

# NATIONAL Assessment Centre Services

(wef 1 Jan 09)

MMA 118013121

Date In: 26/1/18 16:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18001651/64	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SLJ 3997 M	i-Motor Claim Form	MT10979668	26/1/18 17:50
D.O.A: 25/1/18 21:00	i-Motor W/O (Within: OD 2hrs TP 4hrs)		
OD: <u>IP</u> / Reporting Only	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: SBT 9638 Z	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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Sat. 1: Sat. 2 / 3:	<b>NA1800615</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) Int Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);	30.00		
	2) DA: Damage Assessment (\$100); INC (\$30)			
	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 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
Q1: *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 (N-a INC) against INC \$20 9) N12: Idac 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 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 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	26/01/2018 16:47
Date Of Accident	25/01/2018 21:00
Exact Location Of Accident	GANTRY EXIT OF THE JUNCTION 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3987M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LU DEQING
NRIC No	S7887133D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81225122
Alternative Phone No	OFFICE-81225122

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086815282-01
Cover Note Number	-

### Driver

Name of Driver	LU DEQING
NRIC No	S7887133D
Date Of Birth	01/10/1978
Occupation	INDOOR
Date Of Driving Pass	08/04/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81225122
Fax Number	
Contact Number	OFFICE-81225122
EMail Address	NOEMAIL

Address 200 JLN SULTAN #25-06  
 Postcode 199018  
 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 COLLISION - HEAD TO REAR  
 Weather Conditions AFTER RAINED  
 Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance?  
 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  
 Passenger 1 NAME: : XIAO LI  
 GENDER: : FEMALE

#### 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

I WAS EXITING FROM THE JUNCTION 10, WHEN I APPROACHING TO THE GANTRY, VEH B (BEARING NO SDT9638Z) WAS IN FRONT OF ME, ALL OF A SUDDEN, VEH B REVERSING INTO MY VEH WITHOUT ANY REASON, AS THE RESULT, VEH B HIT ONTO MY VEH LEFT FRONT PORTION. AFTER THE INCIDENT, THE DRIVER TOLD ME THE BARRIER DID NOT OPEN THAT WHY HE HAVE TO REVERSED AND MOVE TO ANOTHER GANTRY.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: HAVENT RETRIEVE  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDT9638Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LIN  
 NRIC/Passport Number  
 Contact Number 96157111  
 Address  
 Postcode

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



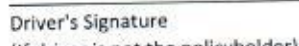
## SKETCH PLAN

### IMPORTANT NOTICE

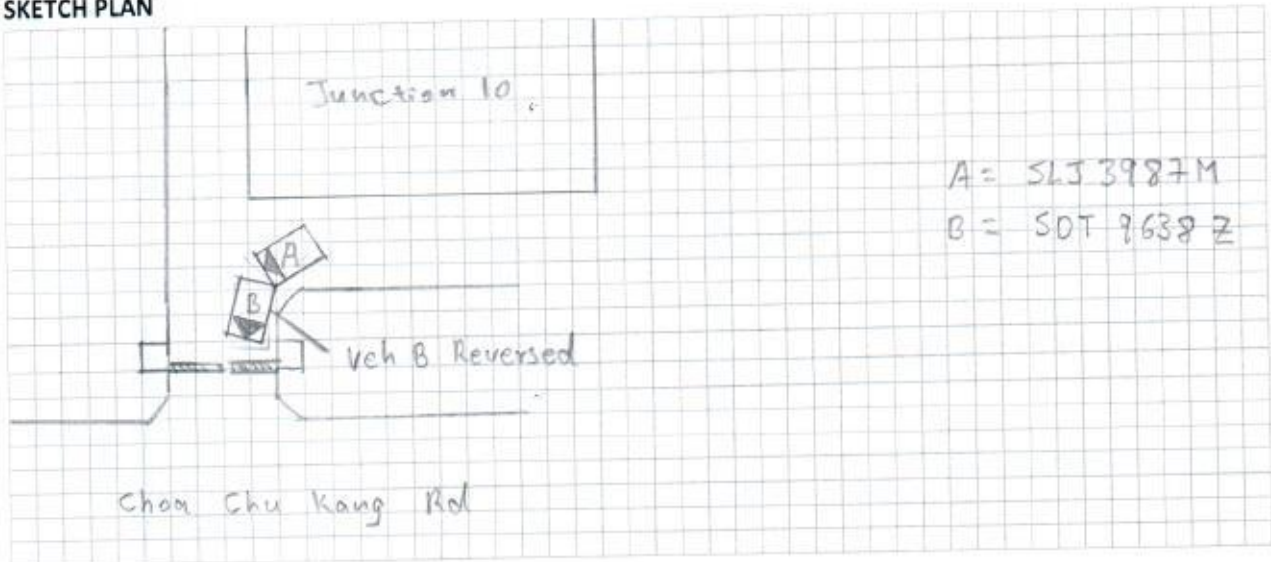
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

### 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:

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



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7887133D**  
Name: **LU DEQING**

Birth Date: **01 Oct 1978**  
Issue Date: **08 Apr 2015**








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

	<b>EFFECTIVE DATE</b>
<b>Class 3A</b> Motor cars without clutch pedals (Auto) $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals $\leq$ 2500kg	<b>08 Apr 2015</b>



NP 428A

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

护照号 / Passport No.  
G50709178



EMBASSY OF P. R. C. IN THE REPUBLIC OF SINGAPORE

03 NOV 2021

754 900 880

POCHNLU<<DEQING<<<<<<<<<<<<<<<<<<<<<<<<<<<<  
G507091781CHN7810015F21110381920SGPA<<<<<18



Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

25/01/2018 16:32

Vehicle No.(For Motor)

SLJ3987M

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086815282-01	LU DEQING	S7887133D	GPC	drive CLASSIC	SLJ3987M	SLJ3987M	08/12/2017	07/12/2018



**SINGAPORE  
POLICE FORCE**



A/20180125/2113

1 of 3

Report No. A/20180125/2113

**POLICE REPORT (NP299)**

Police Station Of Origin  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Date/Time Report Made 25/01/2018 17:41	Vide Report No.	Station Diary No. 36
Name Of Informant LU DEQING	Address 200 JALAN SULTAN #25-06 SINGAPORE 199018	
ID Type / ID No. NRIC NO / S7887133D	Contact No. Home/Office	Mobile 8122 5122
Nationality CHINESE	Email Address	
Occupation Unemployed	Sex Female	Age 39
Institution/School Name	Date of Birth 01/10/1978	Race Chinese
Date/Time Of Incident 21/01/2018 21:00 - 21/01/2018 21:05	Location Of Incident 200 JALAN SULTAN TEXTILE CENTRE SINGAPORE 199018 Maybank ATM of Textile Centre	

**Brief details.**

On the 21st of January 2018 at about 2101hrs, I was at the MayBank ATM located at 200 Jalan Sultan/Textile Centre (at level 1 along the main road of Jalan Sultan). I was there as I wanted to deposit cash into the said ATM and I brought along my card holder (a grey coloured Prada card holder) with me.

After I was done with the transaction, I left the ATM machine immediately without taking my card holder.

Signature Of Officer Recording The Report:

A / Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

A / Rochor N.P.C /

Sgt 1 ANAND KUMAR S/O SASITARAN

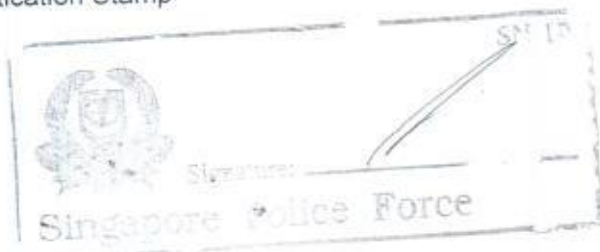
Contact No.: 62949999

Signature Of Informant:

Date/Time:  
25/01/2018 17:41

Classification Of Case:

Authentication Stamp







**SINGAPORE  
POLICE FORCE**



A/20180125/2113

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180125/2113

On the 25th of January 2018 at about 0900hrs, I then discovered that my card holder was missing. I made a check in the vicinity of my home however to no avail. That was then I realised that I have left it on top of the Maybank ATM machine. If I could recall, I was using the ATM which was on the 2nd from the left near the entrance (after entering into Maybank). I was wearing a white coloured top with shorts, I was carrying along a plastic bag as well.

I went to the said ATM to ascertain if my card holder was there but it was not there already. I too called Maybank on the same day at about 1630hrs to enquire if anyone had found my card holder however to no avail as well.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Stolen				1	Singapore Dollars 350.00	One grey Prada card holder valued at about SGD350/-
2	Credit Card / Debit Card/ ATM Card	Stolen	DBS			1		One DBS debit card

Signature Of Officer Recording The Report:

A / Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Rochor N.P.C /  
Sgt 1 ANAND KUMAR S/O SASITARAN  
Contact No.: 62949999

Signature Of Informant:

Date/Time:  
25/01/2018 17:41

Classification Of Case:

Authentication Stamp





SINGAPORE  
POLICE FORCE



A/20180125/2113

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180125/2113

3	Credit Card / Debit Card/ ATM Card	Stolen	Maybank		1	One Maybank debit card
4	Credit Card / Debit Card/ ATM Card	Stolen	Bank of China		1	One Bank of China debit card
5	Credit Card / Debit Card/ ATM Card	Stolen	China banks		2	Two bank cards from China
6	Identity Card	Stolen	SINGAPORE NRIC		1	One Singapore NRIC bearing name of Lu De Qing and NRIC no. S7887133D
7	Identity Card	Stolen	China ID		1	One China Identification card bearing name of Lu De Qing

Signature Of Officer Recording The Report:

A / Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Rochor N.P.C /  
Sgt 1 ANAND KUMAR S/O SASITARAN  
Contact No.: 62949999

Signature Of Informant:

Date/Time:  
25/01/2018 17:41

Classification Of Case:

Authentication Stamp





## Claim Handling

Accident MT/0979668

Policy No.	5086815282-01	Vehicle No.	SLJ3987M	GST Registration No.	
Policyholder Name	LU DEQING	Cover Type	drivo CLASSIC	Policyholder NRIC	S78:
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81225122	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	26/01/2018 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	25/01/2018	Time of Accident hh:mm	21:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	GANTRY EXIT OF THE JUNCTION 10				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	200 JALAN SULTAN	Address 2	#25-06 TEXTILE CENTRE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	199
Unit No.		Related Policy Number	5086815282-01		

## ▼ OI Driver Info

Driver Name	LU DE QING	Driver Type	Main Driver	Driver DOB	01/1
Unnamed driver Name		Driver NRIC	S7887133D	Driving Experience	2
Register Date of Driver License	08/04/2015	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	81225122	Contact No.(Office)		Address 3	SING
Address 1	200 JALAN SULTAN	Address 2	#25-06 TEXTILE CENTRE	Post Code	199
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

## 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	LU DEQING	Insured NRIC	S78:
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLJ3987M	TP Vehicle Number	SDT
Claim Description	SLJ3987M / SDT9638Z ON 25 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	26/01/2018 17:49	Claim Close Date		Date Received	26/0
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

1/26/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0979668

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

26/01/2018 17:50

Path \*

Category \*

Confidential

Urgency \*

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:50	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:50	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:50	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2018 17:49	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)[Scan and uploading](#)