

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN08-1340001

Date In: 30/03/2021 12:23	Job description	Date & Time Completed	Done by
Ref No: 134/INC2100404914	SAS e-filing		
Veh No: SMP 8849C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/03/2021 12:45	i-Motor Claim Form	mtl/1126236-001	30/03/2021
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:24
	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:

FBH 4674 M

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2 / 3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TF: Towing Fee \$40/\$45

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:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N'n INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Ant (\$)

Ant (\$)

Net Bill

Add Bill

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	30/03/2021 12:23 (SGT)
Date of Accident	29/03/2021 12:45 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8849C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SU BINGWANG
Passport No/FIN	GXXXX798U
Email Address	ah_seng82@hotmail.com
Mobile Phone No	(Phone) +65-81816607
Alternative Phone No	+65-81816607

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120583598
Cover Note Number	-

DRIVER

Name of Driver	LUI CHUNG SIN
NRIC No	SXXXX601A

Date Of Birth	01/05/1982
Occupation	Outdoor
Date Of Driving Pass	05/05/2003
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81816607
Alt. Phone Number	-
Email Address	ah_seng82@hotmail.com
Address	BLK 96B HENDERSON ROAD #08-72
Address complement	-
Postcode	152096
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WANG JIE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210329/2060

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	FBH4674M
Vehicle Manufacturer	-

Vehicle Model	-
* Vehicle Variant	-
Vehicle Colour	-
* Vehicle Category	Motorcycle
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 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

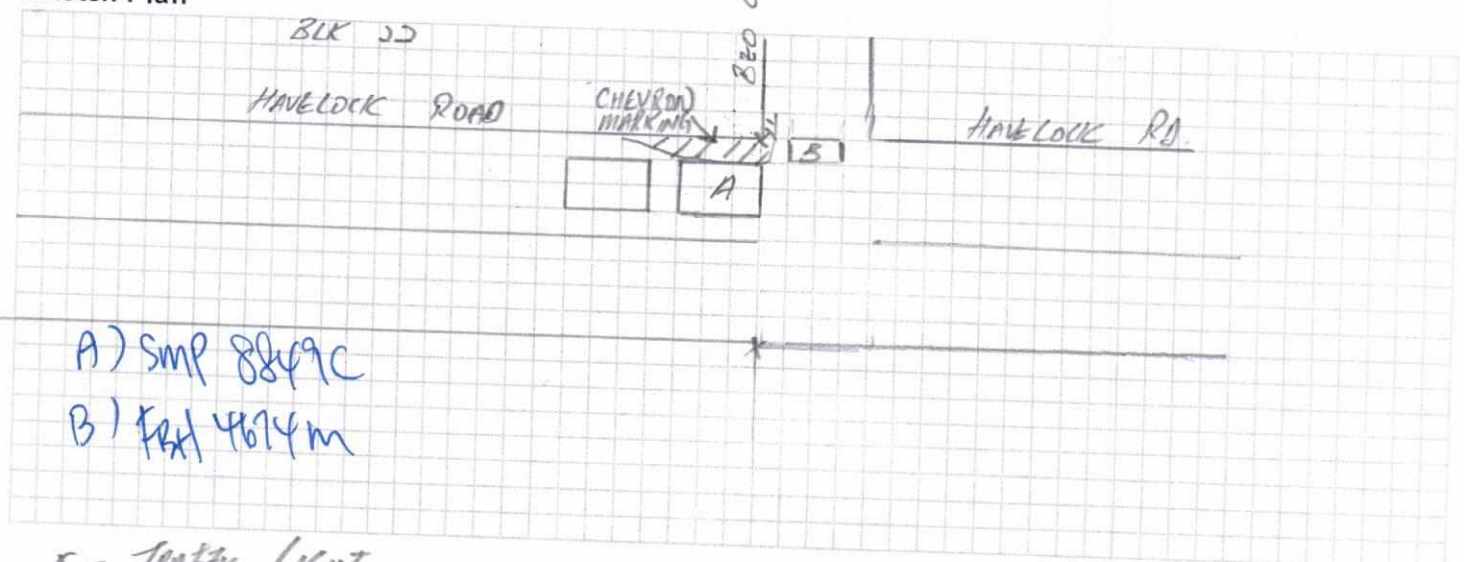
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) SMP 8849C

B) FKH 4614M

X - TRAFFIC LIGHT

B - MOTORCYCLE: RIDER

A - DRIVER: LUI CHUNG SIN


Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210329/2060

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 30/03/2021
11.25 AM

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

 30/03/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (29/03/2021) (DD/MM/YYYY), TIME: (12:45) (HH:MM)

LOCATION: HAWLOCK ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 8849C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 51205
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALPHARD
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: SU Bing Wang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G39097984 CONTACT:
 c) ADDRESS: 8 ROCHALIE DRIVE

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LUI CHUNG SIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82706019 CONTACT: 81816697
 c) ADDRESS: 96B HENDERSON ROAD #08-72 SINGAPORE 152816

* d) DATE OF BIRTH: (01/05/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/03/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DRIVER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: RIVER VALLEY NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBH 4674M 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 passengers
 (including driver)
 (1)
 WANG JIE
 (M)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email = AH_SENG82@HOTMAIL.COM

VIDEO



Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20210329/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2021 14:02	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: LUI CHUNG SIN			Address: APT BLK 96B HENDERSON ROAD #08-72 SINGAPORE 152096		
ID Type / ID No.: NRIC NO / S8270601A			Contact No.: Home/Office: Mobile: 81816607		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 01/05/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2021 00:00	Type of Location:
Location: HAVELOCK ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Unsure of how the collision happened.				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4674M	Motorcycle				Slightly Damaged	0
SMP8849C	Car				Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20210329/2060

CONTINUATION OF REPORT

Driver			
Name	LUI CHUNG SIN	ID No.	S8270601A
Related Vehicle	NIL	Contact No.	81816607
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	Garrick Chua Yan Shu	ID No.	S9312467G
Related Vehicle	NIL	Contact No.	87226090
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along Havelock road when I came to a stop as the traffic light was showing red at the junction before approaching Beo Crescent market. When the traffic light turned green, I wanted to make a left turn when I started to inch out.

Out of a sudden, I heard a loud thud coming from the vehicle's left and felt an impact on my vehicle SMP8849C. Then I saw a bike FBH 4674M skid forward. Me and my colleague then stepped out of my vehicle and proceeded to help the rider. The rider sustained abrasions on his right ankle area.

I believe that the rider, upon seeing the green light tried to overtake me via the chevron marking on the left of the road.

As there started to have a Jam building up and it was raining, I decide to shift my vehicle and eventually requested the Rider to meet me at River Valley Neighborhood Police Post to lodge a report.

No ambulance nor police attended to us at scene.

I wish to indicate that I am the driver as the other party is unable to ascertain who was driving at that time as I have a colleague with me in the car.

I have a dashcam in the car however it was not recording.



**SINGAPORE
POLICE FORCE**



T/20210329/2060

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

3 of 4

Report No. T/20210329/2060

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210329/2060

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

4 of 4

Report No. T/20210329/2060

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:

E /

Sgt 2 KOH WEE SIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

29/03/2021 14:02

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 069

Authentication Stamp

NP168

SIGNATURE

Claim Handling

The premium on this policy has not been collected.

Accident MT/1126236

Policy No.	5120583598	Vehicle No.	SMP8849C	GST Registration No.
Certificate No.				
Policyholder Name	SU BINGWANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	81816607	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire

▼ Accident Details

Report Date	30/03/2021 12:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/03/2021	Time of Accident hh:mm	12:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HAVELOCK ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	1100.00	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	8 ROCHALIE DRIVE	Address 2	SINGAPORE 248239	Address 3
Address 4		Address Type	Singapore address	
Unit No.	15-572	Related Policy Number	5120583436	Post Code

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LUI CHUNG SIN	Driver NRIC	S8270601A	Driver DOB
Register Date of Driver License	05/05/2003	Driver Age	38	Driving Experience
Contact No.(Mobile)	81816607	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	08-72			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMP8849C	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 New

Claim Type *	OD-MX	Insured Name	SU BINGWANG	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)
Email Address	joanneewong@awginsurance.cor	OI Vehicle Number	SMP8849C	TP Vehicle Number
Claim Description	SMP8849C / FBH4674M ON 29 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	30/03/2021 12:30	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1126236	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2021 12:34	
Path *		Category *		
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> <input type="button" value="Urgent"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>

▼ Attachment List

[illegible]



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Mar 2021 12:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Mar 2021 12:30	SAS		Normal	SAS 2021-3-30

Video List

Uploaded By/Date	Folder Date	File Name		Sou
		Display in New Window	Scan and uploading	

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5120583598		SU BINGWANG	G3909798U	GPC	drivo PREMIUM	SMP8849C	SMP8849C	12/01/2021	11/01/2022