

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MHA119044604

Date In: 14/1/05 - 17:34	Job description	Date & Time Completed	Done by:
Ref No: NA/INC 15206049/04	SAS e-filing		
Veh No: 604 38 44 h	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/1/05 - 12:00	i-Motor Claim Form	M1/1039241-001	14/1/05 8:40
OD / TPV: 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: XE4330P -	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

NA192452	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) 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		
	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Ref 1:	TP (N11): TP (Non INC) against INC \$20		
Ref 2 / 3:	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	05/04/2019 17:34
Date Of Accident	05/04/2019 12:20
Exact Location Of Accident	11 TUAS LINK 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3849H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CJ2 SERVICES
Co Reg No	53373689K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97777395
Alternative Phone No	OFFICE-97777395

### Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO L2 1.6 BLUEHDI S&S ETG6
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100539423
Cover Note Number	

### Driver

Name of Driver	LIOW AI HWEE (LIAO AIHUI)
NRIC No	S8017284B
Date Of Birth	17/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97777004
Fax Number	
Contact Number	OFFICE-97777004
EMail Address	NOEMAIL

Address	BLK 236 BUKIT PANJANG RING ROAD #09-49
Postcode	670236
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	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)	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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE FRONT 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	XE4730P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH KIAN PUAY ZHUO JIANPEI
NRIC/Passport Number	S7126000C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	LIOW AI HWEE (LIAO AIHUI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH3849H
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.



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

Refer to attached sketch plan.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION\*

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

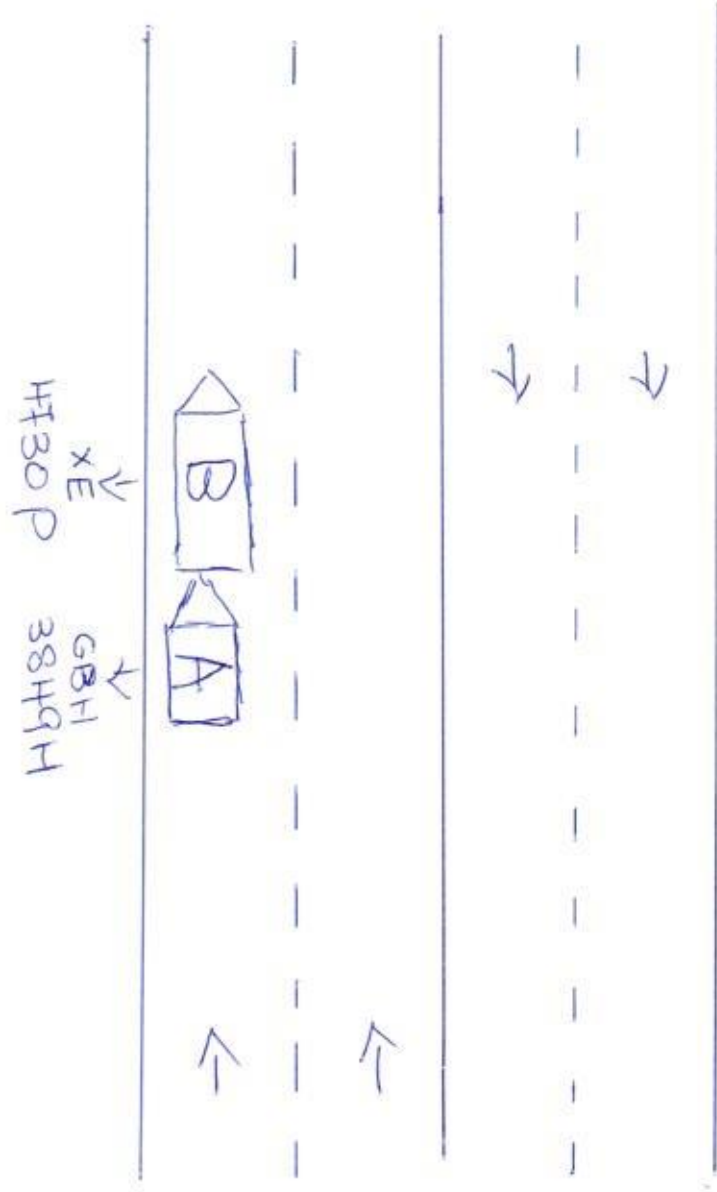
Policyholder's Signature  
Date & Time:

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

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

司機 9777004

5/4/2019  
GBH 3849H  
12-22 PM



Location: 11 Tulas Line 1



REPUBLIC OF SINGAPORE



17 Jun 1980  
06 Jun 2008

001610781C

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8017284B



Name  
LIOW AI HWEE  
(LIAO AIHUI)  
廖艾惠  
Race  
CHINESE  
Date of birth  
17-06-1980  
Country of birth  
SINGAPORE

Sex  
F

司机  
4/5/2019  
GBH 3849H  
12:22PM

4/P 97777004

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Jun 2008

NT-428A

Licence No. S8017284B

4592315



NRIC No. S8017284B



Date of issue  
25-06-2010

APT BLK 236 BUKIT PANJANG RING ROAD #09-49  
SINGAPORE 670236

NRIC No. S8017284B Date: 26/04/2018



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[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="05/04/2019 12:20"/>
Vehicle No.(For Motor)	<input type="text" value="GBH3849H"/>	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"/>	5100539423		CJ2 SERVICES	53373689K	GCV	Comprehensive	GBH3849H	GBH3849H	15/05/2018	14/05/2019

## ▼ Policy Information

Policy No.	5100539423	Policyholder Name	CJ2 SERVICES	Policyholder NRIC	53373689K
Certificate No.					
Address	BLK 236 #09-49 BUKIT PANJANG RING ROAD SINGAPORE 670236				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy issue Date	09/05/2018	Effective Date	15/05/2018 00:00	Expiry Date	14/05/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
					Young/Inexperience Driver Excess
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

## ▼ Policyholder Mailing Address

Address 1	BLK 236 #09-49	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670236
Address 4		Address Type	Singapore address	Post Code	670236
Unit No.	09-49	Related Policy Number	5107588826		

Insured Object: GBH3849H

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/05/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 15 May 2018 TO 14 May 2019
2	15/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 May 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: THIAM HENG AUTO (S) PTE LTD CHASSIS NUMBER: VF77FBHYMHJ771252 ENGINE NUMBER: 10JBHW3019626 VEHICLE REGISTRATION NUMBER: GBH3849H ORIGINAL REGISTRATION DATE: 15 May 2018 PERIOD OF INSURANCE: 15 May 2018 TO 14 May 2019

Continue Cancel



## Claim Handling

Accident MT/1039041

- Exit

Policy No.	5100539423	Vehicle No.	GBH3849H	GST Registration No.	
Certificate No.					
Policyholder Name	C12 SERVICES			Policyholder NRIC	53373689K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97777395	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	No
<b>Accident Details</b>					
Report Date	05/04/2019 18:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/04/2019	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	11 TUAS LINK 1				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	05/04/2019 18:39:44 System changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK 236 #09-49	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670236
Address 4		Address Type	Singapore address	Post Code	670236
Unit No.	09-49	Related Policy Number	5107588626		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/05/1980
Unnamed driver Name	LIOW AJ HWEE (LIAO AIHUI)	Driver NRIC	S0017284B	Driving Experience	10
Register Date of Driver License	06/06/2008	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	97777004	Contact No.(Office)	0	Address 3	SINGAPORE 670236
Address 1	BLK 236	Address 2	BUKIT PANJANG RING ROAD	Post Code	670236
Address 4		Address Type	Singapore address		
Unit No.	09-49				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer 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 **New**

Claim Type *	OD-MX	Insured Name	C12 SERVICES	Insured NRIC	53373689K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	GBH3849H	TP Vehicle Number	XE4730P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH3849H / XE4730P ON 5 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	05/04/2019 18:40	Claim Close Date		Date Received	05/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1039041	Claim No.	001																									
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/04/2019 18:41																									
<table border="0"> <tr> <th>Path *</th><th>Category *</th><th>Confidential</th><th>Urgency *</th><th>Description *</th></tr> <tr> <td>Browse...</td><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse...</td><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse...</td><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse...</td><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal	
Path *	Category *	Confidential	Urgency *	Description *																								
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<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<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="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message 

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	SAS	Normal	SAS 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:41	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:40	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:40	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:40	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:40	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:40	Photos	Normal	Photos 2019-4-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Apr 2019 18:40	Photos	Normal	Photos 2019-4-5		<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"/>				