

NATIONAL Assessment Centre Services. (Part 1 Jan 05) MVA 119061950

Date In: 13/5/19 15:07	Job description	Date & Time Completed	Done by
Ref No: NA1 MC1900 8418/64	SAS e-filing		
Veh No: SMJ 3369K	E-mail (within 3hrs, AIC 2hrs)		
DDA: 12/5/19 14:00	I-Motor Claim Form	MT11044315-001	13/5/19 17:44
OD: <input checked="" type="radio"/> 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/Wksn		

Preferred Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SHC 3912 M	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC No: 16/18/0016)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA1903414	Invoice Itemization	Amc (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NL: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (Inc in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	PAID BY
	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	13/05/2019 15:07
Date Of Accident	13/05/2019 14:00
Exact Location Of Accident	UPP PAYA LEBAR RD SLIP RD INTO AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3369K
Insured/Policyholder	
Name Of Registered Owner	OEI CHIU HWE
NRIC No	S2071283Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81952706
Alternative Phone No	OFFICE-81952706

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5 E (AUTO)
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	5107599703
Cover Note Number	-

Driver

Name of Driver	SEO MIN LI GILIA
NRIC No	T0017712H
Date Of Birth	01/06/2000
Occupation	INDOOR
Date Of Driving Pass	18/02/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81273627
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 167 HOUGANG AVE 1 #14-1570
Postcode	530167
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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?	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)	2
Passenger 1	NAME: : OEI CHIU HWE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3912M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Airport Rd

Upp Paya Lebar Rd

A = SMJ 3369K

B = SHC 3912M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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/20190513/2085

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20190513/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2019 14:35		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: SEO MIN LI GILIA			Address: APT BLK 167 HOUGANG AVENUE 1 #14-1570 SINGAPORE 530167		
ID Type / ID No.: NRIC NO / T0017712H			Contact No.: Home/Office: Mobile: 81273627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 18	Date of Birth: 01/06/2000	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Student		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/05/2019 14:00	Type of Location: Filter Lane
Location: Junction of Road 1 and Road 2 UPPER PAYA LEBAR ROAD AIRPORT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	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
SHC3912 (Not Accurate)	Car					0
SMJ3369K	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190513/2085

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20190513/2085

CONTINUATION OF REPORT

Brief Details.

On the above mention date and time, I was having my driving lesson with Mr Oei Chiu Hwe, S2071283Z, HP: 81952706, B/53 Commonwealth Drive #18-562, S(142053). I was making a turn into Airport Road from Upper Paya Lebar Road by the filter lane and had stopped behind the give way line to look out for traffic. Suddenly we felt an impact from the rear and realised that a blue taxi, SHC3912 had rear ended our car and immediately drive off along Airport Road. We did not manage to get the taxi full registration number. Afterwards, we drove to the nearest police post to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20190513/2085

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20190513/2085

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:
G /
Staff Sgt DZULRAIHAN BIN KAMALUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/05/2019 14:35

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0017712H



Name

SEO MIN LI GILIA

谢敏莉

Race

CHINESE

Date of birth

01-06-2000

Sex

F

Country/Place of birth

SINGAPORE



5421383



NRIC No. T0017712H



Date of issue

04-02-2015

Address

APT BLK 167 HOUGANG AVENUE 1
#14-1570
SINGAPORE 530167



Qualified Driving Licence

You are not a valid Singapore Driving Licence Holder.

Provisional Driving Licence

Provisional Driving Licence Number

T0017712H

Status of Provisional Driving Licence

Valid

Class(es) of Provisional Driving Licence

3

Expiry Date

18/02/2021

Ask Jamie



Back



Forward



Home



Bookmarks



Tabs



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

13/05/2019 15:02

Vehicle No.(For Motor)

SMJ3369K

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"/>	5107599703		OEI CHIU HWE	S2071283Z	GPC	drivo CLASSIC	SMJ3369K	SMJ3369K	28/02/2019	27/02/2020

Claim Handling

Accident MT/1044315

Policy No.	5107599703	Vehicle No.	SMJ3369K	GST Registration No.	
Certificate No.					
Policyholder Name	OEI CHIU HWE			Policyholder NRIC	S2071
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81952706	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	13/05/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	13/05/2019	Time of Accident hh:mm	14:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP PAYA LEBAR RD SLIP RD INTO AIRPORT RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess	0.00	Driver is Covered?	Covere
Additional Excess	1,000.00				
Total OD Excess Applicable	4,100.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 53 #18-562	Address 2	COMMONWEALTH DRIVE	Address 3	COMM
Address 4	SINGAPORE 142053	Address Type	Singapore address	Post Code	14205
Unit No.		Related Policy Number	5107599703		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SEO MIN LI GILJA	Driver NRIC	T0017712H	Driver DOB	01/06/
Register Date of Driver License	18/02/2019	Driver Age	18	Driving Experience	0
Contact No.(Mobile)	81273627	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 167 #14-1570	Address 2	HOUGANG AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53016
Unit No.	14-1570				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001 New

Claim Type *	OD-HX	Insured Name	OEI CHIU HWE
Contact No.(Mobile)	92765559	Contact No. (Home)	84730508
Email Address		OT Vehicle Number	SMJ3369K
Claim Description	SMJ3369K / SHC3912M ON 13 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered		Claim Close Date	13/05/2019 17:43
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1044315	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/05/2019 17:44
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:44	SAS	Normal	SAS 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:44	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:44	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:44	Photos	Normal	Photos 2019-5-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:43	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 17:43	Photos	Normal	Photos 2019-5-13

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading