

NATIONAL Assessment Centre Services

part 1 (2005)

MMA 118067273

Date In	23/15/18 17:24	Job description	Date & Time Completed	Done by
Ref No	MA/INC18009412/64	SAS e-filing		
Veh No	SJH 322K	E-mail (within Strs, MC 2hrs)		
U.O.A	23/15/18 16:00	i-Motor Claim Form	MT/0995654 <sup>001</sup>	24/15/18 09:22
OD / TP <u>Resurvey</u> Only		i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **GW 682PK.** 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

MA1803254

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$10);		30.00	
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) NI: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services -			
<b>QP*</b>			
*N5: Courtesy Car / Tpt Allowance		\$5	
*N6: Repair Coordination		\$10	
*N7: Post Repair Inspection		\$25	
*N8: DV / Collect Excess Coordination		\$5	
IP (N11) - IP (Non INC) against INC		\$20	
9) NI2: Idac Mobile		\$0	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat 1:

Pat 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 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	23/05/2018 17:24
Date Of Accident	23/05/2018 16:00
Exact Location Of Accident	TELOK KURAU RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH322K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYFFE3 PTE. LTD.
Co Reg No	201717454G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90067922

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094256411-01
Cover Note Number	-

### Driver

Name of Driver	HAN YUN CHOU
NRIC No	S1785803C
Date Of Birth	20/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1986
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84405623
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 57 CIRCUIT RD #03-129
Postcode	370057
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	COLLISION - U-TURN
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?	
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: : UNKNOWN
	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 TRAVELLING ALONG TELOK KURAU RD, BEFORE MAKING A U TURN, I CHECK THAT WAS NO VEHICLE COMING FROM BEHIND. WHILE MAKING THE U TURN, SUDDENLY VEH B (BEARING NO GW6828K) COME FROM MY RIGHT SIDE AND HIT ONTO MY VEH RIGHT FRONT 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	GW6828K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

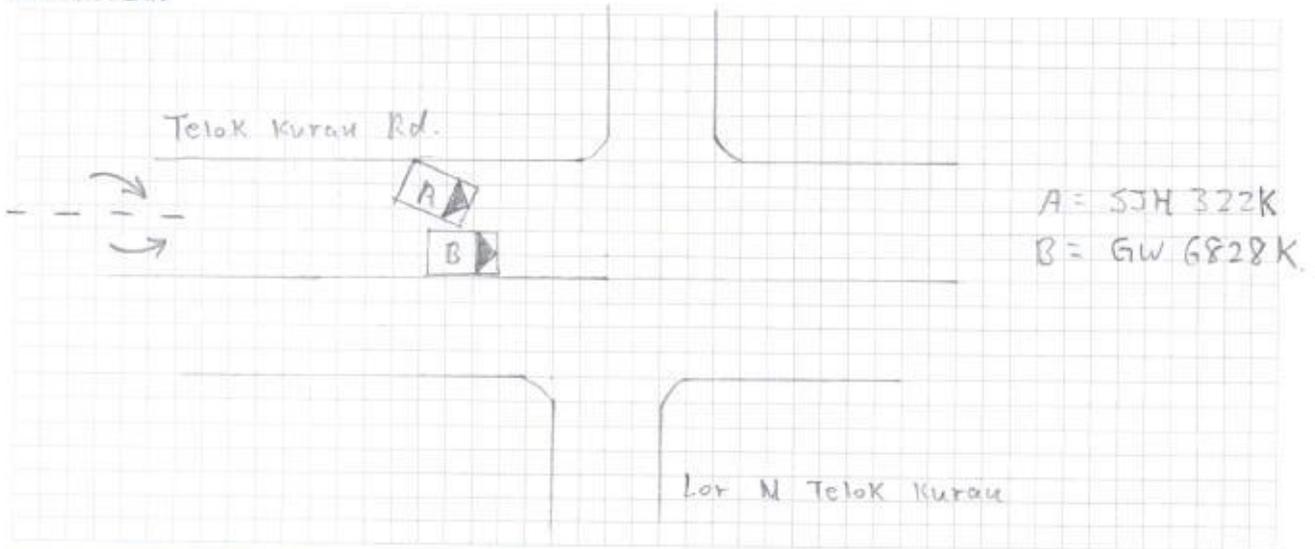
LYFFEE3 PTE LTD

\_\_\_\_\_  
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.

LYFFE3 PTE LTD

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: **S1785803C**  
 Name: **HAN YUN CHOU**  
 Birth Date: **20 Jan 1967**  
 Issue Date: **05 May 2015**

002423628E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1785803C**



Name: **HAN YUN CHOU**



韓運時  
 Race: **CHINESE**  
 Date of Birth: **20-01-1967** Sex: **M**  
 Country of Birth: **SINGAPORE**

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: **10 Nov 1986**

NP 428A

Licence No: **S1785803C**



2735085



NRIC No: **S1785803C**



Blood Group: **B+** Date of issue: **14-11-1995**  
**APT BLK 57 CIRCUIT ROAD #03-129**  
**SINGAPORE 370057**  
 NRIC No: **S1785803C** Date: **21/04/2017**

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094256411-01	LYFFE3 PTE. LTD.	201717454G	GFT	Third Party	SJH322K	SJH322K	13/04/2018	

Continue

▼ Policy Information

Policy No.	5094256411-01	Policyholder Name	LYFFE3 PTE. LTD.	Policyholder NRIC	201717454G
Address	711 GEYLANG ROAD #01-01 ORIENTAL VENTURE BUILDING SINGAPORE 389626				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/03/2018	Effective Date	13/04/2018 00:00	Expiry Date	12/04/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	MAH YEE WEI	Agent Tel.	62221889	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VENTURE BU	Address 3	SINGAPORE 389626
Address 4		Address Type	Singapore address	Post Code	389626
Unit No.	08-82	Related Policy Number	5094256411-01		

▶ Insured Object: SJH322K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/04/2018 00:00	Basic Information Endorsement	000001286779995	Endorsement Take Effective	Update CI usage
2	13/04/2018 00:00	Basic Information Endorsement	000001286810792	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJE7622P 04-05-2018 \$1,109.68 In view of this amendment, a refund of \$1,109.68 (inclusive of GST) will be adjusted against the outstanding premium.

Continue

Cancel

## Claim Handling

## Accident MT/0995654

Policy No.	5094256411-01	Vehicle No.	SJH322K	GST Registration No.	
Policyholder Name	LYFFE3 PTE. LTD.			Policyholder NRIC	201717454G
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90067922	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	24/05/2018 09:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	23/05/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELOK KURAU RD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VENTURE BU.	Address 3	SINGAPORE 389626
Address 4		Address Type	Singapore address	Post Code	389626
Unit No.	08-82	Related Policy Number	5094256411-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/01/1967
Unnamed driver Name	HAN YUN CHOU	Driver NRIC	S1785803C	Driving Experience	31
Register Date of Driver License	10/11/1986	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	84405623	Contact No.(Office)		Address 3	MACPHERSON GARDEN
Address 1	BLK 57 #03-129	Address 2	CIRCUIT ROAD	Post Code	370057
Address 4	SINGAPORE 370057	Address Type	Singapore address		
Unit No.	03-129	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LYFFE3 PTE. LTD.	Insured NRIC	201717454G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJH322K	TP Vehicle Number	GW6828K
Claim Description	SJH322K / GW6828K ON 23 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/05/2018 00:00
Date Registered	24/05/2018 09:21	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0995654	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/05/2018 09:22		
Path *		Category *	Confidential	Urgency *	Descr
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:22	SAS	Normal	SAS 2018-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:22	Photos	Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:21	Photos	Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:21	Photos	Normal	Photos 2018-5-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:21	Photos	Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:21	Photos	Normal	Photos 2018-5-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:21	Photos	Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 09:21	Photos	Normal	Photos 2018-5-24

Video List

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