NATIONAL Assessment Centre Services

Date In: 09/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008499/13	SAS e-filing		
Veh No: SLR4588H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/05/18 1915	i-Motor Claim Form	MT/0993697-001	
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: (SM AUTOMOTIVE Tel: Fax:)

TP Particulars: Veh No: SLC7627M 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

NA1802939

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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 : 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		
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 witholding 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	09/05/2018 16:27
Date Of Accident	08/05/2018 19:15
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR4588H
Insured/Policyholder	
Name Of Registered Owner	LIAO YONGZHAO
NRIC No	F7436388K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96587983
Alternative Phone No	OTHERS-96587983
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	OTW HOME
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	5093216575
Cover Note Number	
Driver	
Name of Driver	LIN YONGYI
NRIC No	S6879844B
Date Of Birth	30/09/1968
Occupation	INDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94502583
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 446 HOUGANG AVE 8 #04-1625
Postcode	530446
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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

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	SLC7627M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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:

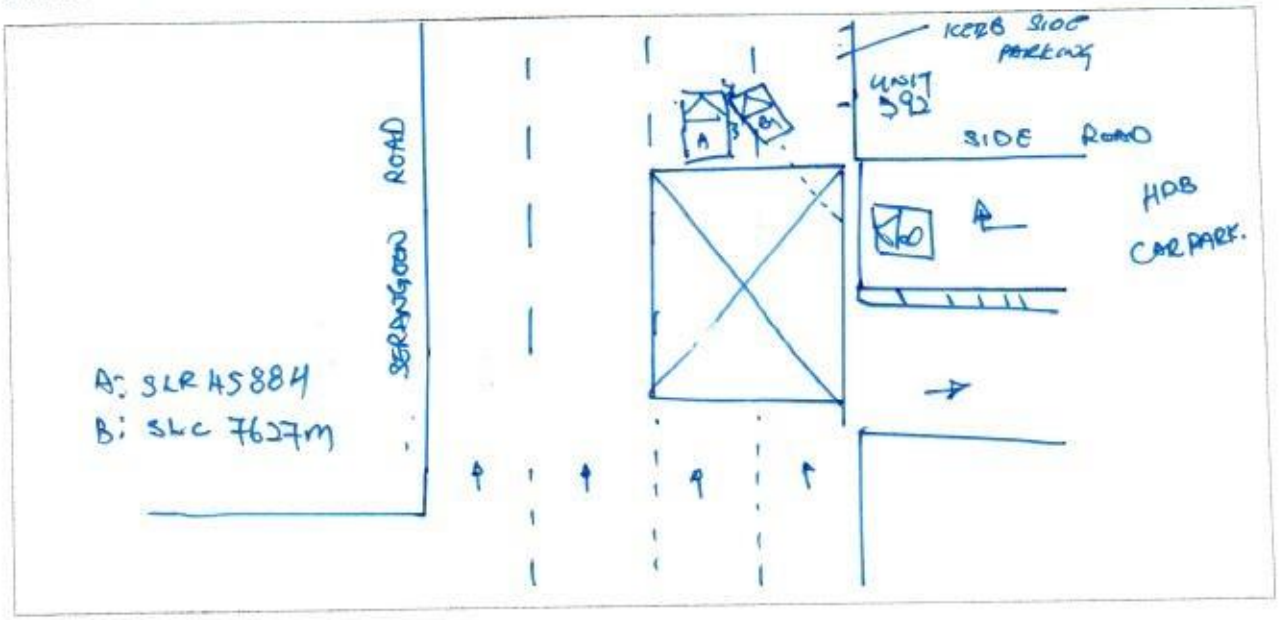
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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.:

09/05/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SERANGOON ROAD TOWARDS UPP SERANGOON ROAD ON THE SECOND RIGHT MOST LANE, AS I WAS TRAVELLING, ONE M/CAR SLC 7627M, SUDDENLY CAME OUT FROM A SIDE ROAD AND SUDDENLY ENCROACHED INTO MY PATH AND COLLIDED ONTO THE RIGHT SIDE OF MY VEHICLE. I WOULD LIKE TO STATE THAT MY VEHICLE WAS TRAVELLING STRAIGHT WHEN THE ACCIDENT TOOK PLACE, THE SAID M/CAR (B) WHEN EXIT FROM SIDE ROAD DID NOT GIVE WAY AND ENCROACHED INTO MY PATH ON THE SECOND RIGHT LANE, THUS RESULTING IN THE ACCIDENT

DECLARATION

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

Policyholder's Signature
Date & Time:

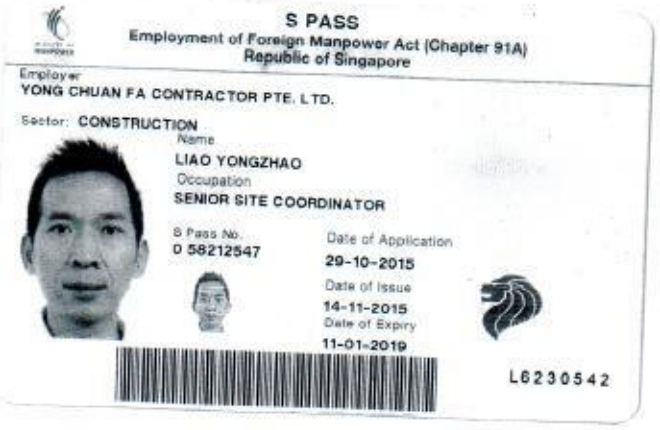
Driver's Signature
(If driver is not the policyholder)
Date & Time:

09/05/18

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

VEHICLE NO: SLR 4588H	**MAKE & MODEL:** TOYOTA HARRIER
DATE OF ACCIDENT	08 / 05 / 2018
TIME OF ACCIDENT	7.15 ~~AM~~/PM
LOCATION OF ACCIDENT	SERANGOON ROAD.
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY HOME
NAME OF OWNER	LIAO YONG ZHAO
TEL NO	9658 7983
NRIC	G7436388K.
CLAIM TYPE	OD / [THIRD PARTY] / REPORTING ONLY
INSURANCE CO	~~CHINA TAIPING~~ NTUC
TYPE OF COVERAGE	[Comprehensive] / Third Party / Third Party Fire & Theft
POLICY NO.	5093216575
NAME OF DRIVER	As Above / If No: LIN YONG YI
NRIC	S6879844B Any Passengers: NO
DATE OF BIRTH	30/ 09 / 1968
OCCUPATION	Outdoor / [Indoor]
DATE OF DRIVING PASS	08 / 12 / 1997
GENDER	[Male] / Female
CONTACT NO.	94502583 Office: Home:
ADDRESS	BLK 446 HOUGANG AVE 8 # 04-1625 S(530446).
DRIVER HAVE ANY OWN VEHICLE	N~~o~~ / [If yes:] Reg No: SKB 8076M
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	[Clear] / Raining / Other:
ROAD SURFACE	[Dry] / Wet / Other:
ANY INJURIEES	[No] / If yes: Who?
CONTACT NO.	
POLICE REPORT	[No] / If yes: Where?
VEHICLE B NO.	SLC 7627M Any Passenger: NO.
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
PARTICULAR WORKSHOP	SM AUTOMOTIVE
	1 Kaki Bukit Ave 6, Blk C #01-43
	Autobay@Kaki Bukit Singapore 417883
TEL NO	TEL: 6747 9241
CONTACT PERSON	Reena / Sukyl
FAX NO.	FAX: 6741 7276
EMAIL	reena@nhtmotor.com
	admin@nhtmotor.com

OWNER



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
YONG CHUAN FA CONTRACTOR PTE. LTD.

Sector: CONSTRUCTION

Name
LIAO YONGZHAO

Occupation
SENIOR SITE COORDINATOR

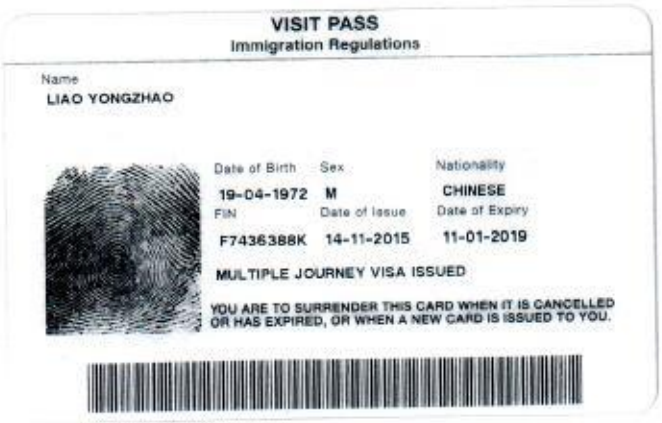
S Pass No.
D 58212547

Date of Application
29-10-2015

Date of Issue
14-11-2015

Date of Expiry
11-01-2019

L6230542



VISIT PASS
Immigration Regulations

Name
LIAO YONGZHAO

Date of Birth
19-04-1972

Sex
M

Nationality
CHINESE

FIN
F7436388K

Date of Issue
14-11-2015

Date of Expiry
11-01-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

96587983

DRIVER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6879844B

Name

LIN YONGYI

林 永 艺 HP. 94507583

Race

CHINESE

Date of birth

30-09-1968

Sex

M

Country/Place of birth

CHINA

S6879844B

5415420

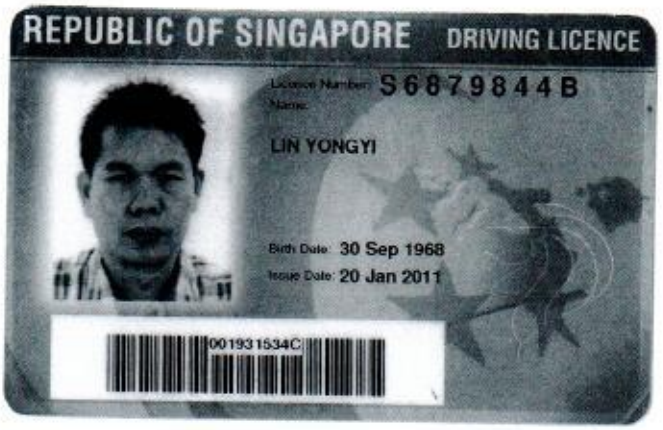
NRIC No. S6879844B

Date of issue

23-01-2015

Address

APT BLK 446 HOUGANG AVENUE 8
#04-1625
SINGAPORE 530446


REPUBLIC OF SINGAPORE
DRIVING LICENCE
Licence Number: S6879844B
Name:
LIN YONGYI
Birth Date: 30 Sep 1968
Issue Date: 20 Jan 2011
001931534C


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 08 Dec 1997
Licence No: S6879844B
NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident 08/05/2018 19:15
Vehicle No.(For Motor) SLR4588H

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5093216575	LIAO YONGZHAO	F7436388K	GPC	drivo CLASSIC	SLR4588H	SLR4588H	16/08/2017	15/08/2018

Continue

Claim Handling

Accident MT/0993697

Policy No.	5093216575	Vehicle No.	SLR4588H	GST Registration No.	
Policyholder Name	LIAO YONGZHAO			Policyholder NRIC	F7436388K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96587983	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	09/05/2018 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/05/2018	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON ROAD				

Benefits

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 109 #07-24	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560109	Address Type	Singapore address	Post Code	560109
Unit No.	07-24	Related Policy Number	5093216575		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIN YONGYI	Driver NRIC	S6879844B	Driver DOB	30/09/1968
Register Date of Driver License	08/12/1997	Driver Age	49	Driving Experience	20
Contact No.(Mobile)	94502583	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 446	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530446
Address 4		Address Type	Singapore address	Post Code	530446
Unit No.	#04-1625				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIAO YONGZHAO	Insured NRIC	F7436388K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLR4588H	TP Vehicle Number	SLC7357M
Claim Description	SLR4588H / SLC7357M ON 8 May 2018			Name of Preferred Workshop	SM AUTOMOTIVE
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	09/05/2018 17:25	Claim Close Date		Date Received	09/05/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/0993697	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/05/2018 00:00

Path *	Category *	Confidential	Urgency *	Descr
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

Clear | Please Select | NO | Normal
Clear | Please Select | NO | Normal
Clear | Please Select | NO | Normal

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:24	SAS	Normal	SAS 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:24	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:24	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:24	Photos	Normal	Photos 2018-5-9
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:23	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 17:23	Photos	Normal	Photos 2018-5-9

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading