

# NATIONAL Assessment Centre Services

Print 1 Jan 05 MHA119041935

Date In: 30/1/19-15:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19005654/24	SAS e-filing		
Veh No: JWC85276	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/19-05:45	i-Motor Claim Form	M7/103819-001	30/3/19 15:30
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: JWC85276

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

NA1903318

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

## Invoice Preparation Checklist

Amr (\$)

Amr (\$)

Est 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) FT: 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:-

OD\*

\*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	30/03/2019 15:09
Date Of Accident	30/03/2019 05:25
Exact Location Of Accident	BLK 848 YISHUN ST 81 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW8527G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97319460
Alternative Phone No	OFFICE-97319460
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098625743-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LAI WEE CHONG (LAI WEIZHONG)
NRIC No	S7802224H
Date Of Birth	31/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97668218
Fax Number	
Contact Number	OFFICE-97668218
Email Address	NOEMAIL

Address	BLK 865 YISHUN STREET 81 #07-07
Postcode	760865
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	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

ON STATED DATE AND TIME, WHILE VEHICLE B MAKING A RIGHT TURN ON THE STATED VENUE, I MAKE A RIGHT TURN TOO, THERE WAS SOME GAP BETWEEN HIS VEHICLE AND MY VEHICLE. AFTER THAT VEHICLE B WAS STATIONARY STOPPED, I STOP MY VEHICLE AS WELL. SUDDENLY VEHICLE B ENGAGE REVERSED GEAR, I HORN HIM TO WARN HIM THAT MY VEHICLE WAS BEHIND OF HIS VEHICLE. HOWEVER, HE STILL CONTINUE TO REVERSED AND HIT MY VEHICLE FRONT RIGHT PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC4403L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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.:

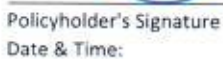
Site 848 4.5km SE, 81.1 car park.

A: 36W85076.  
B: 56C44036.

Reversed.

Refer to statement.

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



\_\_\_\_\_  
Fire Personnel's Signature

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7802224H



Name  
LAI WEE CHONG  
(LAI WEIZHONG)  
賴 威 忠

Race  
CHINESE

Date of birth  
31-01-1978

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7802224H  
Name: LAI WEE CHONG  
(LAI WEIZHONG)

Birth Date: 31 Jan 1978  
Issue Date: 27 Apr 2004



001205418C

3412712



NRIC No: S7802224H



Date of issue  
27-09-2003

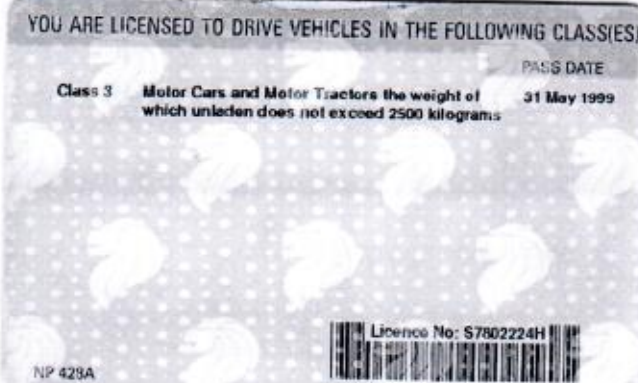
APT BLK 665 YISHUN STREET 81 #07-07  
SINGAPORE 760865

NRIC No: S7802224H Date: 27/11/2014

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

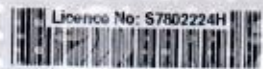
PASS DATE  
31 May 1999

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



NP 429A

Licence No: S7802224H



eBaoTech

GeneralClaim

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"/>	5098625743-01		SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drive CLASSIC	SLW8527G	SLW8527G	06/03/2019	05/03/2020

 Policy Information

Policy No.	5098625743-01	Policyholder Name	SG VEHICLE RENTAL PRIVATE L	Policyholder NRIC	201136198R
Certificate No.					
Address	170 UPPER BUKIT TIMAH ROAD #03-19 BUKIT TIMAH SHOPPING CENTRE SINGAPORE 588179				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/02/2019	Effective Date	06/03/2019 00:00	Expiry Date	05/03/2020 23:59
Excess Type		All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING CENTRE	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5099157584-01		

 Insured Object: SLW8527G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

Accident MT/1038119

Policy No.	5098525743-01	Vehicle No.	SLW8527G	GST Registration No.	
Certificate No.					
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED			Policyholder NRIC	201136198R
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97519460	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes

☐ Accident Details

Report Date	30/03/2019 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	30/03/2019	Time of Accident hh:mm	05:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 848 YISHUN ST 81 CARPARK				

☐ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History:	30/03/2019 15:29:25 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5099157584-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LAI WEE CHONG (LAI WEIZHON)	Driver NRIC	S7802224H	Driver DOB	31/01/1978
Register Date of Driver License	31/05/1999	Driver Age	41	Driving Experience	19
Contact No.(Mobile)	97668218	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 865	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760865
Address 4		Address Type	Singapore address	Post Code	760865
Unit No.	07-07				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SG VEHICLE RENTAL PRIVATE L	Insured NRIC	201136198R	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/A	
Email Address		OI Vehicle Number	SLW8527G	TP Vehicle Number	SLC4403L	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLW8527G / SLC4403L ON 30 Mar 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	30/03/2019 15:30	Claim Close Date		Date Received	30/03/2019 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1038119	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2019 15:31

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	SAS	Normal	SAS 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 30 Mar 2019 15:31	Photos	Normal	Photos 2019-3-30		<a href="#">Edit</a>

## Video List

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