

## Invoice Preparation Checklist

Am (S)

Am (S)

TR Bill

Add Bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

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\*

\*N5: Courtesy Car / Tpt Allowance \$3

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (Non INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30.00

30.00



### 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	12/12/2018 10:31
Date Of Accident	09/12/2018 10:30
Exact Location Of Accident	COMPASSVALE LINK T-JUNC WITH COMPASSVALE BOW
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1101A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUAR CHEONG KEE
NRIC No	S7924683B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96680294
Alternative Phone No	OFFICE-96680294

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081207306-02
Cover Note Number	-

#### Driver

Name of Driver	LUAR CHEONG KEE
NRIC No	S7924683B
Date Of Birth	16/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96680294
Fax Number	
Contact Number	OFFICE-96680294
Email Address	NOEMAIL

Address	BLK 209B COMPASSVALE LANE #16-98
Postcode	542209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

I STOP BEHIND VEH B (BEARING NO GBB4846R) AT THE T JUNC OF COMPASSVALE LINK & COMPASSVALE BOW. SUDDENLY VEH B REVERSED INTO MY PATH, I SOUNDED MY HORN TO ALERT THE DRIVER BUT HE NEVER HEARD AND HIT ONTO MY VEH FRONT PORTION. AFTER THE COLLISION, DRIVER OF VEH B NEVER ALIGHTED FROM VEH AND TRY TO RUN AWAY. I QUICKLY STOP HIM AT THE COMPASSVALE BOW

#### 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	GBB4846R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MURUGAN VENKATESAN
NRIC/Passport Number	G7370787R
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



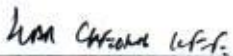
## SKETCH PLAN

### 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.:

Compassvale bow

A = SGJ1101A  
B = GBB4246R

Compassvale Link

Reversed

Please Refer to Statement

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

Date &amp; Time:

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7924683B



Name  
LUAR CHEONG KEE  
(LAI CHANGQI)  
賴昌旗

Race  
CHINESE

Date of birth  
16-08-1979

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7924683B

Name  
LUAR CHEONG KEE  
(LAI CHANGQI)

Birth Date 16 Aug 1979

Issue Date 02 May 2003

1000440371G

4446829



NRIC No. S7924683B



Date of issue  
17-08-2009

APT BLK 209B COMPASSVALE LANE #16-98  
SINGAPORE 542209

NRIC No. S7924683B Date: 13/06/2010 No. 6576418

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

CLASS Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
23 May 1998

License No. S7924683B

NP 428A



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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081207306-02		LUAR CHEONG KEE	S7924683B	GPC	Third Party, Fire & Theft	SGJ1101A	SGJ1101A	29/06/2018	28/06/2019



## Claim Handling

Accident MT/1023636

Policy No.	5081207306-02	Vehicle No.	SGJ1101A	GST Registration No.	
Certificate No.					
Policyholder Name	LUAR CHEONG KEE			Policyholder NRIC	579241
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96680294	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No
<b>➤ Accident Details</b>					
Report Date	12/12/2018 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	09/12/2018	Time of Accident hh:mm	10:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMPASSVALE LINK T-JUNC WITH COMPASSVALE BOW				
<b>➤ Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>➤ Benefits</b>					
<b>➤ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>➤ Policyholder Mailing Address</b>					
Address 1	BLK 209B #16-98	Address 2	COMPASSVALE LANE	Address 3	COMPA
Address 4	SINGAPORE 542209	Address Type	Singapore address	Post Code	542209
Unit No.	16-98	Related Policy Number	5081207306-02		
<b>➤ OI Driver Info</b>					
Driver Name	LUAR CHEONG KEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7924683B	Driver DOB	16/08/
Register Date of Driver License	23/05/1998	Driver Age	39	Driving Experience	20
Contact No.(Mobile)	96680294	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 209B #16-98	Address 2	COMPASSVALE LANE	Address 3	COMPA
Address 4	SINGAPORE 542209	Address Type	Singapore address	Post Code	542209
Unit No.	16-98				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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	LUAR CHEONG KEE
Contact No.(Mobile)	96680294	Contact No.(Home)	83844198
Email Address		OI Vehicle Number	SGJ1101A
Claim Description	SGJ1101A / GBB4846R ON 9 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	
		LIOW SHAN HUI	
<b>Print AK letter</b>			

Save Submit

Attachment

Accident No. MT/1023636

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

12/12/2018 16:48

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

Clear

Category \*

Confidential

Urgency \*

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) o 12 Dec 2018 16:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:48	SAS	Normal	SAS 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:48	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:48	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2018 16:47	Photos	Normal	Photos 2018-12-12

## Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading