

NATIONAL Assessment Centre Services.

[part 1 Jan 2021]

SN 092122 0007

Date In: 02/02/2021 11:14	Job description	Date & Time Completed	Done by
Ref No NA/INC 21001543/WH	SAS e-filing		
Veh No SGA 6898 Z	E-mail (within 3hrs, AIC 2hrs)		
DDA 31/01/2021 20:50	I-Motor Claim Form	MT/1119671-001	02/02/2021 12:26
OT: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMW 7629R	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 repolier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	TP Particulars:	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:

WA 210 13 04	Invoice/Claimant Information	Mod/Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
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	
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2021)	
Tel:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	*N9: TP (N11) 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 Submission	02/02/2021 11:14 (SGT)
Date of Accident	31/01/2021 20:50 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA6898Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MUI GEK(CHEN MEIYU)
NRIC No	SXXXX638E
Email Address	GANGSHENG94@GMAIL.COM
Mobile Phone No	(Phone) +65-97979454
Alternative Phone No	+65-97979454

VEHICLE PARTICULARS

Manufacturer	BMW
Model	535i
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	Comprehensive
Fleet Policy	No
Policy Number	5111017796-01
Cover Note Number	-

DRIVER

Name of Driver	LIM GANG SHENG
NRIC No	SXXXX699H
Date Of Birth	08/10/1994
Occupation	Outdoor

Date Of Driving Pass	12/09/2013
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96259810
Alt. Phone Number	-
Email Address	GANGSHENG94@GMAIL.COM
Address	BLK 102 HOUGANG AVENUE 1 #13-1181
Address complement	-
Postcode	530102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NGUYEN QUYNH NHU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210201/7050

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW7629R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM GANG SHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STIFF NECK AND BACK PAIN
Injured person in which vehicle?	SGA6898Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NGUYEN QUYNH NHU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STIFF NECK AND BACK PAIN
Injured person in which vehicle?	SGA6898Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

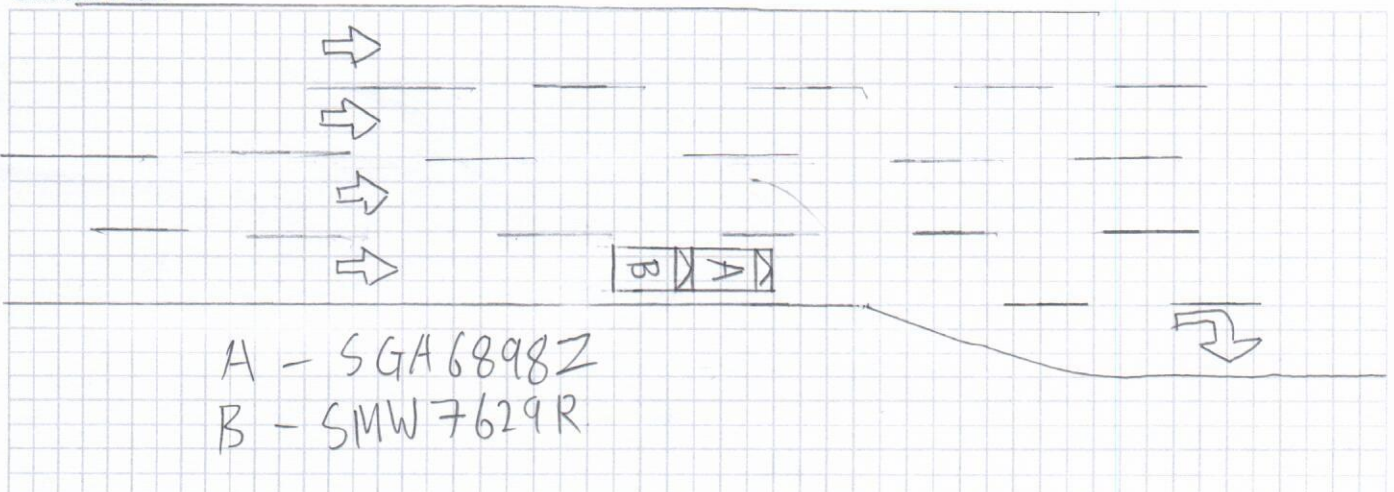
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report

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



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Witnessed by Reporting Centre
Personnel



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

Report No. T/20210201/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2021 18:53	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM GANG SHENG		Address: 102 HOUGANG AVENUE 1 #13-1181 SINGAPORE 530102	
ID Type / ID No.: NRIC NO / S9437699H		Contact No.: Home/Office: Mobile: 96259810	
Nationality: SINGAPORE CITIZEN		Email: GANGSHENG94@GMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 08/10/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self-employed		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2021 21:00	Type of Location: Straight Road
Location: UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGA6898Z	Car					0
SMW7629R	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20210201/7050

2 of 3

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

Report No. T/20210201/7050

CONTINUATION OF REPORT

Passenger			
Name	NGUYEN QUYNH NHU		ID No. NIL
Related Vehicle	SGA6898Z (Car)		Contact No. 94694324
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM GANG SHENG		ID No. S9437699H
Related Vehicle	SGA6898Z (Car)		Contact No. 96259810
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On the stated date and time, I was driving my vehicle (SGA6898Z) along upper Paya Lebar road towards boundary road before Lorong ah soo. Suddenly the vehicle in front came to a stop. I follow suit and stop my vehicle. Out of sudden, I felt an impact on my rear portion of the vehicle, I got out of the vehicle and realised that I was in a traffic accident and vehicle B(SMW7629R) had collided onto my rear portion of the vehicle.



**SINGAPORE
POLICE FORCE**



T/20210201/7050

Police Station Of Origin:
Traffic Police

3 of 3

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210201/7050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Date/Time:
01/02/2021 18:53

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="31/01/2021 10:48"/>
Vehicle No.(For Motor)	<input type="text" value="SGA6898Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111017796-01		TAN MUI GEK(CHEN MEIYU)	S7243638E	GPC	drivo CLASSIC	SGA6898Z	SGA6898Z	19/07/2020	18/07/2021

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	31/1/2021	(DD/MM/YY)
Time of accident	2050Hrs	(HH:MM)
Exact location of accident	Upper Paya Lebar Rd	

DETAILS OF VEHICLE

Vehicle registration number	SGA6898Z
Vehicle make and model	BMW 535i
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Tan Mui Gek	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S7243638E	
Contact	9797 9454	
Address	BLK 294 Tampines ST 22 #12-586 S(526294)	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Lim Gang Sheng	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9437699H	
Contact	9625 9810	
Address	BLK 102 Hougang Avenue 1 #13-1181 S(530102)	
Email address	gangsheng94@gmail.com	
Date of birth	08-10-1994	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	12 Sep 2013	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Relative</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Lim Gang Sheng</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u>NGUYEN Quynh NHU</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMW7629R
Vehicle make model	Audi R8
Name	627
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	Lim Gang Sheng	
Injuries sustained	Stiff neck and back pain	
Which vehicle person in?	SGA68982	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name	NGUYEN Quynh NHU	
Injuries sustained	Stiff neck and back pain	
Which vehicle person in?	SGA68982	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>