

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119083351

Date In: 26/6/19 17:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011348/64	SAS e-filing		
Veh No: SKN 933 D	E-mail (within 2hrs, AIC 2hrs)		
DDA: 25/6/19 19:00.	I-Motor Claim Form	MT/1050744-001	26/6/19 17:35
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: GBC 8585L	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: 10011348/64	Date: 26/6/19	Completed by: [Signature]
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: \_\_\_\_\_

Date/Time	Action

NA1904748	Invoice for Insurance Charge	Amo (\$)	Amo (\$)
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 (ver 10 Jan 2003)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Inc) against INC \$20		
	9) NI2: Idan 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	26/06/2019 17:13
Date Of Accident	25/06/2019 19:00
Exact Location Of Accident	53 UBI AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN933D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIOW MOH KIN (LIAO MUQIN)
NRIC No	S7718741C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97468509
Alternative Phone No	OFFICE-97468509

### Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5110231765
Cover Note Number	-

### Driver

Name of Driver	LIOW MOH KIN (LIAO MUQIN)
NRIC No	S7718741C
Date Of Birth	07/07/1977
Occupation	INDOOR
Date Of Driving Pass	05/07/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97468509
Fax Number	
Contact Number	OFFICE-97468509
EMail Address	NOEMAIL

Address	BLK 788 WOODLANDS AVE 6 #12-619
Postcode	730788
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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

MY VEH WAS PARKED AT THE 53 UBI AVE 1, WHILE VEH B (BEARING NO GBC8585L) REVERSING HIS VEH AND HIT ONTO MY PARKED VEH FRONT LEFT PORTION.

#### 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	GBC8585L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.:

# SKETCH PLAN

A = SKN 933D

B = GBC 8585L

Reversed


S3 Ubi Ave 1

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:



**REPUBLIC OF SINGAPORE** DRIVING LICENCE

License Number: **S7718741C**

Name: **LIOW MOH KIN (LIAO MUQIN)**

Birth Date: **07 Jul 1977**

Issue Date: **30 May 2003**

1000527846C






**SINGAPORE ARMED FORCES**

**IDENTITY CARD**

Name: **LIOW MOH KIN**

NRIC No: **S7718741C**


This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:**

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **05 Jul 1996.**

Licence No: **S7718741C**



NP 428A

SGS 1294139153 14013109

NRIC No / Colour: **S7718741C / PINK**

Date Of Birth: **07/07/1977**

Service Status: **REGULAR**

Address: **BLK 788 WOODLANDS AVENUE 6 #12-619 SINGAPORE 730788**


Race: **CHINESE**

Country Of Birth: **SINGAPORE**

Blood Group: **O+**

Sex: **M**

MILITARY EXPERT: **W036**



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="25/06/2019 17:13"/>	
Vehicle No.(For Motor)	<input type="text" value="SKN933D"/>	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"/>	5110231765		LIOW MOH KIN (LIAO MUQIN)	57718741C	GPC	drivo CLASSIC	SKN933D	SKN933D	16/06/2019	15/06/2020

## Claim Handling

Accident MT/1050744

Policy No.	5110231765	Vehicle No.	SKN933D	GST Registration No.	
Certificate No.					
Policyholder Name	LIOW MOH KIN (LIAO MUQIN)			Policyholder NRIC	57718
Product Code	PRIVATE CAR (INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	97468509	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	26/06/2019 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	25/06/2019	Time of Accident hh:mm	19:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	53 UBI AVE 1				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Co
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<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	BLK 788 #12-619	Address 2	WOODLANDS AVENUE 6	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73078
Unit No.	12-619	Related Policy Number	5110231765		
<b>OI Driver Info</b>					
Driver Name	LIOW MOH KIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	57718741C	Driver DOB	07/07/
Register Date of Driver License	01/01/1997	Driver Age	41	Driving Experience	22
Contact No.(Mobile)	97468509	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 788 #12-619	Address 2	WOODLANDS AVENUE 6	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73078
Unit No.	12-619				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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-MX	Insured Name	LIOW MOH KIN (LIAO MUQIN)
Contact No.(Mobile)	97468509	Contact No. (Home)	
Email Address		DI	
Claim Description	SKN933D / GBC8585L ON 25 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	26/06/2019 17:34
			LIOW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No.	MT1050744	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/06/2019 17:35
Path *		Category *	Confidential Urgency *
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	SAS	Normal	SAS 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jun 2019 17:35	Photos	Normal	Photos 2019-6-26

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>