

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 06/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023112/13	SAS e-filing		
Veh No: SFY75537	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/12/17 1005	i-Motor Claim Form	MT/0972603	
OD: <u>TP</u> 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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: CBE3207B	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

NA1707505	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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) 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:-			
	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: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
Dat. 1:				
Dat. 2 / 3:				



## 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	06/12/2017 09:40
Date Of Accident	05/12/2017 10:05
Exact Location Of Accident	GRANDEUR 8 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY7553Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUAH SWEE HUTT
NRIC No	S2136122D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97303251
Alternative Phone No	OTHERS-91176080

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5051210699-06
Cover Note Number	

### Driver

Name of Driver	LUAH SWEE HUTT
NRIC No	S2136122D
Date Of Birth	25/02/1941
Occupation	INDOOR
Date Of Driving Pass	16/08/1960
Driving Experience	57 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97303251
Fax Number	
Contact Number	OTHERS-91176080
Email Address	NOEMAIL

Address	BLK 612 AMK AVE 4 #06-1119
Postcode	560612
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2

#### 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

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	GBE3207B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YONG WEI KIONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	LUAH SWEE HUTT
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## SKETCH PLAN


### IMPORTANT NOTICE

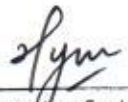
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

  
Policyholder's Signature  
Date & Time:

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

 06/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

Grandeur 8 Open Carpark

A - SFY 7553 Y

B - GBE 3207 B



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above date and time, I was driving along Grandeur 8 open carpark going to exit. Somewhere near lots number 1, vehicle B (GBE 3207 B) was in the lots suddenly move off from its position by steering to his right thus causing the left portion of vehicle B (GBE 3207 B) to collided onto the right portion of my vehicle.


A - SFY 7553 Y

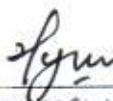
B - GBE 3207 B

**DECLARATION**

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

  
Policyholder's Signature  
Date & Time:

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

 06/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:




<b>Vehicle No.</b>	SFT 7553 Y	<b>Model / Make</b>	Nissan Sunny
<b>Date of Accident</b>	5/12/17		
<b>Time of Accident</b>	10.05am	<b>HRS</b>	
<b>Location of Accident</b>	Grandeur 8 Open Carpark		
<b>Exact purpose use during accident</b>	Private Use		
<b>Name of Owner</b>	Luah Swee Hutt	<b>son number</b>	
<b>Telephone No.</b>	H/P : 9117 6080	<b>Home :</b>	9730 3251 <b>Office :</b>
<b>NRIC</b>	S2136122 D		
<b>Address</b>	Blk 612 Ang Mo Kio Ave 4 #06-1119 S(2056)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>Third Party</b>	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>			
<b>Name of Driver</b>	As Above	<b>If No,</b>	
<b>NRIC</b>		<b>Any Passengers :</b>	1
<b>Date of birth</b>	25/2/1941		
<b>Occupation</b>	Outdoor	<b>/</b>	<b>Indoor</b>
<b>Driving License Pass Date</b>	16 Aug 1960		
<b>Gender</b>	<b>Male</b>	<b>/</b>	<b>Female</b>
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	Owner
<b>Weather condition</b>	<b>Clear</b>	<b>Raining</b>	<b>Other</b>
<b>Road Surface</b>	<b>Dry</b>	<b>Wet</b>	<b>Other</b>
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	GBE 3207 B	<b>Any Passengers :</b>	1
<b>Name of Driver</b>	Yong Wei Kiong	<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Right Portion		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			<b>Yes / No</b>
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S2136122D**  
 Name: **LUAH SWEE HUTT**

Birth Date: **25 Feb 1941**  
 Issue Date: **24 Mar 2004**



0011743118

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S2136122D**



Name: **LUAH SWEE HUTT**  
 賴水發

Race: **CHINESE**

Date of Birth: **25-02-1941** Sex: **M**

Country of Birth: **SINGAPORE**





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:-**

	PASS DATE
Class 2B Motorcycles $\leq$ 200 CC	21 Jan 1965
Class 2A Motorcycles between 201 CC and 400 CC	21 Jan 1965
Class 2 Motorcycles $>$ 400 CC	21 Jan 1965
Class 3 Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver, and motor tractors/vehicles $\leq$ 2500 kg	16 Aug 1960

S2136122D

S / No. 9000072063

Licence No: **S2136122D**



NP 428A

2405307



NRIC No. **S2136122D**



Blood Group: **O+** Date of issue: **21-09-1994**

Address:  
**APT BLK 512 ANG MO KIO AVENUE 4**  
**#06-1119**  
**SINGAPORE 2056**



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="05/12/2017 10:05"/>						
Vehicle No.(For Motor)	<input type="text" value="SFY7553Y"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S051210699-06	LUAH SWEE HUTT	S2136122D	GPC	Third Party, Fire & Theft	SFY7553Y	SFY7553Y	23/09/2017	22/09/2018
<input type="button" value="Continue"/>									



Transaction ref 20110815124630509369

The owner and vehicle particulars for Vehicle No. SFY7553Y as at 15 Aug 2011 are as follows:

1.	Name	: LUAH SWEE HUTT
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S2136122D
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SFY7553Y
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 15 Aug 2011
8.	Original Registration Date	: 23 Sep 2005
9.	First Registration Date	: 23 Sep 2005
10.	Vehicle Type	: P10 - Passenger Motor Car
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: NISSAN
16.	Vehicle Model	: SUNNY 1.6EXM
17.	Year of Manufacture	: 2005
18.	Primary Colour	: Black
19.	Secondary Colour	: -
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No.	: JN1CFAN16Z0093109 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: QG16386069 / -
24.	Engine Capacity(cc)/Power Rating(kw)	: 1597 / -
25.	Unladen Weight(kg)	: 0
26.	Maximum Laden Weight(kg)	: 0
27.	Open Market Value	: \$11,471.00
28.	PARF Eligibility	: Yes
29.	PARF Eligibility Expiry Date	: 22 Sep 2015
30.	Minimum PARF Benefit	: \$6,309.00
31.	No. of Transfers	: 1
32.	IU Label No.	: 1028385078
33.	COE No.	: 2005090101004035R
34.	COE Expiry Date	: 22 Sep 2015
35.	COE Category	: A - Car (1600cc & below) & Taxi
36.	Quota Premium/Prevailing Quota Premium	: \$16,101.00 / -
37.	Actual Quota Premium/PQP Paid	: \$16,101.00
38.	Actual ARF Paid	: \$12,619.00
39.	Vehicle Lifespan Expiry Date	: -
40.	Road Tax Amount	: -
41.	Road Tax Start Date	: -
42.	Road Tax End Date	: -
43.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category A. This vehicle is eligible for PARF.

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

14 Sep 2015

Our ref: 1409150901N001043028

LUAH SWEE HUTT  
APT BLK 612 ANG MO KIO AVENUE 4  
#06-1119  
SINGAPORE 560612

Dear MR LUAH SWEE HUTT

**APPLICATION TO RENEW CERTIFICATE OF ENTITLEMENT (COE)  
VEHICLE NO. SFY7553Y**

We refer to your application on 14 Sep 2015 to renew the Certificate of Entitlement (COE) for the above vehicle for 5 years until 22 Sep 2020.

2. Please be informed that confirmation of the COE renewal is subject to clearance of the cheque by the bank. We will notify you of the status of the application in due course.
3. The road tax for this vehicle will expire/had expired on 22 Sep 2015. Please renew the road tax as it is an offence to keep or use a vehicle without a valid licence. A late renewal fee will be imposed if the road tax is renewed after its expiry.
4. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
5. Thank you.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)



## Claim Handling

Exit

Accident MT/0972603

Policy No.	5051210699-06	Vehicle No.	SFY7553Y	GST Registration No.	
Policyholder Name	LUAH SWEE HUTT			Policyholder NRIC	S2136122D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	97303251	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	Yes	NCD Entitlement (%)	50		

## Accident Details

Report Date	06/12/2017 15:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Side
Date of Accident	05/12/2017	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GRANDEUR 8 OPEN CARPARK				

## Benefits

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 612 #06-1119	Address 2	ANG MO KIO AVENUE 4	Address 3	SINGAPORE 560612
Address 4		Address Type	Singapore address	Post Code	560612
Unit No.		Related Policy Number	5051210699-06		

## OI Driver Info

Driver Name	LUAH SWEE HUTT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2136122D	Driver DOB	25/02/1941
Register Date of Driver License	16/08/1965	Driver Age	76	Driving Experience	52
Contact No. (Mobile)	97303251	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 612	Address 2	ANG MO KIO AVENUE 4	Address 3	SINGAPORE 560612
Address 4		Address Type	Singapore address	Post Code	560612
Unit No.	#06-1119				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification  
HistoryClaim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LUAH SWEE HUTT	Insured NRIC	S2136122D
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SFY7553Y	TP Vehicle Number	GBE3207B
Claim Description	SFY7553Y / GBE3207B ON 5 Dec 2017			Name of Preferred Workshop	N-51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)		
Date Registered	06/12/2017 15:30	Claim Close Date		GIA report	Received
Report Taken By	ROSLINDA	Workshop Repairer		Date Received	06/12/2017 00:00
				Total Loss but Repaired	

☒ Print  
AK letter

**Save** **Submit****Attachment**

Waiting...