

NATIONAL Assessment Centre Services			
Date In: 03/04/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20004908/13	SAS e-filing		
Veh No: SKC88182	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 02/04/20 1330	i-Motor Claim Form	MT/1090665-001	
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: XDS431B	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		

NAJ0002498		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 (\$30)		
Contact No:		3) TF: Towing Fee \$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey \$120		
		5) RT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		on:		
		*N5: Courtesy Car / Tp 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: Idao 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	03/04/2020 16:07
Date Of Accident	02/04/2020 13:30
Exact Location Of Accident	TPE(PIE) B4 LORONG HALUS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE8818Z
Insured/Policyholder	
Name Of Registered Owner	STEVE ROY JERRY LIEW
NRIC No	SXXXX975J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82993029
Alternative Phone No	OTHERS-82993029
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114685830
Cover Note Number	
Driver	
Name of Driver	TIONG HONG WEE
NRIC No	SXXXX574F
Date Of Birth	23/07/1997
Occupation	INDOOR
Date Of Driving Pass	11/07/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82993029
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 130 BEDOK RESERVOIR RD #08-1339
Postcode	470130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	RAINING
Road Surface	WET

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	XD5431B
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


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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:

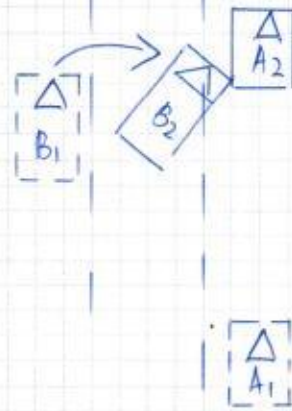

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 03/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SKE881BZ

Vehicle B: XD5431B



TPE(LPIE), before LOR HALLS.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A,

SKE881BZ, was travelling straight within my lane.

vehicle B, XD5431B, suddenly swerve into my lane

from lane 4 and collided onto my vehicle's

rear left portion.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 04 / 2020) (DD/MM/YYYY), TIME: (13 : 33) (HH:MM)

LOCATION: TPE (PIE), before Lorong Halus.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3KE8818Z
 b) INSURANCE COMPANY: NTUL
 c) POLICY NUMBER: 17
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA Estima
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Steve Roy Jerry Liew (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1624975J CONTACT: 82993029
 c) ADDRESS: 119 Bedok Reservoir Rd #02-178 S(470119)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tiong Hong Wee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9754574F CONTACT: 82993029
 c) ADDRESS: BD Bedok Reservoir Rd #08-133P S(470130)

*d) DATE OF BIRTH: (23 / 07 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

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: XD5431B MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
 (01) male

No of passenger
 (including driver)
 (01) male

No of passenger
 (including driver)
 ()

Email =

fax =

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

02/04/2020 13:30

Vehicle No.(For Motor)

SKE8818Z

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="radio"/>	5114685830		STEVE ROY JERRY LIEW	51624975J	GPC	drive PREMIUM	SKE8818Z	SKE8818Z	17/12/2019	16/12/2020

Continue

Claim Handling

Accident MT/1090665

Policy No.	5114685830	Vehicle No.	SKE8818Z	GST Registration No.
Certificate No.				
Policyholder Name	STEVE ROY JERRY LIEW			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	0	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	Yes	NCD Entitlement(%)	50	Private Hire
<div>▼ Accident Details</div>				
Report Date	03/04/2020 17:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/04/2020	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE(PIE) B4 LORONG HALUS			
<div>▼ Total Excess Applicable</div>				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	2,500.00	YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,500.00	Total TP Excess Applicable		
<div>▼ Benefits</div>				
Coverage		Sum Insured		
Excess Waiver		99999999.99		
<div>▼ GST Registered Information</div>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<div>▼ Policyholder Mailing Address</div>				
Address 1	BLK 119 #02-178	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470119	Address Type	Singapore address	Post Code
Unit No.	02-178	Related Policy Number	5114685830	
<div>▼ OI Driver Info</div>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TIONG HONG WEE	Driver NRIC	SXXXX574F	Driver DOB
Register Date of Driver License	11/07/2017	Driver Age	22	Driving Experience
Contact No.(Mobile)	82993029	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 130	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470130	Address Type	Singapore address	Post Code
Unit No.	#08-1339			
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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	STEVE ROY JERRY LIEW	Insured NRIC
Contact No.(Mobile)	97988187	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SKE8818Z	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SKE8818Z / XD5431B ON 2 Apr 2020			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	03/04/2020 17:46	Claim Close Date		Date Received
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1090665

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/04/2020 00:00

Path *

Category *

Confidential

Urgency

<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div></div>	<div>NO</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div></div>	<div>NO</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div></div>	<div>NO</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div></div>	<div>NO</div>	<div>Normal</div>
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<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div></div>	<div>NO</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div></div>	<div>NO</div>	<div>Normal</div>

Media Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	SAS		Normal	SAS 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Apr 2020 17:46	Photos		Normal	Photos 2020-4-3

Video List

Uploaded By/Date	Folder Date	File Name		Sour
		Display in New Window	Scan and uploading	