

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119128734**

Date In: 30/1/19-09:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19 017113/24	SAS e-filing		
Veh No: MBE82207	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/1/19-17:20	i-Motor Claim Form	M711064532-001	30/1/19 09:30
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: QAM1244	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 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

NA1907361	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR : Re-inspection \$75		
Ref. 2 / 3:	7) N1 : Idac 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 (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	30/09/2019 09:17
Date Of Accident	23/09/2019 17:20
Exact Location Of Accident	JUNC TUAS AVE 8 & TUAS VIEW PL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8270J
Insured/Policyholder	
Name Of Registered Owner	WELLBUILT PTE LTD
Co Reg No	200921221H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97566116
Alternative Phone No	OFFICE-97566116

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078661476-03
Cover Note Number	

Driver

Name of Driver	LIU XUDONG
NRIC No	S2719902Z
Date Of Birth	03/03/1964
Occupation	INDOOR
Date Of Driving Pass	04/12/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97566116
Fax Number	
Contact Number	OFFICE-97566116
EMail Address	NOEMAIL

Address	46 WOODLANDS DRIVE 16 #12-51
Postcode	737777
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQM1292 (MOTORCYCLE)
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)	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

REFER TO POLICE REPORT - T/20190924/2003.

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	JQM1292
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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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**.
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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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23/9/19 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: Tuas Ave 8.2 Tuas View Pl.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BE8270J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 507866476-03
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: Working
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: Wellbuilt Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2009212004 CONTACT: 97566116
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Xudong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52719422 CONTACT: 97566116
c) ADDRESS: 46 Woodlands Drive 16 #12-51 (73717)

*d) DATE OF BIRTH: (3/3/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 41 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: Jamirav MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

Email =

fax =

video = x



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20190924/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 00:30		Vide Report No.: J/20190923/0115		Station Diary No.: 5	
Informant's Particulars					
Name of Informant: LIU XUDONG			Address: 46 WOODLANDS DRIVE 16 #12-51 SINGAPORE 737777		
ID Type / ID No.: NRIC NO / S2719902Z			Contact No.: Home/Office: Mobile: 97566116		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 03/03/1964	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Company director		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/09/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TUAS SOUTH AVENUE 8 TUAS VIEW PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8270J	Van				Slightly Damaged	0
JQM1292	Motorcycle				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	LIU XUDONG	ID No.	S2719902Z
Related Vehicle	NIL	Contact No.	97566116
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/09/2019 at around 1720hrs, I was driving my van registration number GBE8270J along Tuas South Ave 5. I wanted to go to my office which was located at Westlink One building. Upon reaching the filter lane, I then made a left turn to Tuas South Ave 8. Not far away from the filter lane, there was a road linked to Tuas View Place. As I did not want to drive around the loop, I decided to drive a shortcut to Tuas View Place which was one way lane.

As I was making a left turn, out of a sudden a Malaysian motorcycle registration number JQM1292 rode passed on my left causing a collision. Due to the collision the rider flung a few meters. I then alighted from my vehicle and made a check on the said rider. One of the passerby assisted to call for Ambulance. The said rider then was conveyed to the hospital for his injuries. I wished to state that I am not injured. There were some damaged on the left side on my van and also the mirror.



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20190924/2003

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:
J /
Sgt 3 MUHAMMAD NADZRI BIN RUDZLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp

NP168

Signature

Signature Of Informant:

Date/Time:
24/09/2019 00:30

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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"/>	5078661476-03		WELLBUILT PTE LTD	200921221H	GCV	Comprehensive	GBE8270J	GBE8270J	06/04/2019	05/04/2020

Policy Information

Policy No.	5078661476-03	Policyholder Name	WELLBUILT PTE LTD	Policyholder NRIC	200921221H
Certificate No.					
Address	14A TUAS SOUTH LINK 2 SINGAPORE 636839				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	27/03/2019	Effective Date	06/04/2019 00:00	Expiry Date	05/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	14A TUAS SOUTH LINK 2	Address 2	SINGAPORE 636839	Address 3	
Address 4		Address Type	Singapore address	Post Code	636839
Unit No.	04-03	Related Policy Number	5078661476-03		

Insured Object: GBE8270J

Endorsements

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

Claim Handling

Accident MT/1064532

Policy No.	5078661476-03	Vehicle No.	GBE82703	GST Registration No.	200921221H
Certificate No.					
Policyholder Name	WELLBUILT PTE LTD			Policyholder NRIC	200921221H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97566116	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
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(%)	10	Private Hire	No

▼ Accident Details

Report Date	30/09/2019 09:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/09/2019	Time of Accident Minimum	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG TUAS AVE 8 & TUAS VIEW PL				

▼ Total Excess Applicable

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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2010
GST Registration No.	200921221H	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	14A TUAS SOUTH LINK 2	Address 2	SINGAPORE 636839	Address 3	
Address 4		Address Type	Singapore address	Post Code	636839
Unit No.	04-03	Related Policy Number	5078661476-03		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LJU XUDONG	Driver NRIC	S2719902Z	Driver DOB	03/03/1964
Register Date of Driver License	04/12/2007	Driver Age	55	Driving Experience	11
Contact No.(Mobile)	97566116	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	46 WOODLANDS DRIVE 16	Address 2	FORESTVILLE	Address 3	SINGAPORE 737777
Address 4		Address Type	Singapore address	Post Code	737777
Unit No.	12-51				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WELLBUILT PTE LTD	Insured NRIC	200921221H
Contact No.(Mobile)	97566116	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBE82703	TP Vehicle Number	3QM1292
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBE82703 / 3QM1292 ON 23 Sept 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/09/2019 09:32	Claim Close Date		Date Received	30/09/2019 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1064532	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/09/2019 09:34

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	

