

NATIONAL Assessment Centre Services

(Ref: 12-102)

Date In: 02/04/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000 5006/13	SAS e-filing		
Veh No: SJR 670A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 06/04/20 2000	I-Motor Claim Form	MT/1091079 - 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: SJR 2239M	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	Action

NA2002576	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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	07/04/2020 12:37
Date Of Accident	06/04/2020 20:00
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK670P
Insured/Policyholder	
Name Of Registered Owner	UDRIVE
Co Reg No	5XXXX531D
Email Address	UDRIVE.ENQUIRY@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93396833
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5115482913
Cover Note Number	
Driver	
Name of Driver	LI FUQIANG LAWRENCE
NRIC No	SXXXX590G
Date Of Birth	12/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87786771
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 623 WOODLANDS DRIVE 52 #11-14
Postcode	730623
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS AVE 12 TWDS SLE ON THE EXTREME RIGHT LANE OF A3-LANES RD. INFRT OF MY VEH E-BRAKE AND I FOLLOW SUIT TO STOP WITHOUT ANY IMPACT TO THE FRT VEH. SUDDENLY I FELT THE IMPACT FROM MY REAR WHEN I CAME OUT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEH. VEH B MANAGED TO STOP ON TIME AND VEH C HIT ONTO THE REAR PORTION OF VEH B DUE TO THE IMPACT VEH B BEING PUSHED FORWARD AND HIT MY VEH.

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	SJP2239M
Vehicle Make/Model/Colour	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG2514K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WONG WEISHENG
NRIC/Passport Number SXXXX736C
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LI FUQIANG LAWRENCE
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SJK670P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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.

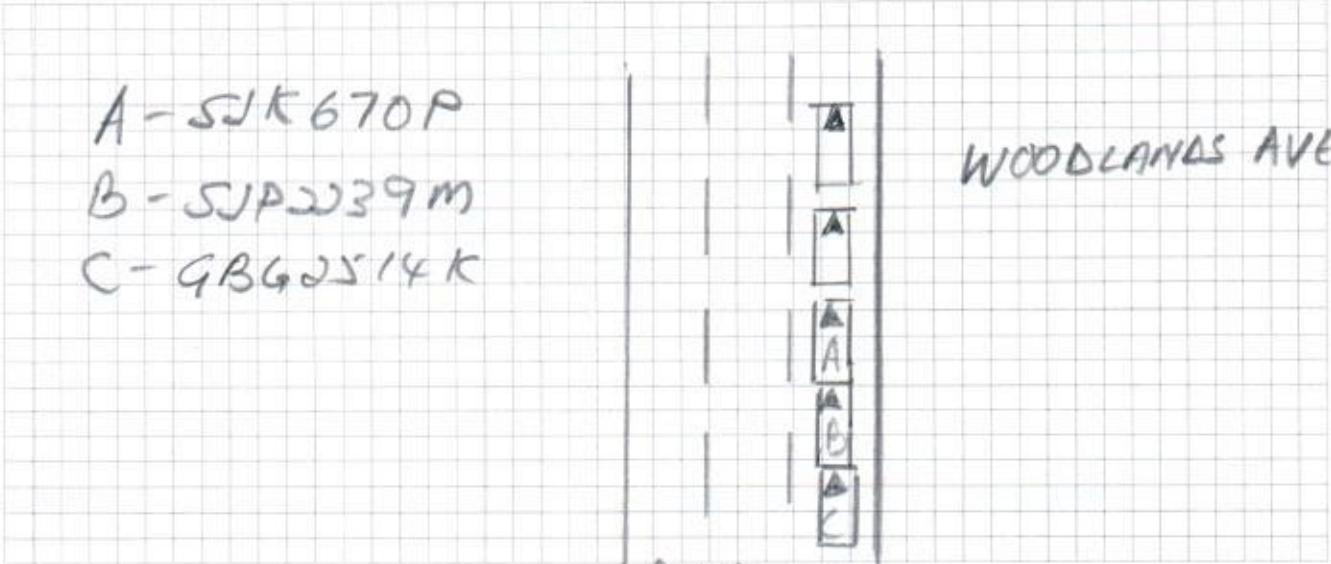


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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.:

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 : MNA/20040829 Vehicle Registration No: 5JK670P
Name (as shown in NRIC) : LI FUQIANG LAWRENCE NRIC/FIN/Passport No : 5XXXX5906
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 623 WOODLANDS DR S2 #11-14 Singapore(730623)
Contact (Tel) : _____ Mobile No. : 87786771
Email Address : _____
Date of Accident : 06/04/20 Time of Accident : 20:00
Place of Accident : WOODLANDS AVE 12 TWAS SLE
Insurance Company : NTUC

(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 POLICE REPORT: T/20200407/2063

Policyholder / Driver's Signature
Date: _____

shyue 07/04/20
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____



**SINGAPORE
POLICE FORCE**



T/20200407/2063

1 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200407/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2020 15:42		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: LI FUQIANG, LAWRENCE			Address: APT BLK 623 WOODLANDS DRIVE 52 #11-14 SINGAPORE 730623		
ID Type / ID No.: NRIC NO / S8626590G			Contact No.: Home/Office: Mobile: 87786771		
Nationality: SINGAPORE CITIZEN			Email: -		
Sex: Male	Age: 33	Date of Birth: 12/09/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2020 20:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2514K	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Grey		0
SJK670P	Car	TOYOTA	ALLION 1.5 A	Blue		2
SJP2239M	Car	HONDA	STREAM 1.8X A	Grey		1



Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG WEISHENG	ID No.	S8129736C
Related Vehicle	GBG2514K (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LI FUQIANG, LAWRENCE	ID No.	S8626590G
Related Vehicle	SJK670P (Car)	Contact No.	87786771
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MOHAMMAD SAZALI BIN HAMID	ID No.	S8520686I
Related Vehicle	SJP2239M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 06/04/2020 at about 2000hrs, I was at driving along Woodlands Avenue 12, while driving the vehicle in front of me braked all the sudden.

I managed to brake on time, but however the vehicle (GBG2514K) did not manage to brake on time and subsequently hit onto the vehicle (SJP2239M) who is directly behind of me.

As such, due to the impact SJP2239M was pushed forward and subsequently hit onto the rear of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200407/2063

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 4

Report No. T/20200407/2063

CONTINUATION OF REPORT

We then got off our vehicles, and exchanged our particulars. I would like to state that there were no visible injuries on them during the point of time.

On the 07/04/2020, I went to seek medical attention due to the pain on both my neck and back and was given 4 days of MC from the 07/04/2020 to the 10/04/2020.



SINGAPORE
POLICE FORCE



T/20200407/2063

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

4 of 4

Report No. T/20200407/2063

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:

G /

Sgt 2 ANG YI FENG, ELSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/04/2020 15:42

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

5115482913

Date of Accident

06/04/2020 20:00

Vehicle No.(For Motor)

SJK670P

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5115482913	5115482913-000001	UDRIVE	53308531D	GFM	Third Party	SJK670P	SJK670P	15/01/2020	14/01/2021

Continue

Accident MT/1091079

▼ Accident Details

Total Excess Applicable

Benefits

▼ GST Registered Information

Policyholder Mailing Address

▼ OI Driver Info

Declaration

Modification History

Print AK letter

Attachment

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	SAS		Normal	SAS 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8

Video List

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