

# NATIONAL Assessment Centre Services

Date In: 08/04/2019 17:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006176/K4	SAS e-filing		
Veh No: SLQ7814R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/04/2019 15:30	i-Motor Claim Form		MT/1039355-001 9/4/19 10:24
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GBH3261C, 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 ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks: (INC hotline: 6788/6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: Actions:

NA1902496

Claimant's Particulars:	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Assessor's Comments:	5) FT: 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:		
	*N3: Courtesy Car / Tp 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: Idno Mobile \$0		
	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 08/04/2019 17:58  
 Date Of Accident 07/04/2019 15:30  
 Exact Location Of Accident CTE / UPPER SERANGOON EXIT  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7814R  
**Insured/Policyholder**  
 Name Of Registered Owner WEE SHI KAI, KEELY  
 NRIC No S9045338F  
 Email Address KEELYWEE27@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-88337207  
 Alternative Phone No OTHERS-88337207

### Vehicle Particulars

Manufacturer AUDI  
 Model A3 SB 1.4 TFSI AMBIENTE  
 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 REPORTING ONLY  
 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 5103646550  
 Cover Note Number

### Driver

Name of Driver WEE SHI KAI, KEELY  
 NRIC No S9045338F  
 Date Of Birth 13/11/1990  
 Occupation INDOOR  
 Date Of Driving Pass 02/07/2018  
 Driving Experience 0 YEAR AND 9 MONTH  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-88337207  
 Fax Number  
 Contact Number OTHERS-88337207  
 EMail Address KEELYWEE27@GMAIL.COM

Address	7 SANDY LANE
Postcode	437323
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBH3261C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALEX GOH
NRIC/Passport Number	S1766046B
Contact Number	96905777
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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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)



## SKETCH PLAN

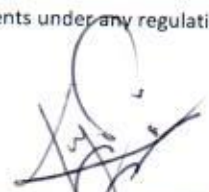
### IMPORTANT NOTICE


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.:

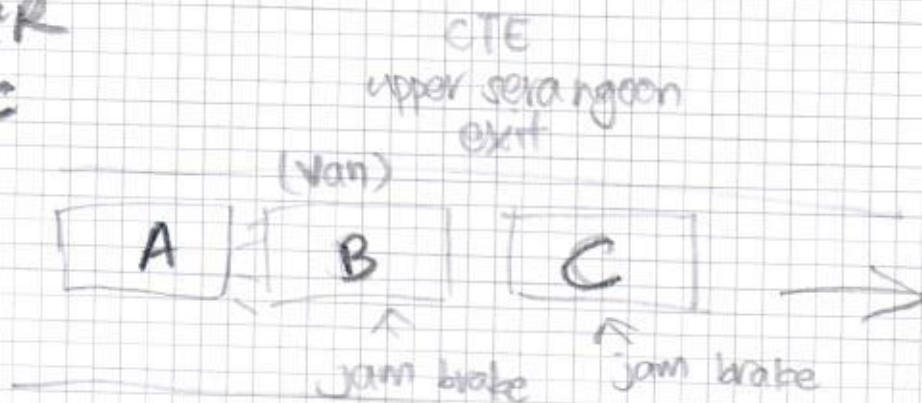
2- 8/4/2019

# SKETCH PLAN

A - SLQ7814R

B - GBH3261C

C - Unknown



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(c)

car in front jam brake, then B jam brake, then my car crashed on B. The back of car B had a little dents. My car (A) bonnet dented, front grill smashed with scratches & wind screen cracked a little on the right.

## 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.:

8/4/2019



Reported on 8/4/2019  
@ 1545HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: (7/4/2019) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: CTE / Upper Serangoon Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ7814R  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- d) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8533 7207  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER  
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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH3261C MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Alex Goh  
c) NRIC/FIN/PASSPORT: S1766046B CONTACT: 9690 5777

### 9. THIRD PARTY VEHICLE

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

Email = keelywee27@gmail.com

fax = keelywee27@gmail.com ✓

VIDEO =

Waiting for Vehicle Photos?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9045338F



Name

WEE SHI KAI, KEELY  
(RUAN SHIKAI)

阮诗凯

Race

CHINESE

Date of birth

13-11-1990

Sex

F

Country of birth

SINGAPORE

S9045338F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9045338F



WEE SHI KAI, KEELY  
(RUAN SHIKAI)

Birth Date: 13 Nov 1990

Issue Date: 02 Jul 2010



002819235J



3802864

NRIC No. S9045338F



Date of issue

28-11-2005

7 SANDY LANE  
SINGAPORE 437323

NRIC No: S9045338F

Date: 04/04/2010

No: 6469675

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 02 Jul 2018

NP 428A



Licence No: S9045338F



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103646550		WEE SHI KAI, KEELY	59045338F	GPC	drive CLASSIC	SLQ7814R	SLQ7814R	17/09/2018	16/09/2019

Continue

## ▼ Policy Information

Policy No.	5103646550	Policyholder Name	WEE SHI KAI, KEELY	Policyholder NRIC	S9045338F
Certificate No.					
Address	7 SANDY LANE SINGAPORE 437323				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/09/2018	Effective Date	17/09/2018 00:00	Expiry Date	16/09/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON INSURANCE AGENCY I	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	7 SANDY LANE	Address 2	SINGAPORE 437323	Address 3	
Address 4		Address Type	Singapore address	Post Code	437323
Unit No.		Related Policy Number	5103646550		

▶ Insured Object: SLQ7814R

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				



## Claim Handling

Accident MT/1039355

Policy No.	5103646550	Vehicle No.	SLQ7814R	GST Registration No.
Certificate No.				
Policyholder Name	WEE SHI KAI, KEELY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	88337207	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	09/04/2019 10:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/04/2019	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE / UPPER SERANGOON EXIT			

## ▼ Excess

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

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	7 SANDY LANE	Address 2	SINGAPORE 437323	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103646550	

## ▼ OI Driver Info

Driver Name	WEE SHI KAI, KEELY (RUAN SHIKAI)	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9045338F	Driving Experience
Register Date of Driver License	01/01/2013	Driver Age	28	Contact No.(Home)
Contact No.(Mobile)	88337207	Contact No.(Office)	0	Address 3
Address 1	7 SANDY LANE	Address 2		Post Code
Address 4		Address Type	Singapore address	
Unit No.				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Partially at Fault	GIA report	Received
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

☒ Print AX letter

OD-MX	Insured Name	WEE SHI KAI, KEELY
88337207	Contact No.	
	(Home)	
KEELYWEE27@GMAIL.COM	OI Vehicle Number	SLQ781
SLQ7814R / GBH3261C ON 7 Apr 2019		
09/04/2019 10:24	Claim Close Date	
	Workshop Repairer	

Save Submit

## Attachment

Accident No. MT/1039355 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/04/2019 10:20

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

Clear

Clear

Clear

Clear

Clear

Category \*

Please Select

Please Select

Please Select

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Please Select

Please Select

Confidential

NO

NO

NO

NO

NO

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:24	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:22	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading