

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MUA 12004370

Date In: 22/4/02 16:41	Job description	Date & Time Completed	Done by
Ref No: NA 1420025351/24	SAS e-filing		
Veh No: JF XG 934	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/4/02 - 9.25	i-Motor Claim Form	21/4/02 16:52	22/4/02 16:52
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: J757518

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

NA 12002731

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 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:-
- 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	22/04/2020 16:41
Date Of Accident	21/04/2020 17:25
Exact Location Of Accident	BUKIT MERAH RD TWDS UPP BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX9193U
Insured/Policyholder	
Name Of Registered Owner	LIEW THIAM BOEY
NRIC No	SXXXX099G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91786828
Alternative Phone No	OFFICE-91786828

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5100837504-01
Cover Note Number	

Driver

Name of Driver	LIEW THIAM BOEY
NRIC No	SXXXX099G
Date Of Birth	04/08/1951
Occupation	INDOOR
Date Of Driving Pass	21/01/1976
Driving Experience	44 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91786828
Fax Number	
Contact Number	OFFICE-91786828
EMail Address	NOEMAIL

Address	31 DEVONSHIRE ROAD
Postcode	239851
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTS7518 (COMMERCIAL VEHICLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20200421/7015.

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	JTS7518
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	85917660
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.

Any false reporting may be referred to the Police for investigation.

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.

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.

Consent under the Personal Data Protection Act (PDPA)

(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 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.

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.

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.

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

ON 21/04/2020 at about 1720 hrs, I (VEC 'A') was travelling along Bt Timah Road towards Upp Bukit Timah Road. I was on the 2nd lane ~~heading to~~ signalling right to 1st lane ~~and~~ to make a U-turn ahead. While I slow down upon approaching the U-TURN. As I was turning right into the bend, A motor (VEC 'B') suddenly dash past and collided into my front right portion. ~~We exchange~~ ~~portion~~ I called ambulance immediately. The RIDER had admitted that due to his misjudgement that resulted in this collision.

I/We declare the foregoing particulars are true in every respect.

NRIC/FIN No.:

Date of Accident : 21/4/2020 Accident Time: 17²⁵00 (24-HR-Format)
Accident Place : Bt Timah Road towards upp BUKIT Timah
Vehicle Reg. No. (Car Plate No.) : SFX 9193U
Vehicle Make/Model : Toyota Altis
Insurance Company : NTUC Income Policy No. _____
Owner or Company Name / IC No. : Liew Thiam Boey 50049099G
Owner or Company Contact No. : 91756828 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Liew Thiam Boey
DRIVER'S Date Of Birth : 04/08/1951 DRIVER'S License Pass Date 21/01/1976
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 31 Devonshire road (S239851)
DRIVER'S Contact No. / Alt No. : 1) 91756828 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Tongsiantng@yahoo.com.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: JT57518	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: 8591 7662	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200421/7015

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

1 of 3

Report No. T/20200421/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2020 22:32		Vide Report No.: D/20200421/0098		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIEW THIAM BOEY			Address: 31 DEVONSHIRE ROAD SINGAPORE 239851		
ID Type / ID No.: NRIC NO / S0049099G			Contact No.: Home/Office: Mobile: 91786828		
Nationality: SINGAPORE CITIZEN			Email: tongsiantng@yahoo.com.sg		
Sex: Female	Age: 68	Date of Birth: 04/08/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEMPLE ADMIN STAFF			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2020 17:25	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTS7518	Motorcycle					0
SFX9193U	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFX9193U	NTUC Income Insurance Co-Operative Limited	5100837504	04/06/2019	03/06/2020



**SINGAPORE
POLICE FORCE**



T/20200421/7015

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

Report No. T/20200421/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DO NOT KNOW	ID No.	DO NOT KNOW
Related Vehicle	JTS7518 (Motorcycle)	Contact No.	85917660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIEW THIAM BOEY	ID No.	S0049099G
Related Vehicle	SFX9193U (Car)	Contact No.	91786828
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.

Car accident along Bukit Timah Road just after Anamalai Avenue. There was a car accident involving SFX9193U and JTS7518. I am the driver of SFX9193U. At 21/4/20 at about 1725 hours, I was travelling along Bukit Timah Road towards Upper Bukit Timah Road. It is a 5 lane road and I was on the second lane from the right. I signalled right, and wanted to make a u-turn at the u-turn point (which was on the right). I was already halfway in the first lane when the motorcycle (JTS7518) on the first lane hit onto my car from the back (onto the side of my car). The motorcyclist fell off from his motorcycle onto the pavement (just right beside where our vehicles collided.) He was slightly injured with some abrasions.



**SINGAPORE
POLICE FORCE**



T/20200421/7015

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

Report No. T/20200421/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/04/2020 22:32

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.	<input type="text"/>	Date of Accident	<input type="text" value="21/04/2020 17:25"/>							
Vehicle No. (For Motor)	<input type="text" value="SFX9193U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100837504-01		LIEW THIAM BOEY	S0049099G	GPC	Third Party, Fire & Theft	SFX9193U	SFX9193U	04/06/2019	03/06/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1091737

Policy No.	5100837504-01	Vehicle No.	SFX9193U	GST Registration No.	
Certificate No.					
Policyholder Name	LIEW THIAM BOEY	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S0049099G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	22/04/2020 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Heed on collision
Date of Accident	21/04/2020	Time of Accident (hh:mm)	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUMIT MERAH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess		Driver is Covered?	Not Applicable
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	31 DEVONSHIRE ROAD	Address 2	SINGAPORE 239851	Address 3	
Address 4		Address Type	Singapore address	Post Code	239851
Unit No.		Related Policy Number	5100837504-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LIEW THIAM BOEY	Insured NRIC	S0049099G
Contact No.(Mobile)	91796828	Contact No.(Home)	67376528	Contact No.(Office)	
Email Address		OI Vehicle Number	SFX9193U	TP Vehicle Number	JTS7518
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SFX9193U / JTS7518 ON 21 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	Received
Date Registered	22/04/2020 16:52	Claim Close Date		Date Received	22/04/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1091737 Claim No. 002

Last Doc. Received ☒ Yes ☐ No Upload Date 22/04/2020 16:54

Category * Confidential Urgency * Description *

Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2713092&objec...> 22/4/2020