

NATIONAL Assessment Centre Services.

part 1 Jan09

MMA 120100660

Date In: 13/11/20 14:41	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 200,12504 164	SAS e-filing		
Veh No: SMR 4299E	E-mail (within 3hrs, AIC 2hrs)		
DDA: 13/11/20 10:30	I-Motor Claim Form	MT/1110047 ⁰⁰¹	13/11/20 15:10
OT: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksj2		

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

TP Particulars: Veh No: WC 6830T 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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments: (INC 100116784610) 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: ()

Defective: ()

Defective: ()

Defective: ()

Defective: ()

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NA2005992

Claimants Particulars: 1) AR: Accident Reporting (\$30); 30.00

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$30)

Contact No: 3) TP: Towing Fee \$40/\$45

Damaged Portion: 4) PT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: 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

TE (N11): TP (Non INC) against INC \$20

9) N12: Idao 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	13/11/2020 14:41
Date Of Accident	13/11/2020 10:30
Exact Location Of Accident	JURONG / B11 JLN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4299E
Insured/Policyholder	
Name Of Registered Owner	LIU WENLI
NRIC No	SXXXX533E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97928999
Alternative Phone No	OFFICE-97928999

Vehicle Particulars

Manufacturer	BMW
Model	428I M AUTO CONVERTIBLE
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	5117772910
Cover Note Number	

Driver

Name of Driver	LIU WENLI
NRIC No	SXXXX533E
Date Of Birth	05/02/1975
Occupation	INDOOR
Date Of Driving Pass	12/04/2012
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97928999
Fax Number	
Contact Number	OFFICE-97928999
Email Address	NOEMAIL

Address	BLK 658A JURONG WEST ST 65 #10-638
Postcode	641658
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?	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT J/20201113/7017

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	WC6830T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KALITHEERTHAM VELAVASAN
NRIC/Passport Number	
Contact Number	87376132
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIU WENLI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMR4299E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

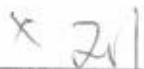
SKETCH PLAN

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.



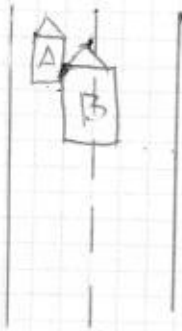
Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

A: SMR 4299E

B: WC 6830T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle SMR 4299E at Jurong / JLN BOON LAY.
The truck WC 6830T suddenly changed lane, cut into my lane
and hit my vehicle badly. The other party driver had
admitted his fault (attached 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.:

DATE 13/11/2020

Location Jurong Road JLN Boon Lay

Vehicle A SMR 4299E

Vehicle B

WC 6830 T

WC 6830 T changed lane and hit

Vehicle SMR 4299E

MP 71376132

K. VELAAASAW

K. VELAAASAW

K. VELAAASAW

13/11/2020



**SINGAPORE
POLICE FORCE**



J/20201113/7017

1 of 2

POLICE REPORT (NP299)

Report No. J/20201113/7017

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 13/11/2020 13:13	Vide Report No.	Station Diary No.
Name Of Informant LIU WENLI	Address 658A JURONG WEST STREET 65 #10-638 SINGAPORE 641658	
ID Type / ID No. NRIC NO / S7568533E	Contact No. Home/Office:	Mobile: 97928999
Nationality SINGAPORE CITIZEN	Email Address FLC899@GMAIL.COM	
Occupation Business Owner	Sex Female	Age 45
Institution/School Name	Date of Birth 05/02/1975	Race Chinese
Date/Time Of Incident 13/11/2020 10:30 - 13/11/2020 10:30	Location Of Incident JALAN BOON LAY	

Brief details.

I was driving my vehicle SMR4299E at Jurong /JLN BOON LAY, the truck WC6830T suddenly changed lane /cut into my lane, and hit my vehicle badly.

The other party had admitted his fault and wrote to me a statement (attached).

I visit the WY Teh Family Clinic and Surgery, after this accident, the doctor had given me 03 days MC.

Subjects Involved

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

13/11/2020 13:13

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20201113/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201113/7017

Victim			
Person Name	LIU WENLI		
ID Type	NRIC NO	ID No	S7568533E
Gender	Female	Age	45
Race	Chinese	Language	English
Occupation	Business Owner	Address	658A JURONG WEST STREET 65 #10-638 SINGAPORE 641658
Mobile No	97928999	Is Informant A Victim?	Yes
Person Name	LIU WENLI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

13/11/2020 13:13

Classification Of Case:

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="13/11/2020 14:39"/>							
Vehicle No.(For Motor)	<input type="text" value="SMR4299E"/>	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"/>	5117772910		LIU WENLI	S7568533E	GPC	drive CLASSIC	SMR4299E	SMR4299E	15/06/2020	14/06/2021
<input type="button" value="Continue"/>										

Date of Accident : 13/10/2020 Accident Time: 10:30 PM (24-HR-Format)
 Accident Place : Jurong / B11 JLN BOON LAY
 Vehicle Reg. No. (Car Plate No.) : SMR 4299E
 Vehicle Make/Model : BMW
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name /IC No. : Liu Wen Li S7568533E
 Owner or Company Contact No. : _____ Owner's Hp 97928999 Company Tel _____
 DRIVER'S Name / IC No. : Liu Wen Li S7568533E
 DRIVER'S Date Of Birth : 05-02-1975 DRIVER'S License Pass Date 12 Apr 2012
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : B1K 658A Jurong West Street 65 #10638
 DRIVER'S Contact No./ Alt No. : 1) 97928999 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : NA
 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: <u>WC6830T</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Truck</u>	Vehicle Make/Model: _____
Name Driver: <u>Kalitheertham Velarasu</u>	Name Driver: _____
IC No. Driver: <u>032723063 (SP)</u>	IC No. Driver: _____
Driver's Contact & Add: <u>87376132</u>	Driver's Contact & Add: _____

xinyunauto1@gmail.com.

W Y TEH FAMILY CLINIC AND SURGERY
462, TAMPINES STREET 44 #01-60
SINGAPORE 520462
Tel: 67836802

Medical Certificate

Date of Visit: 13-Nov-2020
MC No.: MC2011131550

This is to certify that

Name: LIU WENLI
NRIC: S7568533E
is Unfit for Work

for 3 day(s) from 13-Nov-2020 to 15-Nov-2020

Remarks:



DR TEH WEN YANG JOEL
FAMILY PHYSICIAN
MBBS (SINGAPORE)

Doctor Name: Joel Teh
MCR: M11254B

W Y TEH FAMILY CLINIC AND SURGERY
462, TAMPINES STREET 44 #01-60
SINGAPORE 520462
Tel: 67836802

TAX INVOICE

LIU WENLI (S7568533E)
658A JURONG WEST STREET 65
10-638
SINGAPORE 641658

Invoice No. : GPC 005718
Invoice Date : 13 Nov 2020
ACRA No. : S3155854A
Doctor : Joel Teh

ITEM NAME	QTY	TOTAL
BEGESIC CREAM 30GM	1.00 tube	\$12.00
PARACIL 500MG TABLET	30.00 tab/s	\$9.00
Consultation General Service		\$30.00
Fundoscopy		\$3.00
Final Bill		\$54.00

Payment received by NETS - RE/004396	\$54.00
Outstanding Balance	\$0.00

W Y TEH FAMILY CLINIC AND SURGERY
BLK 462 TAMPINES STREET 44 #01-60
SINGAPORE 520462
TEL: 6783 6802 FAX: 6783 6039