

NATIONAL Assessment Centre Services

Date In: 30/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009700/13	SAS e-filing		
Veh No: SLL28025	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/05/18 0930	i-Motor Claim Form	MT/0996519-001	
OD: (1P) 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: GBA46945	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

NA1803418	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
	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*		
QC Checked by (Engr-In-Charge):	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	30/05/2018 12:29
Date Of Accident	29/05/2018 09:30
Exact Location Of Accident	T-JUNC OF JOO CHIAT RD & RAMBUTAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2802J
Insured/Policyholder	
Name Of Registered Owner	LAI YU CHU
NRIC No	S8309828G
Email Address	ANDYLAI83@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96246239
Alternative Phone No	OTHERS-96246239

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5094014093
Cover Note Number	

Driver

Name of Driver	LAI YU CHU
NRIC No	S8309828G
Date Of Birth	28/03/1983
Occupation	INDOOR
Date Of Driving Pass	13/10/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246239
Fax Number	
Contact Number	OTHERS-96246239
Email Address	ANDYLAI83@HOTMAIL.COM

Address	BLK 42 CIRCUIT RD #02-517
Postcode	370042
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : AJ LAI CHENG YI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180529/2035

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA4694S
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.

Policyholder's Signature

Date & Time: 30/5/18

Driver's Signature

(If driver is not the policyholder)

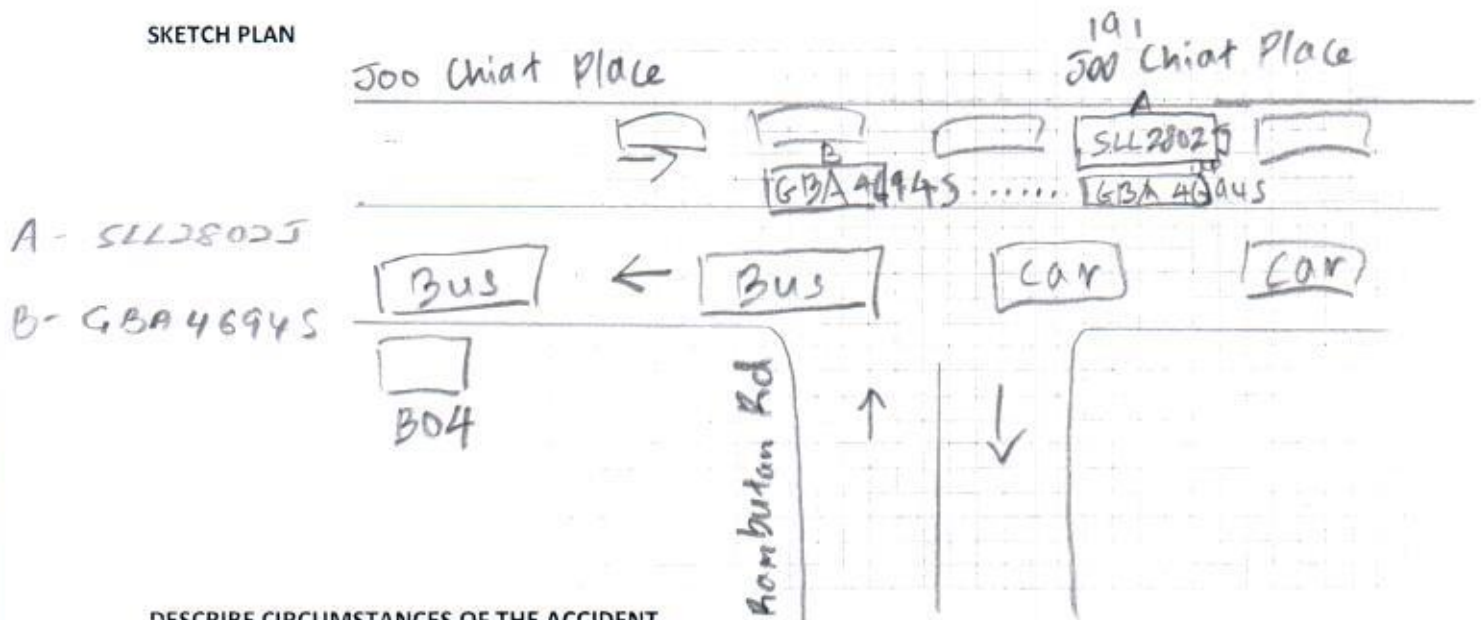
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s ref to the police report: T/20180529/2035

DECLARATION

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

Policyholder's Signature

Date & Time: 30/5/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180529/2035

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180529/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2018 10:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LAI YU CHU			Address: 42 CIRCUIT RD #02-517 HDB-MACPHERSON SINGAPORE 370042	
ID Type / ID No.: NRIC NO / S8309828G			Contact No.: Home/Office:	Mobile: 96246239
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 28/03/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BOOK KEEPER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/05/2018 09:30	Type of Location: T-Junction
Location: JOO CHIAT PLACE T JUNCTION OF JOO CHIAT ROAD AND RAMBUTAN ROAD, PARKED NEAR 191 JOO CHIAT PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA4694S	Van	MERCEDES BENZ	VITO 111 VAN CDI	Silver		0
SLL2802J	Car	TOYOTA	HARRIER ELEGANCE 2.0 CVT 2WD	White		1



**SINGAPORE
POLICE FORCE**



T/20180529/2035

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180529/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL2802J	NTUC Income Insurance Co-Operative Limited	5094014093	20/09/2017	19/09/2018

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS AT THE SAID LOCATION AND MY VEHICLE WAS STATIONARY AT A SINGLE WHITE LINE
ROAD, I WAS IN THE CAR WITH MY SON WHEN SUDDENLY I HEARD A LOUD BANG FROM MY
RIGHT SIDE OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE AND CHECK FOR THE DAMAGES
AND TO FIND OUT THAT MY RIGHT SIDE MIRROR COVER FLEW INFRONT OF THE ROAD. THE
VEHICLE OF (GBA4694S) DID MANAGE TO SLOW DOWN AFTER THE HIT FROM MY VEHICLE BUT
DID NOT STOP, BUT STOP AT THE INFRONT TRAFFIC LIGHT JUNCTION BECAUSE THE LIGHT
WAS RED. I CAN'T CHASE AFTER THAT VEHICLE BECAUSE I HAVE A 6 YEARS OLD SON AT THE
PASSENGER SEAT. I HAVE VIDEO FOOTAGE WITH ME.



**SINGAPORE
POLICE FORCE**



T/20180529/2035

3 of 3

Report No. T/20180529/2035

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
NG JUN JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/05/2018 10:43

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8309828G**

Name: **LAI YU CHU**

Birth Date: **28 Mar 1983**
Issue Date: **13 Oct 2005**

001375975B




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8309828G**

Name: **LAI YU CHU**

黎 育 初

Race: **CHINESE**
Date of birth: **28-03-1983** Sex: **M**
Country of birth: **SINGAPORE**






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

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg

PASS DATE
13 Oct 2005

Licence No: S8309828G

NP 428A



4956919

NRIC No: S8309828G

Date of issue
03-04-2013

APT BLK 42 CIRCUIT ROAD #02-517
SINGAPORE 370042
NRIC No: S8309828G **Date: 31/03/2014**




Hello, NAC_PAYA_UBI_800601

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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"/>	5094014093	LAI YU CHU	S8309828G	GPC	drivo CLASSIC	SLL2802J	SLL2802J	20/09/2017	19/09/2018

5/30/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Claim Handling

Accident MT/0996519

Policy No.	5094014093	Vehicle No.	SLL28023	GST Registration No.	
Policyholder Name	LAI YU CHU	Cover Type	drive CLASSIC	Policyholder NRIC	S8309828G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96246239	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	30/05/2018 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	29/05/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	T-JUNC OF JOO CHIAT RD & RAMBUTAN RD.				
Benefits					
Coverage		Sum Insured	999999999.99		
Excess Waiver					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 42 #02-517	Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370042
Address 4		Address Type	Singapore address	Post Code	370042
Unit No.	02-517	Related Policy Number	5094014093		
OI Driver Info					
Driver Name	LAI YU CHU	Driver Type	Main Driver	Driver DOB	28/03/1983
Unnamed driver Name		Driver NRIC	S8309828G	Driving Experience	12
Register Date of Driver License	13/10/2005	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	96246239	Contact No.(Office)	0	Address 3	SINGAPORE 370042
Address 1	BLK 42	Address 2	CIRCUIT ROAD	Post Code	370042
Address 4		Address Type	Singapore address		
Unit No.	#02-517			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LAI YU CHU	Insured NRIC	S8309828G
Contact No.(Mobile)	96246239	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	jabroni83@hotmail.com	OI Vehicle Number	SLL28023	TP Vehicle Number	GBA4694S
Claim Description	SLL28023 / GBA4694S ON 29 May 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	30/05/2018 18:07	Claim Close Date		Date Received	30/05/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0996519	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
		Descr	

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?style=1&saction=&odOrTp=1&isWorkshop=®Check=1&taskInstanceId=192121342&taskId=50>

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
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 30 May 2018 18:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:07	SAS	Normal	SAS 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:07	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:07	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:07	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:06	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:06	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:06	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:06	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:06	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:06	Photos	Normal	Photos 2018-5-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
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