

NATIONAL Assessment Centre Services

[Ref: 123456]

Date In: 26/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1003969/13	SAS e-filing		
Veh No: 52VJ529X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/03/21 1920	i-Motor Claim Form 26/03: MT/1025871-001		
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: E-BIKE	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%; F: 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

NA210 0033	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	26/03/2021 18:10 (SGT)
Date of Accident	25/03/2021 19:20 (SGT)
Exact Location of Accident	Sengkang Square, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2529X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUA WEE KEONG
NRIC No	SXXXX079G
Email Address	EDDIEVTI2000@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-83687426
Alternative Phone No	+65-83687426

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120046545
Cover Note Number	-

DRIVER

Name of Driver	LUA WEE KEONG
NRIC No	SXXXX079G

Date Of Birth	28/05/1974
Occupation	Indoor
Date Of Driving Pass	13/06/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83687426
Alt. Phone Number	+65-83687426
Email Address	EDDIEVTI2000@YAHOO.COM.SG
Address	BLK 114 PUNGGOL WALK
Address complement	#05-29
Postcode	828767
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?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210325/2151

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	E-Bike
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	
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)	-

SKETCH PLAN

IMPORTANT NOTICE

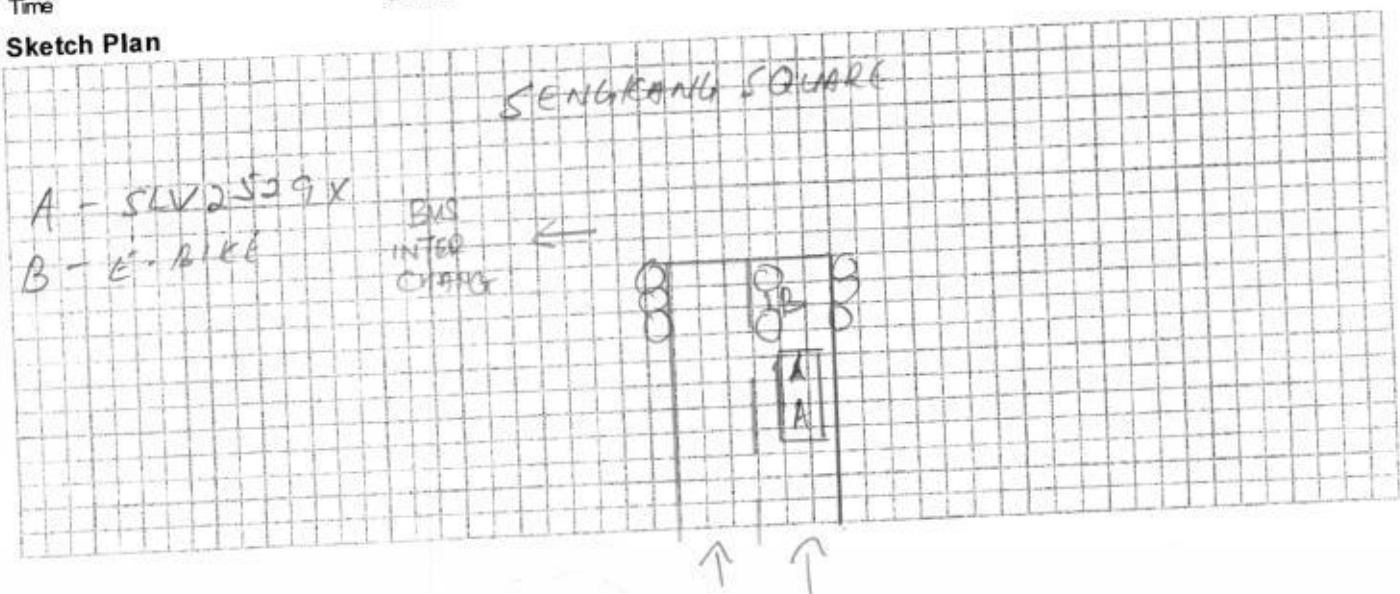
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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



Describe Circumstances of the Accident:

P/s refer to the police report: T/20210325/2151

We declare the foregoing particulars are true in every respect.

2/ym 26/03/21

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210325/2151

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210325/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
25/03/2021 22:07

Vide Report No.:

Station Diary No.:
101

Informant's Particulars

Name of Informant:
LUA WEE KEONG

Address:
BLK 114 PUNGGOL WALK #05-29 SINGAPORE 828767

ID Type / ID No.:
NRIC NO / S7444079G

Contact No.:
Home/Office: Mobile: 83687426

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 46 28/05/1974

Type of Informant:
Driver

Race:
Chinese-English

Language:

Institution / School Name:

Occupation:
ENGINEER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury

Drink
Drive:
No

Date/Time of
Accident:
25/03/2021 19:20

Type of Location:
Straight Road

Location:

SENGKANG SQUARE

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2529X	Car	KIA	CERATO K3 1.6A SUNROOF	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV2529X	NTUC Income Insurance Co-Operative Limited	5120046545	27/12/2020	26/12/2021



**SINGAPORE
POLICE FORCE**



T/20210325/2151

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210325/2151

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUA WEE KEONG	ID No.	S7444079G
Related Vehicle	SLV2529X (Car)	Contact No.	83687426
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.

On 25/3/2021 at about 1926hrs, I was driving my vehicle bearing SLV2529X along Sengkang Square towards Sengkang East Way. That point of time my vehicle was stationary as the traffic light was red. I was at the second lane from the extreme right. That point of time there was an e-bike in front of my left side of my vehicle. I then accidentally let go a bit of my brake. However, my left bumper of my vehicle collided onto the e-bike rear wheel. I quickly step my brake harder. The e-bike rider then fell onto the floor. I then get down of my vehicle and check on the rider and no one was injuries. But I only able to get his handphone number 85114366. After I assist the rider to get up then we move off.

I wish to state that there is an in-car camera in my vehicle and the visibility of the road was clear.
I not sure the e-bike was it registered to LTA.



**SINGAPORE
POLICE FORCE**



T/20210325/2151

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20210325/2151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 WU MING HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/03/2021 22:07

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 03 / 2011) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: SENGKANG SQUARE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV2529K
b) INSURANCE COMPANY: NAC
c) POLICY NUMBER: 5120046545
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA K2 (N) 1600
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: LIA WEE ICEUNG (LAI WEIQIAN) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 574440796 CONTACT: 82687426
c) ADDRESS: BLK 119 PUNGGOE WALK
#05-29 (828767)

* 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: (28 / 05 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/06/1994

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: 2-BIKE MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 85114366

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 = teddy eddievt2000@yahoo.com.sg

fax =

VIDEO = yes, haven't retrieve

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="25/03/2021 19:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLV2529X"/>	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"/>	5120046545		LUA WEE KEONG	S7444079G	GPC	drivo CLASSIC	SLV2529X	SLV2529X	27/12/2020	26/12/2021

Claim Handling

Accident MT/1125871

Policy No.	5120046545	Vehicle No.	SLV2529X	GST Registration No.	
Certificate No.					
Policyholder Name	LUA WEE KEONG			Policyholder NRIC	S7444079G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83687426	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(%)	30	Private Hire	No
▼ Accident Details					
Report Date	26/03/2021 18:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/03/2021	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG SQUARE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
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	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	114 PUNGGOL WALK	Address 2	#05-29 TWIN WATERFALLS	Address 3	SINGAPORE 828767
Address 4		Address Type	Singapore address	Post Code	828767
Unit No.		Related Policy Number	5120046545		
▼ OI Driver Info					
Driver Name	LUA WEE KEONG	Driver Type	Main Driver	Driver DOB	28/05/1974
Unnamed driver Name		Driver NRIC	S7444079G	Driving Experience	26
Register Date of Driver License	13/06/1994	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	83687426	Contact No.(Office)	0	Address 3	SINGAPORE 828767
Address 1	114 PUNGGOL WALK	Address 2	TWIN WATERFALLS	Post Code	828767
Address 4		Address Type	Singapore address		
Unit No.	#05-29				
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		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LUA WEE KEONG	Insured NRIC	S7444079G
Contact No.(Mobile)	81576720	Contact No.(Home)	68810938	Contact No.(Office)	
Email Address	eddievt2000@yahoo.com.sg	OI Vehicle Number	SLV2529X	TP Vehicle Number	E-BIKE
Claim Description	SLV2529X / E-BIKE ON 25 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/03/2021 18:33	Claim Close Date		Date Received	26/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1125871	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2021 00:00		
Path *		Category *	Confidential	Urgency *	Description
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Message Read

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	SAS		Normal	SAS 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Mar 2021 18:33	Photos		Normal	Photos 2021-3-26	

Video List

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

Scan and uploading