

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA117153209

Date In: 20/11/17-12:13	Job description	Date & Time Completed	Done by
Ref No: N/A/INC17022136/24	SAS e-filing		
Veh No: 5L15630	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/11/17-07:30	i-Motor Claim Form	M710970460	20/11/17 18:23
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: X03611L

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

NA1707138

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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:-		
OD:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*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 ability.
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 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	20/11/2017 12:13
Date Of Accident	20/11/2017 07:30
Exact Location Of Accident	YISHUN AVE 1 TOWDS YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1563D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RITZ LEASING
Co Reg No	53365663W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62556118

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095369864
Cover Note Number	

### Driver

Name of Driver	LOY JIT CHAM, NELSON (LI JIANZHANG)
NRIC No	S8501584B
Date Of Birth	03/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93692566
Fax Number	
Contact Number	OFFICE-93692566
Email Address	NOEMAIL

Address	BLK 838 TAMPINES STREET 82 #13-83
Postcode	520838
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	XD3611L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE1579R
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

5

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

LOY JIT CHAM, NELSON (LI JIANZHANG)

Approximate Age

Injuries Sustain

SHOULDER & FOREHEAD

Injured person in which vehicle?

SJL1563D

Were seat belts worn?

YES

Was 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.

**RITZ LEASING**

Reg No. 53365663W

7, Yishun Industrial Street 1, #01-31  
Northspring Bizhub, Singapore 768162

Tel : 6255 6118 Fax : 6255 0118

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

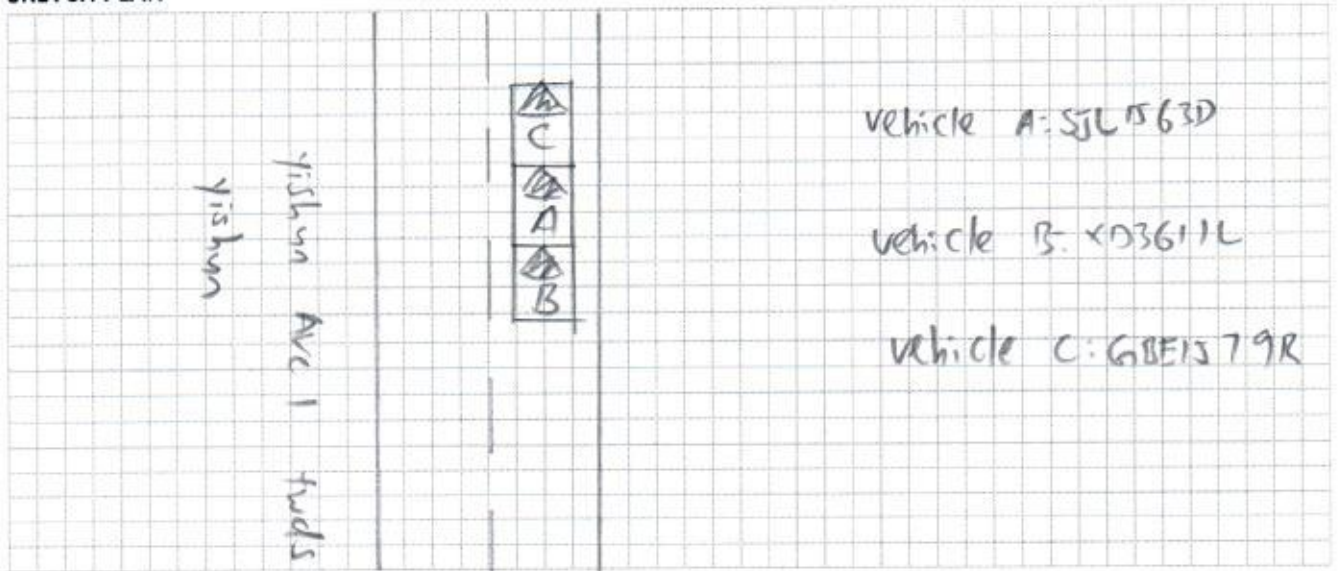
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/17 07:30 I was travelling along Yishun Ave 1 towards Yishun. vehicle c was on slow motion due to the split road ahead. B my vehicle was on slow motion and stopped. suddenly vehicle B (GBE1579R) was speeding along lane 1 and collided onto my vehicle rear portion. In the same way my vehicle collided onto vehicle A (SJL1563D) rear portion.

## DECLARATION

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

**RITZ LEASING**  
Reg No. 53365663W  
7, Yishun Industrial Street 1, #01-31  
Northspring Bizhub, Singapore 768162  
Tel: 6255 6118 Fax: 6255 0118

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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8501584B



Name

LOY JIT CHAM, NELSON  
(LI JIANZHANG)

黎建樟

Race

CHINESE

Date of birth

03-01-1985

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8501584B

Name: LOY JIT CHAM, NELSON  
(LI JIANZHANG)

Birth Date: 03 Jan 1985  
Issue Date: 28 Jan 2015

002391150G

SG 50

5653614



NRIC No. S8501584B



Date of issue

27-09-2016

Address

APT BLK 838 TAMPINES STREET 82  
#13-83  
SINGAPORE 520838

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 28 Jan 2015

NP 428A



eBaoTech

General Claim

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="20/11/2017 07:30"/>						
Vehicle No.(For Motor)	<input type="text" value="SJL1563D"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5095369864	RITZ LEASING	53365663W	GPC	drive CLASSIC	SJL1563D	SJL1563D	26/10/2017	16/11/2018
<input type="button" value="Continue"/>									



## ▼ Policy Information

Policy No.	5095369864	Policyholder Name	RITZ LEASING	Policyholder NRIC	53365663W
Address	7 YISHUN INDUSTRIAL STREET 1 #01-31 NORTH SPRING BIZHUB SINGAPORE 768162				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/10/2017	Effective Date	26/10/2017 00:00	Expiry Date	16/11/2018 23:59
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0.30		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		
Agent	ANG KOK CHIN	Agent Tel.	94567080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-31 NORTH SPRING BIZHUE	Address 3	SINGAPORE 768162
Address 4		Address Type	Singapore address	Post Code	768162
Unit No.	01-31	Related Policy Number	5096071694		

## ▶ Insured Object: SJL1563D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0970460

Policy No.	5095360864	Vehicle No.	SJL1563D	GST Registration No.	
Policyholder Name	RITZ LEASING			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)	62556118	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		
<b>▼ Accident Details</b>					
Report Date	20/11/2017 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	20/11/2017	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	YISHUN AVE 1 TOWDS YISHUN				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	1,500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-31 NORTH SPRING BIZHUE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-31	Related Policy Number	5096071694		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOY JET CHAM, NELSON (LI JIAF	Driver NRIC	S8501584B	Driver DOB	
Register Date of Driver License	28/01/2015	Driver Age	32	Driving Experience	
Contact No.(Mobile)	93692566	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 83B #13-83	Address 2	TAMPINES STREET 82	Address 3	
Address 4	SINGAPORE 520838	Address Type	Foreign address	Post Code	
Unit No.	13-83				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	RITZ LEASING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJL1563D	TP Vehicle Number	
Claim Description	SJL1563D / XD3611L ON 20 Nov 2017			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	20/11/2017 18:23	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0970460	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 18:25
Path *		Category *	Confidential Urgency



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Nothing is found

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:25	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:24	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:23	Photos	Normal	Photos

## Video List

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

Scan and uploading