

# NATIONAL Assessment Centre Services

(Ref: Jan 05)

Date In <b>17/03/20</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC20004126/13</b>	SAS e-filing		
Veh No <b>FZ 2271M</b>	E-mail (within 8hrs, AIC 2hrs)		
D O A <b>11/03/20 0815</b>	i-Motor Claim Form	<b>MT/1088799-001</b>	
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to</u> Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **UNKNOWN** 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

NA2002160

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

On\*

\*N3: 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

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## 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	17/03/2020 12:55
Date Of Accident	11/03/2020 08:15
Exact Location Of Accident	LOR 17 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FZ2271M

Insured/Policyholder	
Name Of Registered Owner	LIANG PAK SANG
NRIC No	SXXXX438C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97429238
Alternative Phone No	OTHERS-97429238

Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE
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	MOTORCYCLE

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107250916
Cover Note Number	

Driver	
Name of Driver	LIANG PAK SANG
NRIC No	SXXXX438C
Date Of Birth	25/05/1948
Occupation	INDOOR
Date Of Driving Pass	02/02/1972
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97429238
Fax Number	
Contact Number	OTHERS-97429238
EMail Address	NOEMAIL

Address	BLK 43 SIMS DRIVE #12-197
Postcode	380043
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?	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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200313/2091

#### 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	SJU1291R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIANG PAK SANG
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FZ2271M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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)**

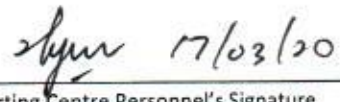
I understand, acknowledge, agree and consent that:

- (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 - FZ3371M

B - UNKNOWN

LOR 17 GEYLANG

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

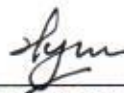
P/s refer to the police report: T/20200313/2091

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:

 17/03/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA120033520 Vehicle Registration No: FZ2271M  
Name(as shown in NRIC) : LIANG PAK SANG NRIC/FIN/Passport No : SXXXX438C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 43 SIMS DRIVE #12-197 Singapore( 380043 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97429238  
Email Address : \_\_\_\_\_  
Date of Accident : 11/03/20 Time of Accident : 08:15  
Place of Accident : LOR 17 GEYLANG  
Insurance Company : NIFUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN TP VEH NO: SJU1291R

Policyholder / Driver's Signature  
Date:

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



# SINGAPORE POLICE FORCE



T/20200313/2091

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200313/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2020 15:03		Vide Report No.: G/20200311/0064		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIANG PAK SANG			Address: APT BLK 43 SIMS DRIVE #12-197 SINGAPORE 380043		
ID Type / ID No.: NRIC NO / S2512438C			Contact No.: Home/Office: Mobile: 97429238		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 25/05/1948	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/03/2020 08:15	Type of Location:
Location: Along Road 1 LORONG 17 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2271M	Motorcycle	HONDA	WAVE 125S A	Silver		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ2271M	NTUC Income Insurance Co-Operative Limited	5107250916	25/01/2019	31/03/2020





**SINGAPORE  
POLICE FORCE**



T/20200313/2091

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200313/2091

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIANG PAK SANG	ID No.	S2512438C
Related Vehicle	FZ2271M (Motorcycle)	Contact No.	97429238
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS WAITING INFRONT OF THE JUNCTION. THE GREEN LIGHT APPEARED AND I WANTED TO GO FORWARD THEN THE CAR HIT ME FROM THE FRONT. I THINK HE WANTED TO TURN RIGHT AND I WENT STRAIGHT AFTER HE HIT ME. I HAVE AN AMPUTATED LEFT PINKY, RIGHT HAND SWOLLEN THIS IS AN AMENDMENT WITH REFERENCE TO REPORT NUMBER: T/20200313/2080.

THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20200313/2091

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200313/2091

**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:  
TP /  
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/03/2020 15:03

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 



[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/03/2020 08:15"/>
Vehicle No.(For Motor)	<input type="text" value="FZ2271M"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107250916		LIANG PAK SANG	S2512438C	GMC	Third Party	FZ2271M	FZ2271M	25/01/2019	31/03/2020

Continue

Claim Handling

Accident MT/1088799

Policy No.	5107250916	Vehicle No.	F22271M	GST Registration No.	
Certificate No.					
Policyholder Name	LIANG PAK SANG			Policyholder NRIC	S2512438C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97429238	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	20	Private Hire	No

▼ Accident Details

Report Date	18/03/2020 18:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/03/2020	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 17 GEYLANG				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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 43 #12-197	Address 2	SIMS DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	380043
Unit No.		Related Policy Number	5028751247-11		

▼ OI Driver Info

Driver Name	LIANG PAK SANG @LIANG SWEE SUM	Driver Type	Main Driver	Driver DOB	25/05/1941
Unnamed driver Name		Driver NRIC	S2512438C	Driving Experience	48
Register Date of Driver License	02/02/1972	Driver Age	71	Contact No.(Home)	0
Contact No.(Mobile)	97429238	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 43	Address 2	SIMS DRIVE	Post Code	380043
Address 4		Address Type	Singapore address		
Unit No.	#12-197				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LIANG PAK SANG	In NF
Contact No.(Mobile)	97429238	Contact No. (Home)	67414406	Co
Email Address	xiao_ming04@yahoo.com.sg	DI Vehicle Number	F22271M	Nc (O TP Ve NL
Claim Description	F22271M / UNKNOWN ON 11 Mar 2020			Ne Pri Wh
Preferred Workshop		Insured Liability	Not at Fault	
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	18/03/2020 18:14	Dz Re To bu Re
		Workshop Repairer		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1088799	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/03/2020 00:00		
Path *		Category *	Confidential	Urgency *	
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

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	SAS		Normal	SAS 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2020 18:13	Photos		Normal	Photos 2020-3-18

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				