

NATIONAL Assessment Centre Services

Ref: JAN05] MNA118038198-01

Date In: 21/3/18 - 09:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005254/24	SAS e-filing		
Veh No: SLK7701P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/3/18 - 22:20	i-Motor Claim Form	M7/0987031	21/3/18 13:59
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: JRL3736	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:	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

NA801756	Invoice Preparation Checklist:	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (N11) against INC \$20		
	9) N12: Idac 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 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	21/03/2018 09:47
Date Of Accident	17/03/2018 22:20
Exact Location Of Accident	ALONG JALAN PANDAN
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7701P
Insured/Policyholder	
Name Of Registered Owner	SOH XU HANG
NRIC No	S8719715H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97994995
Alternative Phone No	OFFICE-97994995

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI QUATTRO
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	5090118705
Cover Note Number	

Driver

Name of Driver	LAI ZHENGHAO
NRIC No	S8838263C
Date Of Birth	27/09/1988
Occupation	INDOOR
Date Of Driving Pass	30/01/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91188490
Fax Number	
Contact Number	OFFICE-91188490
Email Address	NOEMAIL

Address	58 PUNGGOL WALK #08-18
Postcode	828779
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRL3736 (PRIVATE CAR)
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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
Police Station Address	ROAD: JALAN TERBAU , POSTCODE: 80250 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 607-2237977 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING SLOWLY ALONG JALAN PANDAN AS THE TRAFFIC WAS CONGESTED ALONG THE WAY. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	JRL3736
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHADURU DEEN BIN JALALUDEEN
NRIC/Passport Number	950402016515
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1


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

Handwritten sketch plan on a grid background. The text "Jalan Pandan" is written vertically. Two vehicle positions are marked with boxes labeled A and B. To the right, the following text is written:

A: SLK 7701P
B: JRL 3736

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

**POLIS DIRAJA MALAYSIA**
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/006425/18
Tarikh : 17/03/2018
Waktu : 2251 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R92851

Butir-butir Penerima Repot
Nama : MUHAMAD IZZAT BIN MOHD NASIR
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personal : R197723

Pangkat : KONST/P

No K/P (Baru) : ---
Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu
Nama : LAI ZHENGHAO
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Melayu
Pekerjaan : SWASTA
Alamat Tempat Tinggal : BLK 186B BEDOK NORTH STREET 4 #02-26 SINGAPORE, 462186
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---

No Pasport : K0145716H

Tarikh Lahir : 27/09/1988
Warganegara : Singapore

Umur : 29 tahun 5 bulan

No Tel (Pejabat) : ---

No Tel (HP) : 91188490

Pengadu Menyatakan:-

PADA 17/3/2018 JAM LEBIH KURANG 2218 HRS SAYA MEMANDU SEBUAH MIKAR NO SUK7701P DARI TAMAN SENTOSA HENDAK KE SINGAPURA, KETIKA DI KM 10.4 JALAN JOHOR BAHRU KOTA TINGGI KEADAAN TRAFIK BERGERAK PERLAHAN, TIBA TIBA SAYA DAPATI MIKAR SAYA TELAH DI LANGGAR DARI BELAKANG OLEH SEBUAH MIKAR NO JRL3736, SAYA TIDAK CEDERA, KEROSAKAN MIKAR SAYA BUMPER BELAKANG, BONET BELAKANG, EKZOS, REVERSE SENSOR, LAIN LAIN KEROSAKAN TIDAK PASTI LAGI, SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika Ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R197723 | 17/03/2018 11:03:33 PM

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118038198 Vehicle Registration No: SLK7701P
Name (as shown in NRIC) : Lai Zhenghao NRIC/FIN/Passport No : S8838263C
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 58 Punggol Walk *08-18 Singapore (828779)
Contact (Tel) : _____ Mobile No. : 91188490
Email Address : _____
Date of Accident : 17/3/18 Time of Accident : 22:20
Place of Accident : Along Jalan Pandan
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend Country / state of bss

Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8838263C



Name
LAI ZHENGHAO

賴政豪

Race
CHINESE


Date of birth
27-09-1988

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number: S8838263C

Name
LAI ZHENGHAO

Birth Date: 27 Sep 1988

Issue Date: 01 Mar 2007



3410238



NRIC No. S8838263C



Date of issue
08-10-2003

58 PUNGGOL WALK #08-18
SINGAPORE 828779

NRIC No: S8838263C Date: 30/09/2016

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	01 Mar 2007
Class 2A Motorcycles between 201 CC and 400 CC	22 Apr 2008
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	30 Jan 2009
Class 4 Heavy motor cars and motor tractors > 2500 kg	30 May 2013

S8838263C

S / No. 9000184794

NP 428A

License No: S8838263C



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090118705	SOH XU HANG	S8719715H	GPC	drive CLASSIC	SLK7701P	SLK7701P	12/04/2017	26/07/2018

Policy Information

Policy No.	5090118705	Policyholder Name	SOH XU HANG	Policyholder NRIC	S8719715H
Address	BLK 24 #04-420 HOUGANG AVENUE 3 SINGAPORE 530024				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/04/2017	Effective Date	12/04/2017 00:00	Expiry Date	26/07/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 260 #01-33	Address 2	BANGKIT ROAD	Address 3	BUKIT PANJANG NEW TOWN
Address 4	SINGAPORE 670260	Address Type	Singapore address	Post Code	670260
Unit No.	01-33	Related Policy Number	5090118705		

Insured Object: SLK7701P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/01/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Apr 2017 TO 26 Jul 2018 In view of this amendment, an additional premium of \$434.16 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/0987031

Policy No.	5090118705	Vehicle No.	SLK7701P	GST Registration No.	
Policyholder Name	SOH XU HANG	Cover Type	drive CLASSIC	Policyholder NRIC	S8719715H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97904955	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/03/2018 13:57	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/03/2018	Time of Accident hh:mm	22:20	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN PANDAN				

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	BLK 260 #01-33	Address 2	BANGKIT ROAD	Address 3	BUKIT PANJANG NEW TOWN
Address 4	SINGAPORE 670260	Address Type	Singapore address	Post Code	670260
Unit No.	01-33	Related Policy Number	5090118705		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/09/1988
Unnamed driver Name	LAJ ZHENGHAO	Driver NRIC	S8838263C	Driving Experience	9
Register Date of Driver License	30/01/2009	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	91188490	Contact No.(Office)	0	Address 3	SINGAPORE 828779
Address 1	58 PUNGOL WALK	Address 2	A TREASURE TROVE	Post Code	828779
Address 4		Address Type	Singapore address		
Unit No.	08-18				
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
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Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	SOH XU HANG	Insured NRIC	S8719715H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SLK7701P	TP Vehicle Number	JRL3736
Claim Description	SLK7701P / JRL3736 ON 17 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/03/2018 13:59	Claim Close Date		Date Received	21/03/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

[Save](#) [Submit](#)












Attachment

Accident No.	MT/0987031	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2018 14:00

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	

☐ Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 14:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 14:00	SAS	Normal	SAS 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:59	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:59	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:59	Photos	Normal	Photos 2018-3-21	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:59	Photos	Normal	Photos 2018-3-21	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:59	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:59	Photos	Normal	Photos 2018-3-21	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in new Window</div> <div>Scan and uploading</div>					