

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA9069626

Date In: 28/05/2009 18:00	Job description	Date & Time Completed	Done by
Ref No: NIBA/INC/9009427	SAS e-filing		
Veh No: SGW 7595G	E-mail (Vehicle Hrs, AIC Hrs)		
D.O.A: 28/05/2009 08:30	I-Motor Claims Form	MTIAP6577001	28/05/2009 18:14
OD: TP Reporting Only	I-Motor W/O (Within: OD Hrs, TP Hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: ABS 2471U	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:	Complete	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date of Injury: _____

Location: _____

Weather: _____

Time of Day: _____

Witness: _____

Police Report: _____

Insurance Claim: _____

NA903959	Invoice	Invoice No: NA903959	Invoice Date: 28/05/2009
Driver/Owner:	1) AIR: Accident Reporting (\$30)	INC (\$10)	
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45	
Damaged Portion:	3) TP: Towing Fee	\$120	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey)	\$75	
	For claiming against INC Only (ver 10 Jan 2003)	\$160	
	6) TR: Re-inspection		
	7) NI: Idao DA + SMRT Survey		
	8) NTUC Additional Services:		
	9) NI: Idao Mobile		
	*NS: Courtesy Car / Tpl Allowance	\$3	
	*NG: Repairs Coordination	\$10	
	*N2: Post Repair Inspection	\$25	
	*ND: DV / Collect Excess Coordination	\$3	
	TP (Nil) / TP (Non INC) against INC	\$20	
	Fee Charged		
	Invoice dated		
	Invoice dated		

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	28/05/2019 18:00
Date Of Accident	28/05/2019 08:30
Exact Location Of Accident	PIE AFTER EXIT 4B BEFORE EXIT 4A TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ7595G
Insured/Policyholder	
Name Of Registered Owner	NGIAU CHEE WEI (RAO ZIWEI)
NRIC No	S7940681C
Email Address	RAOZIWEI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81000552
Alternative Phone No	OTHERS-81000552

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	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	5088903365-01
Cover Note Number	

Driver

Name of Driver	NGIAU CHEE WEI (RAO ZIWEI)
NRIC No	S7940681C
Date Of Birth	24/12/1979
Occupation	INDOOR
Date Of Driving Pass	01/12/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81000552
Fax Number	
Contact Number	OTHERS-81000552
EMail Address	RAOZIWEI@YAHOO.COM.SG

Address	BLK 117 JURONG EAST STREET 13 #20-145
Postcode	600117
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	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?	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

PLEASE REFER TO SKETCH PLAN

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	GBJ2471J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD FARHAN BIN ABD RASHID
NRIC/Passport Number	S8726375D
Contact Number	93358829
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:

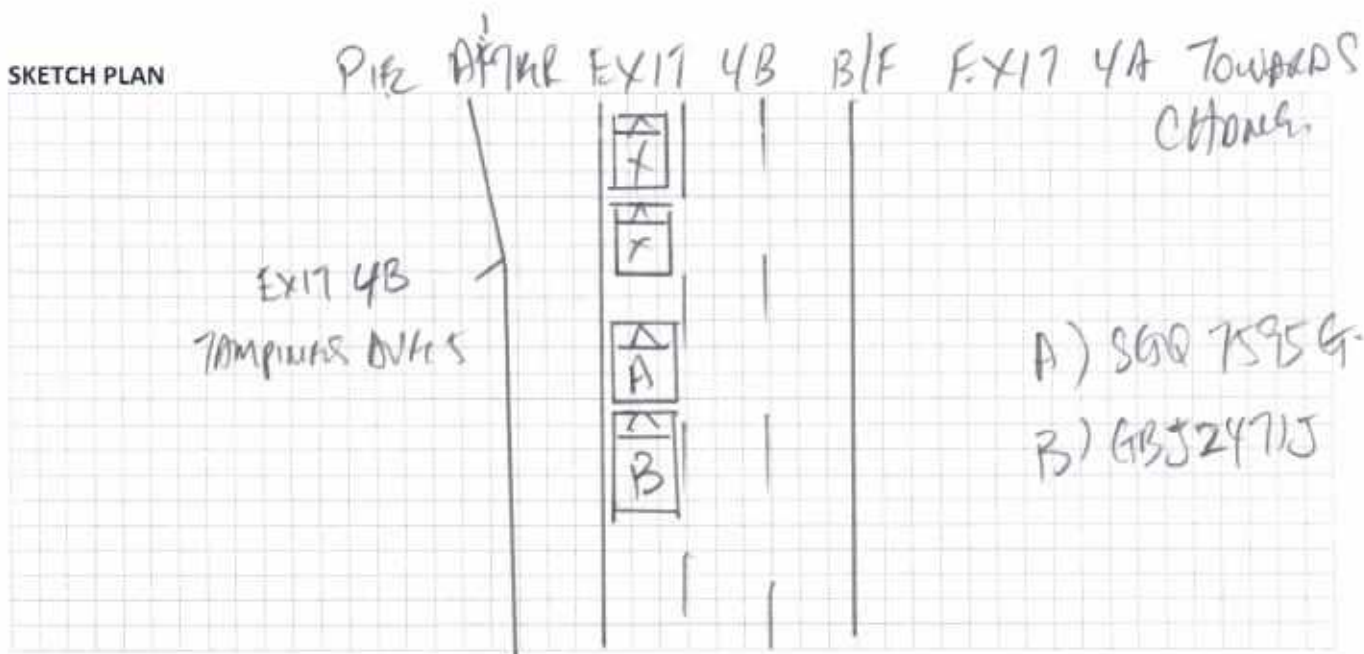
28/05/2019, 5:35pm

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

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

28/05/2019
Rashid Wahid

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the PIE toward Changi airport. I needed to ~~exit~~ exit at Exit 4A, so I filtered towards the left. As there were other cars in front of me, I came to a stop. That's why the vehicle behind me, GBJ 2471J, knocked into my stationary car.

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: Res. Li
 NRIC/FIN No.: 28/05/2019

Claim Handling

Accident MT/1046577

Policy No.	5088903365-01	Vehicle No.	50Q7595G	GST Registration No.	
Certificate No.					
Policyholder Name	NGIAU CHEE WEI (RAD ZIWEI)	Cover Type	drive CLASSIC	Policyholder NRIC	S7940681C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leasing	0
Contact No. (Mobile)	81000552	Special Remark		Contact No. (Home)	
Email Address				eCode	No
KIX	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	28/05/2019 18:17	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	28/05/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PTE AFTER EXIT 4B BEFORE EXIT 4A TOWARDS CHANGE				

▼ Excess

Own Damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	117 JURONG EAST STREET 13	Address 2	#20-145 IVORY HEIGHTS	Address 3	SINGAPORE 600117
Address 4		Address Type	Singapore address	Post Code	600117
Unit No.	20-145	Related Policy Number	5088903365-01		

▼ OI Driver Info

Driver Name	NGIAU CHEE WEI (RAD ZIWEI)	Driver Type	Main Driver	Driver DOR	24/12/1979
Unnamed driver Name		Driver NRIC	S7940681C	Driving Experience	3
Register Date of Driver License	31/12/2015	Driver Age	39	Contact No. (Home)	
Contact No. (Mobile)	81000552	Contact No. (Office)		Address 3	SINGAPORE 600117
Address 1	117 JURONG EAST STREET 13	Address 2	#20-145 IVORY HEIGHTS	Post Code	600117
Address 4		Address Type	Singapore address		
Unit No.	20-145			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	50Q7595G		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NGIAU CHEE WEI (RAD ZIWEI)	Insured NRIC	S7940681C
Contact No. (Mobile)	81000552	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Vehicle Number	50Q7595G	TP Vehicle Number	GB24713
Claim Description	50Q7595G / GB24713 ON 28 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	28/05/2019 00:00
Date Registered		Report Taken By	ROSLI WAHAB	Date Received	28/05/2019 00:00
Print A4 letter					

Save Submit

Attachment

Accident No.	MT/1046577	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2019 18:14

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Message Read	Send Message			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	SAS	Normal	SAS 2019-5-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 18:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-28

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 05 / 2019) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: PIE EXIT 4A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5GQ 7595 G
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5088903365-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH 1.8
 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: NGIAM CHEE WEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7940681C CONTACT: 81000552
 c) ADDRESS: 117 JURONG EAST STREET 13 #20-145
 S(600117)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NGIAM CHEE WEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7940681C CONTACT: 81000552
 c) ADDRESS: 117 JURONG EAST STREET 13 #20-145
 S(600117)

*d) DATE OF BIRTH: (24 / 12 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/12/2015

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBJ 2477 2471J MODEL: NISSAN
 b) DRIVER'S NAME: MUHAMMAD FARHAN BIN ABD RASHID
 c) NRIC/FIN/PASSPORT: S87 26375 D CONTACT: 9335 8829

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
 (3) 01

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

email = rdoziwei@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7940681C



Name

NGIAU CHEE WEI
(RAO ZIWEI)

饶子伟

Race

CHINESE

Date of birth

24-12-1979

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7940681C

Name

NGIAU CHEE WEI
RAO ZIWEI

Exp. Date: 24 Dec 1979

Valid Date: 01 Dec 2015



SG
50

For LKK/NAC Use Only

3840857



NRIC No: S7940681C



Date of issue

25-01-2006

APT BLK 117 JURONG EAST STREET 13 #20-145
SINGAPORE 600117

NRIC No: S7940681C

Date: 28/11/2014

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 $\leq 2500\text{kg}$ 01 Dec 2015



NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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"/>	5088903365-01		NGIAU CHEE WEI (RAO ZIWEI)	S7940681C	GPC	drive CLASSIC	SGQ7595G	SGQ7595G	18/06/2018	17/06/2019