

# NATIONAL Assessment Centre Services

(wef 1 January)

Date In: 03/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9009756/13	SAS e-filing		
Veh No: 98J1119J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/06/19 1215	i-Motor Claim Form	MT/1047354 - 001	
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: SKS7287M	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 ( ) / 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

NA1904062

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : 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) NI : 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	

## Auditors' Comments :-

Cat. 1: \_\_\_\_\_

Cat. 2 / 3: \_\_\_\_\_

## 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 03/06/2019 13:08  
 Date Of Accident 02/06/2019 12:15  
 Exact Location Of Accident PIE TWDS CTE/SLE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1119J  
**Insured/Policyholder**  
 Name Of Registered Owner RI SHEN SERVICES PTE. LTD.  
 Co Reg No 201109258N  
 Email Address ZAKAGERMAINE25@GMAIL.COM  
 Mobile Phone No  
 Alternative Phone No OFFICE-86889366

### Vehicle Particulars

Manufacturer TOYOTA  
 Model REGIUS ACE SUPER-GL  
 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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5106663704  
 Cover Note Number

### Driver

Name of Driver OW KOK SHENG,ZACHARY  
 NRIC No S9140839B  
 Date Of Birth 13/11/1991  
 Occupation OUTDOOR  
 Date Of Driving Pass 17/07/2010  
 Driving Experience 8 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-86889366  
 Fax Number  
 Contact Number  
 Email Address ZAKAGERMAINE25@GMAIL.COM

Address	BLK 475A UPPER SERANGOON CRESCENT #03-509
Postcode	531475
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - REGISTERED DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : GERMAINE LIM GENDER: : FEMALE
Passenger 2	NAME: : ALEXIS LIM GENDER: : FEMALE

#### 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

I WAS TRAVELLING ALONG PIE TWDS CTE/SLE ON THE 4TH LANE OF A6-LANES RD. SUDDENLY VEH(B) BEARING REG NO SKS7287M FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH. AFTER THE IMPACT THE VEH B DRIVE OFF WITHOUT STOPPING. I CHASE THE VEH BUT THE DRIVER SAID THAT HE DIDN'T REALISE THAT HIS VEH HAD HIT ONTO MY VEH.

#### 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	SKS7287M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHIAK HWEE@LIM AH KOW
NRIC/Passport Number	S2575953B
Contact Number	96893946

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name OW KOK SHENG,ZACHARY  
Approximate Age  
Injuries Sustain SHOULDER AND HEAD  
Injured person in which vehicle? GBJ1119J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ALEXIS LIM  
Approximate Age  
Injuries Sustain LEFT WRIST  
Injured person in which vehicle? GBJ1119J  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name GERMAINE LIM  
Approximate Age  
Injuries Sustain LEFT SHOULDER  
Injured person in which vehicle? GBJ1119J  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
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:

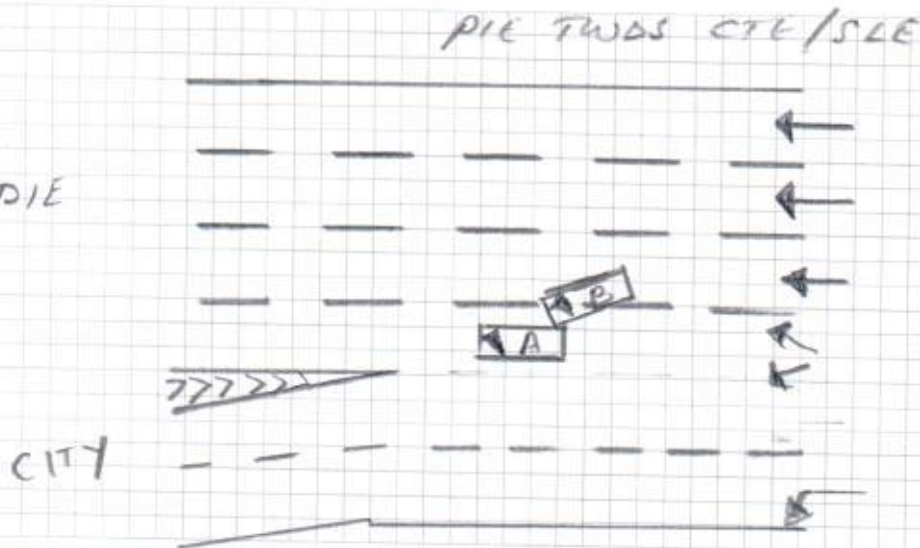
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A - GBJ1119J PIE

B - SKS7287M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the 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.:

*2/2w 03/06/19*

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9140839B**

Name: **OW KOK SHENG, ZACHARY**

Birth Date: **13 Nov 1991**

Issue Date: **04 Mar 2015**

002401771D

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9140839B**

Name: **OW KOK SHENG, ZACHARY**

Race: **CHINESE**

Date of birth: **13-11-1991**

Sex: **M**

Country of birth: **SINGAPORE**

For LKK/NAC Use Only

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

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

EFFECTIVE DATE: **17 Jul 2010**

ABC 846SP

Licence No: **S9140839B**

NP 428A

4960796

NRIC No. **S9140839B**

Date of issue: **25-03-2013**

APT BLK 475A UPPER SERANGOON CRESCENT #03-509  
SINGAPORE 531475

NRIC No: **S9140839B** Date: **22/07/2015 (R)**

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

02/06/2019 12:15

Vehicle No.(For Motor)

GBJ1119

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"/>	5106663704		RI SHEN SERVICES PTE. LTD.	201109258N	GCV	Comprehensive	GBJ1119J	GBJ1119J	02/01/2019	01/01/2020

## Claim Handling

Accident MT/1047354

Policy No.	5106663704	Vehicle No.	GBJ1119J	GST Registration No.
Certificate No.				
Policyholder Name	RI SHEN SERVICES PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	86889366	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
<b>▼ Accident Details</b>				
Report Date	03/06/2019 15:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/06/2019	Time of Accident hh:mm	12:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CTE/SLE			
<b>▼ Excess</b>				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
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 Registration No.		GST Status Verified		Yes
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-23 NORTHSTAR @ AMK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-23	Related Policy Number	5108454481	
<b>▼ OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	OW KOK SHENG,ZACHARY	Driver NRIC	S9140839B	Driver DOB
Register Date of Driver License	17/07/2010	Driver Age	27	Driving Experience
Contact No.(Mobile)	86889366	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 475A	Address 2	UPPER SERANGOON CRESCENT	Address 3
Address 4	SINGAPORE 531475	Address Type	Singapore address	Post Code
Unit No.	#03-509			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RI SHEI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBJ111
Claim Description	GBJ1119J / SKS7287M ON 2 Jun 2019		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Correct No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	03/06/2019 15:33
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

## Attachment

Accident No. MT/1047354 Claim No. 001  
 Last Doc. Received: ☒ Yes ☐ No Upload Date 03/06/2019 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Please Select NO

Clear

Please Select NO

Clear

Please Select NO

Clear

Please Select NO

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Please Select NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:33	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 15:32	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

