

# NATIONAL Assessment Centre Services

(Ref: JAR03)

Date In: 26/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20014501/13	SAS e-filing		
Veh No: SGQ26122	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/12/20 0835	i-Motor Claim Form	28/12 MT/115314-001	
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: SCW21807	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

NA2100573	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:	*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 Submission	26/12/2020 15:12 (SGT)
Date of Accident	24/12/2020 08:35 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	HOLLAND RD TURNING RIGHT INTO TYERSALL AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ2612Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YU SAU KI, GRACE
NRIC No	SXXXX496H
Email Address	graceskyu@gmail.com
Mobile Phone No	(Phone) +65-98761777
Alternative Phone No	+65-98761777

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5052679174-08
Cover Note Number	-

#### DRIVER

Name of Driver	YU SAU KI, GRACE
NRIC No	SXXXX496H
Date Of Birth	06/09/1961
Occupation	Outdoor

Date Of Driving Pass .....	01/01/1990
Driving experience .....	30 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98761777
Alt. Phone Number .....	+65-98761777
Email Address .....	graceskyu@gmail.com
Address .....	BLK 148 TAMPINES AVE 5
Address complement .....	#04-280
Postcode .....	521148
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SCW2180T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GOH YEAN HOON
NRIC No .....	SXXXX035B
Contact Number .....	(Phone) +65-94559876
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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 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.

### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time 24 Dec 2020

Sketch Plan 10.35am

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

Witnessed by Reporting Centre  
Personnel

TYERSALL AVENUE

A - 54Q2612Z

B - SCW2180T



HOLLAND RD

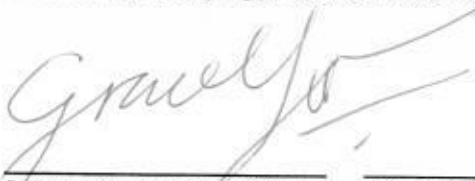


### Describe Circumstances of the Accident

I was stopping at the turning area of Holland Road waiting for the oncoming traffic to clear so that I could turn into Tyersall Avenue when I heard a loud sound and felt a sudden jolt from the back of the car. I realised that the car behind me had knocked into me. At that time it was about 8.35pm. A Lexus with the carplate number SCW2180T had bumped into me. I noticed that the driver was still in the car and she had actually reversed the car already after hitting my vehicle's rear. The weather was clear; the sky was a bit cloudy but it was not drizzling at all. There was no slope, the road was level.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

24 Dec 2020  
10:35 am

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



Witnessed by Reporting Centre Personnel

## Google Maps Holland Rd

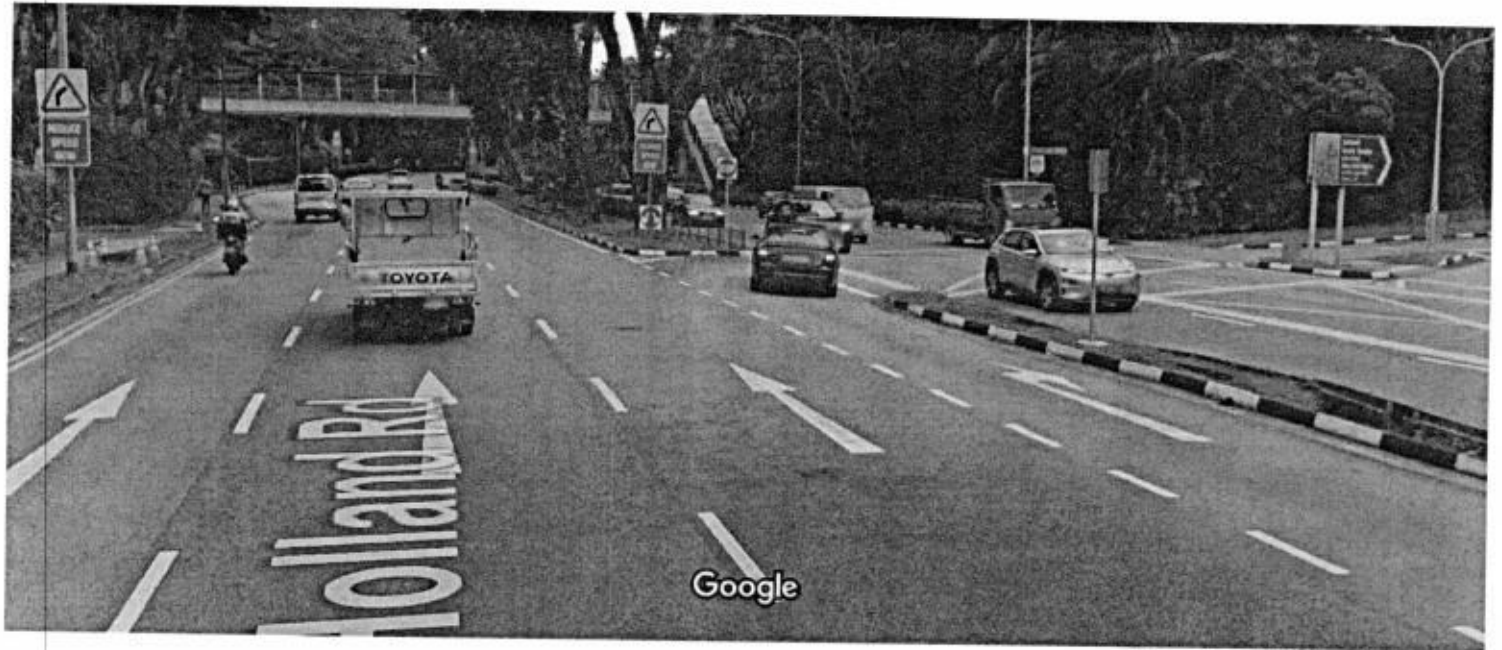

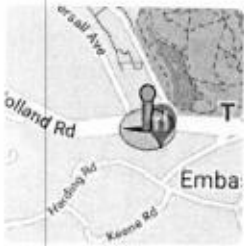


Image capture: Sep 2020 © 2020 Google

Singapore

 Google

Street View





# SINGAPORE POLICE FORCE



G/20201225/2018

1 of 2

**POLICE REPORT (NP322)**

Report No. G/20201225/2018

Police Station Of Origin  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Date/Time Report Made 25/12/2020 09:35	Vide Report No.	Station Diary No. 18		
Name Of Informant YU SAU KI, GRACE	Address APT BLK 148 TAMPINES AVENUE 5 #04-280 SINGAPORE 521148			
ID Type / ID No. NRIC NO / S1476496H	Contact No. Home/Office Mobile 98761777			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TUTOR	Sex Female	Age 59	Date of Birth 06/09/1961	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 24/12/2020 17:30	Location Of Incident 148 TAMPINES AVENUE 5 HDB-TAMPINES SINGAPORE 521148			

**Brief details.**

On the above mentioned date and time, I noticed the undermentioned item which belongs to me is missing, made a search however to no avail.

**Property Information**

Signature Of Officer Recording The Report:

G / Sgt 3 NG JUNJIE, EDWIN

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Tampines N.P.C /  
SI DE SILVA CHRISTOPHER VALENTINO  
Contact No.: 65871999

Signature Of Informant:

Date/Time:

25/12/2020 09:35

Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645





**SINGAPORE  
POLICE FORCE**



G/20201225/2018

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20201225/2018

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		one Singapore driving licence bearing the name of Yu Sau Ki, Grace

Signature Of Officer Recording The Report:

G / Sgt 3 NG JUNJIE, EDWIN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Tampines N.P.C /  
SI DE SILVA CHRISTOPHER VALENTINO  
Contact No.: 65871999

Authentication Stamp



Signature Of Informant:

Date/Time:  
25/12/2020 09:35

Classification Of Case:

FUPO hotline number: 68429645

## ACCIDENT STATEMENT

ACCIDENT DATE: (24/12/20) (DD/MM/YYYY), TIME: (08:35) (HH:MM)

LOCATION: HOLLAND RD TURNING RIGHT INTO TAYLOR AVENUE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGQ26122  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5052679174-08  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA VIOS (A)  
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: YU SAK KI, GRACE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S14764764 CONTACT: 98761777  
c) ADDRESS: BLK 148 TAMMINS AVE 5  
#04-280

\* 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: (06/07/1961) (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: SCW2180T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: GOH YEAN HOON  
c) NRIC/FIN/PASSPORT: S1300035R CONTACT: 94559876

### 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)  
( )

24/12/20  
waiting for  
d/c

Email = gracesky@gmail.com

fax =

video =

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="24/12/2020 10:06"/>
Vehicle No.(For Motor)	<input type="text" value="SGQ2612Z"/>	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"/>	5052679174-08		YU SAU KI, GRACE	S1476496H	GPC	Third Party, Fire & Theft	SGQ2612Z	SGQ2612Z	10/01/2020	09/01/2021

## Claim Handling

## Accident MT/1115314

Policy No.	5052679174-08	Vehicle No.	SGQ2612Z	GST Registration No.	
Certificate No.					
Policyholder Name	YU SAU KI, GRACE			Policyholder NRIC	S1476496H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98761777	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	28/12/2020 19:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	24/12/2020	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOLLAND RD TURNING RIGHT INTO TYERSALL AVE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
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	BLK 148 #04-280	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 521148
Address 4		Address Type	Singapore address	Post Code	521148
Unit No.		Related Policy Number	5052679174-08		

## OI Driver Info

Driver Name	YU SAU KI GRACE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1476496H	Driver DOB	06/09/1961
Register Date of Driver License	22/09/1987	Driver Age	59	Driving Experience	33
Contact No.(Mobile)	98761777	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 148	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 521148
Address 4		Address Type	Singapore address	Post Code	521148
Unit No.	#04-280				
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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	YU SAU KI, GRACE	Insured NRIC	
Contact No.(Mobile)	98761777	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	graceskyu@gmail.com	Vehicle Number	SGQ2612Z	TP	
Claim Description	SGQ2612Z / SCW2180T ON 24 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	28/12/2020 19:30	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1115314	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

28/12/2020 00:00

Path \*

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Category \*

Confidential

Urgency \*

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Normal

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NO

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Normal

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NO

Normal

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NO

Normal

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Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	SAS	Normal	SAS 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:30	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:28	Photos	Normal	Photos 2020-12-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading