

# NATIONAL Assessment Centre Services. [Part 1 Jan'09] MNA 120079746

|                            |  |                       |               |
|----------------------------|--|-----------------------|---------------|
| Date In: 14/9/20 17:00     | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC 20009833/h4 | SAS e-Ming                               |                       |               |
| Veh No: SJH 6001Y          | E-mail (within 3hrs, A/C 2hrs)           |                       |               |
| IP: 14/9/20 14:20          | I-Motor Claim Form                       | MT/1103327-091        | 14/9/20 17:14 |
| IP: (IP) Reporting Only    | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
| IP Insurer:                | I-Photo Uploaded                         |                       |               |
|                            | Assessment/Survey Report                 |                       |               |
|                            | Ass't Report by Fax / Hand to Owner/Whse |                       |               |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( ) | Tel: ( )  | Fax: ( )              |
| TP Particulars:                            | Veh No: GGG 5334T.                                      | 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 ( )                      |                       |

|   |
|---|
| ( ) 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: ( )                            |

|   |  |  |
|---|--|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |  |
| 2) QC Check / Post Repair Inspection ( )                |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |  |

Injury: \_\_\_\_\_

|         |             |
|---------|-------------|
| Damage: | Assessment: |
|         |             |
|         |             |
|         |             |
|         |             |

|                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| NA 2004884                      |  | Invoice for Insurance Checklist |  |
| Calculation Particulars:        | 1) AR: Accident Reporting (\$30);            | 30.00                           |  |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80) |                                 |  |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                  |                                 |  |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120           |                                 |  |
| QC Checked by (Sign-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 |                                 |  |
| Assessment Comments:            | For claim against INC Only (waf 10 Jan 2009) |                                 |  |
|                                 | 6) TR: Re-inspection \$75                    |                                 |  |
|                                 | 7) NI: Idas DA + SMRT Survey \$140           |                                 |  |
|                                 | 8) NTUC Additional Services:                 |                                 |  |
|                                 | ON:  |                                 |  |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5        |                                 |  |
|                                 | *N6: Repair Co-ordination \$10               |                                 |  |
|                                 | *N7: Post Repair Inspection \$25             |                                 |  |
|                                 | *N8: DV / Collect Excess Coordination \$5    |                                 |  |
|                                 | TP (Nil): TP (Nil INC) against INC \$20      |                                 |  |
|                                 | 9) NI2: Idas Mobile \$0                      |                                 |  |
|                                 | 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             | 14/09/2020 17:00         |
| Date Of Accident           | 14/09/2020 14:20         |
| Exact Location Of Accident | 444 UPPER BUKIT TIMAH RD |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                                      |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SJH6001Y                             |
| <b>Insured/Policyholder</b> |                                      |
| Name Of Registered Owner    | LEONG WEI JUN, JOSHUA (LIANG WEIJUN) |
| NRIC No                     | SXXXX999H                            |
| Email Address               | JOSHUAWEIJUN@GMAIL.COM               |
| Mobile Phone No             | (LOCAL) +65-83330112                 |
| Alternative Phone No        | OFFICE-83330112                      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | A200          |
| Exact Purpose for which vehicle was being used at time of accident           | PARKED        |
| 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             | 5117744023                             |
| Cover Note Number         |  |

### Driver

|                      |                                      |
|----------------------|--------------------------------------|
| Name of Driver       | LEONG WEI JUN, JOSHUA (LIANG WEIJUN) |
| NRIC No              | SXXXX999H                            |
| Date Of Birth        | 10/11/1989                           |
| Occupation           | INDOOR                               |
| Date Of Driving Pass | 20/06/2012                           |
| Driving Experience   | 8 YEARS AND 2 MONTHS                 |
| Gender               | MALE                                 |
| Mobile Number        | (LOCAL) +65-83330112                 |
| Fax Number           |                                      |
| Contact Number       | OFFICE-83330112                      |
| EMail Address        | JOSHUAWEIJUN@GMAIL.COM               |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 458B SENGKANG WEST RD #13-422 |
| Postcode  | 792458                            |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?  |     |
| 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

REFER TO STATEMENT.

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBG5334T           |
| 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

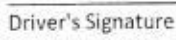
### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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:

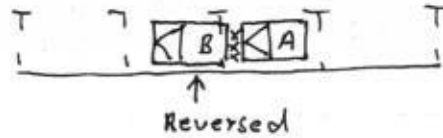
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Shop House

A = SJH 6001Y

B = G8G 5334T



444 Upper Bukit Timah Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My veh was parked opposite 444 Upper Bukit Timah.

Everything was intact, my staff come to told me,

my veh been hit by another veh B when reversing.

## 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.:

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="14/09/2020 16:46"/> |
| Vehicle No. (For Motor)               | <input type="text" value="SJH6001Y"/> | 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"/> | 5117744023 |                    | LEONG WEI JUN, JOSHUA (LIANG WEIJUN) | S8939999H         | GPC     | drive CLASSIC | SJH6001Y    | SJH6001Y       | 04/06/2020    | 12/08/2021  |



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 14 / 9 / 20 ) (DD/MM/YYYY), TIME: ( 14 : 20 ) (HH:MM)

LOCATION: The rail mall Upper buloh timah

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 6006EY  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: A200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
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: Leong Wei Jun Joshua (MALE / FEMALE) 0112  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8333 0112  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (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: owner.

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: G8G 5334 T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(      )

\* No of passenger  
(including driver)  
(      )

Email = Joshua.wei.jun@gmail.com

fax =

VIDEO = Yes.