

# NATIONAL Assessment Centre Services

Date In: 02/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19019365/13	SAS e-filing		
Veh No: SJAS745C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 30/10/19 0800	i-Motor Claim Form	MT/1069654-001	
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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: PCS207H	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

NA1908351

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	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) N1: 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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	02/11/2019 13:11
Date Of Accident	30/10/2019 08:00
Exact Location Of Accident	ALONG AYE TWDS TUAS B4 CLEMENTI AVE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA5745C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU SHIYANG
NRIC No	S8413897E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91512081
Alternative Phone No	OTHERS-91512081
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096191422-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIU SHIYANG
NRIC No	S8413897E
Date Of Birth	21/04/1984
Occupation	INDOOR
Date Of Driving Pass	12/08/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91512081
Fax Number	
Contact Number	OTHERS-91512081
EMail Address	NOEMAIL

Address	BLK 312A CLEMENTI AVE 4 #23-167
Postcode	121312
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	PC5207H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG SIEW HUAY
NRIC/Passport Number	
Contact Number	96841124
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.
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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:

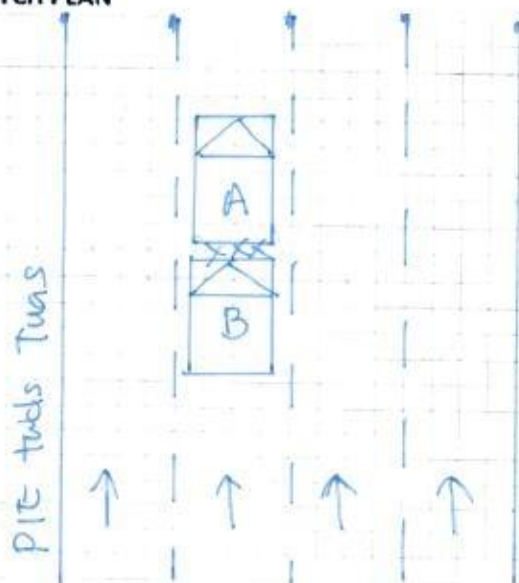


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



Vehicle A: SJA 5745C

Vehicle B: PC 5207H


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the above said date & time, I was driving my vehicle A (SJA 5745C) traveling along AYE tuds Tuas on third lane of a 4-lanes, expressway. The traffic was heavy, out of sudden, vehicle B (PC 5207H) came from rear and collided onto rear portion of my vehicle.

## 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:

 02/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SJA 5745C		<b>Model / Make</b>	Toyota Vios
<b>Date of Accident</b>	30/10/2019			
<b>Time of Accident</b>	0800	HRS		
<b>Location of Accident</b>	Along AYE twds Tuas Before Clementi Ave 2 Exit			
<b>Exact purpose use during accident</b>	Private use			
<b>Name of Owner</b>	Liu ShiYang			
<b>Telephone No.</b>	H/P : 91512081	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	S 8413897E			
<b>Address</b>	BLK 312A Clementi Avenue 4 #23-167 8 (121312)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>				
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers : —			
<b>Date of birth</b>	21/4/1984			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	12/8/2004			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state Owner		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	PC 5207H	Any Passengers : —		
<b>Name of Driver</b>	Ang Siew Huay	Contact No. : 9684 1124		
<b>Vehicle C No.</b>		Any Passengers :		
<b>Vehicle D No.</b>		Any Passengers :		
<b>Vehicle E no.</b>		Any Passengers :		
<b>Vehicle F No.</b>		Any Passengers :		
<b>Vehicle G No.</b>		Any Passengers :		
<b>Witness Name</b>		<b>Witness Contact :</b>		
<b>Accident Portion</b>	Rear portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	thatjeremy@gmail.com			
<b>PARTICULAR WORKSHOP</b>	Twincar Automotive			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

02/11/19

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

30/10/2019 08:00

Vehicle No. (For Motor)

SJA5745C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096191422-01		LIU SHIYANG	S8413897E	GPC	drive CLASSIC	SJA5745C	SJA5745C	14/12/2018	13/12/2019

Continue

Claim Handling

Accident MT/1069654

Policy No.	5096191422-01	Vehicle No.	SJA5745C	GST Registrat
Certificate No.				
Policyholder Name	LIU SHIYANG			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91512081	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
Accident Details				
Report Date	02/11/2019 14:43	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	30/10/2019	Time of Accident hh:mm	08:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG AVE TWDS TUAS B4 CLEMENTI AVE 2 EXIT			
Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen E
Unnamed 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	BLK 312A #23-167	Address 2	CLEMENTI AVENUE 4	Address 3
Address 4	SINGAPORE 121312	Address Type	Singapore address	Post Code
Unit No.	23-167	Related Policy Number	5096191422-01	
OI Driver Info				
Driver Name	LIU SHIYANG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8413897E	Driver DOB
Register Date of Driver License	12/08/2004	Driver Age	35	Driving Exper
Contact No.(Mobile)	91512081	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 312A	Address 2	CLEMENTI AVENUE 4	Address 3
Address 4	SINGAPORE 121312	Address Type	Singapore address	Post Code
Unit No.	#23-167			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	91512081	Contact No. (Home)	6
Email Address	THATJEREMY@GMAIL.COM	OI Vehicle Number	S
Claim Description	SJA5745C / PC5207H ON 30 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	
Print AX letter			

Attachment



Accident No.  
Last Doc. Received

MT/1D69654  
Yes No

Claim No.  
Upload Date

001  
02/11/2019 00:00

Path \*

Choose File No file chosen  
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Message Read

Category \*

Confid

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 14:47	NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 14:47	SAS		Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 14:47	Photos		Normal	P
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 14:47	Photos		Normal	P
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 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 14:47	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name
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