

# NATIONAL Assessment Centre Services

Date In: 28/01/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19001756/13	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SK791B	i-Motor Claim Form: MT/1029716-001		
D.O.A: 27/01/19 1315	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: (P) Reporting Only	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:

SKA3414J

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%; F: 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

NA1900822

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: 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:-		
ON*		
*N5: Courtesy Car / Tpt 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

## 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 28/01/2019 10:51  
 Date Of Accident 27/01/2019 13:15  
 Exact Location Of Accident JUNC OF UPP SERANGOON RD & UPP ALJUNIED RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT91B  
**Insured/Policyholder**  
 Name Of Registered Owner LIOW CHENG CHAI  
 NRIC No S7019506B  
 Email Address LIOWALVIN@YAHOO.COM  
 Mobile Phone No (LOCAL) +65-83219679  
 Alternative Phone No OTHERS-83219679

### Vehicle Particulars

Manufacturer MAZDA  
 Model MAZDA 3  
 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 5103518088  
 Cover Note Number

### Driver

Name of Driver LIOW CHENG CHAI  
 NRIC No S7019506B  
 Date Of Birth 18/06/1970  
 Occupation OUTDOOR  
 Date Of Driving Pass 22/12/1993  
 Driving Experience 25 YEARS AND 1 MONTH  
 Gender MALE  
 Mobile Number (LOCAL) +65-83219679  
 Fax Number  
 Contact Number OTHERS-83219679  
 Email Address LIOWALVIN@YAHOO.COM

Address	BLK 142 LORONG AH SOO
	#04-241
Postcode	530142
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : CHEONG HUEY YIANG
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190127/2102

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY(WITH DRIVER)
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA3414J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OGURA MOTOSHI
NRIC/Passport Number	G3185431N

Contact Number 94873674  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIOW CHENG CHAI  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SKT91B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
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.

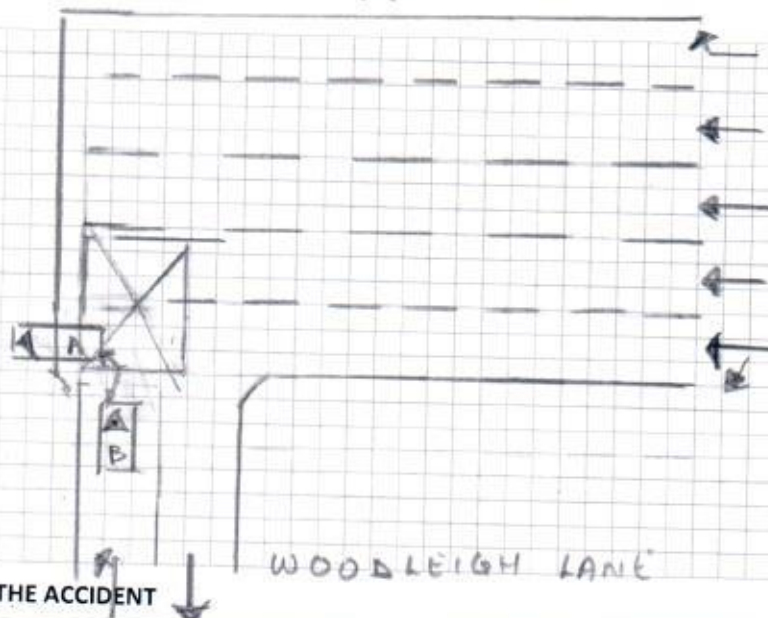
 28/01/2019  
Policyholder's Signature  
Date & Time:

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

 28/01/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A-SKT91B  
B-SKA3414J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190127/2102

DECLARATION

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

Policyholder's Signature  
Date & Time:

23/01/2019

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

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

28/01/19



# SINGAPORE POLICE FORCE



T/20190127/2102

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190127/2102

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2019 20:56	Vide Report No.:	Station Diary No.: 111
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### Informant's Particulars

Name of Informant: LIOW CHENG CHAI			Address: APT BLK 142 LORONG AH SOO #04-241 SINGAPORE 530142		
ID Type / ID No.: NRIC NO / S7019506B			Contact No.: Home/Office: Mobile: 83219679		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 18/06/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2019 13:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD UPPER ALJUNIED ROAD Along Traffic light junction of Upper Serangoon Road and Upper Aljunied Road towards Hougang				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA3414J	Car	TOYOTA	VIOS	Silver	Slightly Damaged	2
SKT91B	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Blue	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190127/2102

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20190127/2102

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT91B	NTUC Income Insurance Co-Operative Limited	5103518088	03/09/2018	25/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIOW CHENG CHAI	ID No.	S7019506B
Related Vehicle	SKT91B (Car)	Contact No.	83219679
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/01/2019	Date Discharge	27/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 27/01/2019 at about 1320hrs, I was travelling along Upper Serangoon Road towards Hougang Town. I was driving my Blue colour Mazda 3, SKT91B. My wife was sitting at the front passenger seat.

As I reached the traffic light junction of Upper Serangoon road and Upper Aljunied Road, I stopped my vehicle as the traffic light was red. My car was at the extreme left lane and my vehicle was the first vehicle. A few seconds after I stopped my vehicle, a vehicle from the rear hit my rear. The front of the vehicle hit onto the rear of my vehicle. Due to the impact my vehicle moved forward slightly. I immediately stopped my vehicle and came out to make a check. My wife was not injured. I had some pain on my neck and shoulder area. The other driver also came out of his vehicle. I was not sure whether he was injured. None of us required any ambulance. Both of us exchanged our particulars. My car left side bumper was dented in. My car is only installed with a CCTV camera at the front and the rear is not installed with the CCTV camera.

I subsequently left the scene. As I continued to have pain on my neck and shoulder area. I went over to Mount Alvernia Hospital to see the doctor. I was given 5 days MC. I will report the accident to m insurance on the 28/01/2019.



**SINGAPORE  
POLICE FORCE**



T/20190127/2102

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 3

Report No. T/20190127/2102

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt TEO HENG HENG, ROBIN

*MEGA BATHAN*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

27/01/2019 20:56

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Member: **S7019506B**

Name: **LIOW ZONGSHENG**

Birth Date: **18 Jun 1970**

Issue Date: **20 Sep 2010**

001892959C

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7019506B**

Name: **LIOW CHENG CHAI**

廖清才

Race: **CHINESE**

Date of birth: **18-06-1970**

Sex: **M**

Country/Place of birth: **SINGAPORE**





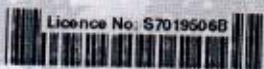

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **22 Dec 1993**

NP 428A

Licence No. S7019506B



**5526252**

**NRIC No. S7019506B**

Date of issue: **27-10-2015**

Address: **APT BLK 142 LORONG AH SOO #04-241 SINGAPORE 530142**





## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/01/2019 13:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SKT91B"/>	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 checked="" type="radio"/>	5103518088		LIOW CHENG CHAI	S7019506B	GPC	drivo CLASSIC	SKT91B	SKT91B	03/09/2018	25/11/2019
<input type="button" value="Continue"/>										

1/28/2019

Claim Handling(accident reporting Claim Task 001 OD-MX)

## Claim Handling

Accident MT/1029716

Policy No.	5103518088	Vehicle No.	SKT91B	GST Registration No.
Certificate No.				
Policyholder Name	LIOW CHENG CHAI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	83219679	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	28/01/2019 11:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/01/2019	Time of Accident hh:mm	13:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF UPP SERANGOON RD & UPP ALJUNIED RD			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

## ▼ Benefits

Coverage		Sum Insured	99999999.99
Transport Allowance			

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 142 #04-241	Address 2	LORONG AH SOO	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103518088	

## ▼ OI Driver Info

Driver Name	LIOW CHENG CHAI	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7019506B	Driving Experience
Register Date of Driver License	22/12/1993	Driver Age	48	Contact No.(Home)
Contact No.(Mobile)	83219679	Contact No.(Office)	0	Address 3
Address 1	BLK 142	Address 2	LORONG AH SOO	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#04-241			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 OD-MX

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered					

Report Taken By

OD-MX	Insured Name	LIOW C
83219679	Contact No. (Home)	628622
LIOWALVIN@YAHOO.COM	Vehicle Number	SKT91E

SKT91B / SKA3414J ON 27 Jan 2019

28/01/2019 11:40	Claim Close Date	
ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

## Attachment

Accident No. MT/1029716 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 28/01/2019 11:39

Path \*

Choose File No file chosen

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Message Read

Clear

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Clear

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Clear

Clear

Category \*

Confidential

Please Select

NO

Please Select

NO

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NO

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NO

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NO

Please Select

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:35	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 11:35	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

