

NATIONAL Assessment Centre Services

Date In 11/02/19	Job description	Date & Time Completed	Done by
Ref No NA/INC1900281/13	SAS e-filing		
Veh No YP9755R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 08/02/19 0805	i-Motor Claim Form	MT/1031485-001	
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: 09CL157	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

NA1901213	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	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 (N-on 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	11/02/2019 15:36
Date Of Accident	08/02/2019 08:05
Exact Location Of Accident	EUNOS AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9755R
Insured/Policyholder	
Name Of Registered Owner	TIAN ENG DRAGON & LION DANCE CTR
Co Reg No	38521500B
Email Address	TIANENG@TIANENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91456001

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106154540
Cover Note Number	

Driver

Name of Driver	LOW WEE BENG
NRIC No	S8539314F
Date Of Birth	28/11/1985
Occupation	INDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91521128
Fax Number	
Contact Number	
Email Address	LOWWEEBENG@HOTMAIL.COM

Address	BLK 30 JALAN BAHAGIA #07-382
Postcode	320030
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190208/2110

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	CYCLIST
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

SLIGHT(CYCLIST)

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)

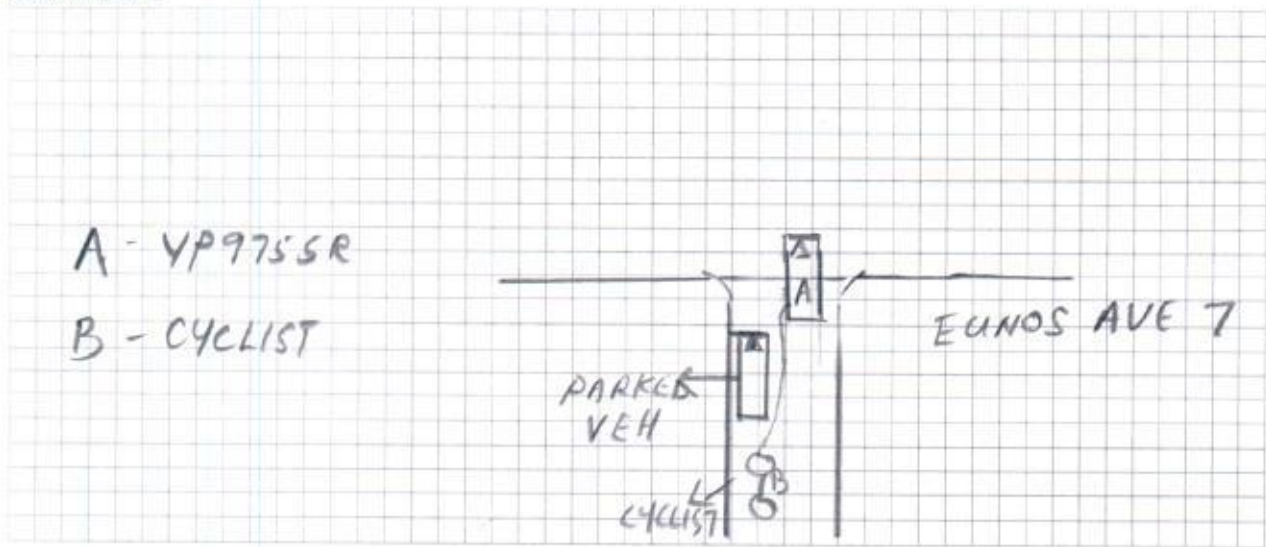
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190208/2110

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.:



SINGAPORE POLICE FORCE



T/20190208/2110

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190208/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/02/2019 17:32

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
LOW WEE BENG

Address:
APT BLK 30 JALAN BAHAGIA #07-382 WHAMPOA VISTA
SINGAPORE 320030

ID Type / ID No.:
NRIC NO / S8539314F

Contact No.:
Home/Office: Mobile: 91521128

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 33 Date of Birth: 28/11/1985

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
STOREMAN

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: 08/02/2019 08:05	Type of Location:
Location: Along Road 1 EUNOS AVENUE 7				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP9755R						0



**SINGAPORE
POLICE FORCE**



T/20190208/2110

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190208/2110

CONTINUATION OF REPORT

Brief Details.

ON 8/2/19 @ AROUND 8.05 AM, I WAS DRIVING MY LORRY(YP9755R) ALONG EUNOS AVE 7 AND WAS INTENDING TO TURN LEFT . WHILE WE WERE TRAVELLING ALONG EUNOS AVE 7 WHEN WE SAW A CYCLIST INFRONT TRAVELLING BY THE LEFT SIDE OF THE ROAD GOING THE SAME DIRECTION AS US.HOWEVER, AFTER I HAD MADE THE LEFT TURN, I SAW THE CYCLIST DOWN ON THE FLOOR. I IMMEDIATELY STOPPED MY LORRY AND WENT OUT. I REALISED THAT THE CYCLIST HAD COLLIDED INTO THE REAR LEFT SIDE OF MY LORRY. I MADE MY WAY TO THE CYCLIST TO ASK IF HE WAS OKAY. I ASKED HIM WHETHER HE WANTED TO GO TO THE DOCTOR AS HE LOOKED HURT BUT HE REFUSED AND ALSO REFUSED TO CALL POLICE. WHEN I ASKED FOR HIS PARTICULARS, HE DID NOT GIVE IT TO ME. HE TOOK A PICTURE OF MY LORRY AND WENT AWAY. I FOLLOWED HIM AND GOT HIS SUPERVISOR'S CONTACT DETAILS. I ALSO HAVE IN-CAR CAMERA FOOTAGE OF THE ACCIDENT.



**SINGAPORE
POLICE FORCE**



T/20190208/2110

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20190208/2110

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:

TP /

MUHAMMAD SYUKRI BIN ABU BAKAR

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:

08/02/2019 17:32

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2019 (DD/MM/YYYY), TIME: 08:05 (HH:MM)

LOCATION: Eunos Ave 7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YD9755R
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 15424
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL USE
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91456001
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LOW WEE BENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 8533345 CONTACT: 9152108
 c) ADDRESS: Blk 30 Jaran Barong Rd #01-82 (320070)

* d) DATE OF BIRTH: 28/11/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Tp Hq

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CYCLIST MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

lowweebeng@hotmail.com
fianeng@fianeng.com.sg

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8539314F



Name

LOW WEE BENG

刘伟明

Race

CHINESE

Date of birth

28-11-1985

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S8539314F



LOW WEE BENG

Gen. Date 28 Nov 1985

Issue Date 14 Mar 2018



5624422



NRIC No. S8539314F



Date of issue

19-07-2018

Address

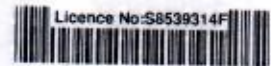
APT BLK 30 JALAN BAHAGIA
#07-382
SINGAPORE 320030

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 14 Mar 2018

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"/>	5106154540		TIAN ENG DRAGON & LION DANCE CTR	38521500B	GCV	Preferred Workshop Plan	YP9755R	YP9755R	07/12/2018	06/12/2019

Claim Handling

Accident MT/1031485

Policy No.	S106154540	Vehicle No.	YP9755R	GST Registration No.
Certificate No.				
Policyholder Name	TIAN ENG DRAGON & LION DANCE CTR			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	91456001	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	11/02/2019 20:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2019	Time of Accident hh:mm	08:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	EUNOS AVE 7			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	NO. 113 EUNOS AVE 3	Address 2	#04-11 GORDON IND. BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S106154540	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LOW WEE BENG	Driver NRIC	S8539314F	Driver DOB
Register Date of Driver License	14/03/2018	Driver Age	33	Driving Experience
Contact No.(Mobile)	91521128	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 30	Address 2	JALAN BAHAGIA	Address 3
Address 4	SINGAPORE 320030	Address Type	Singapore address	Post Code
Unit No.	#07-382			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TIAN ENG
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	YP9755R
Claim Description	YP9755R / CYCLIST ON 8 Feb 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	11/02/2019 20:13	Received	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Attachment



Accident No. MT/1031485 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/02/2019 00:00

Path *

No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen

Category * Confidential

Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:13	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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