

# NATIONAL Assessment Centre Services

[Ref: JAN05]

MAA418081333

Date In: 25/06/2018 11:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X1804046014			
Veh No: SKF 59554	E-mail (within 2hrs, AIC 2hrs):		
D.O.A: 24/06/2018 15:20	i-Motor Claim Form	m.1/0999839-001	25/06/2018 11:32
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: SKF 7139 B

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

NA804046

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

(1st Bill)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2 / 3:

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$130	
5) RT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) N1: Idno DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
ON*	
*N3: 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: Idno 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	25/06/2018 11:14
Date Of Accident	24/06/2018 15:20
Exact Location Of Accident	1KM B/F CIQ SULTAN ABU BAKAR TG KUPANG TWRDS S'POR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5955U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUI JIA XU
NRIC No	S7972283I
Email Address	LUIJESSE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97919372
Alternative Phone No	OTHERS-97919372

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	5097715604
Cover Note Number	

### Driver

Name of Driver	LUI JIA XU
NRIC No	S7972283I
Date Of Birth	20/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919372
Fax Number	
Contact Number	OTHERS-97919372
Email Address	LUIJESSE@GMAIL.COM

Address	BLK 473 CHOA CHU KANG AVENUE 3 #15-175
Postcode	680473
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	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	2
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER 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

PLEASE REFER TO SKETCH PLAN

#### 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	SKF7139B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EMMANUEL LOW ZHICHENG
NRIC/Passport Number	S9080570C
Contact Number	92967761
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER: :

### SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 &amp; Time:

25 Jun 2018

0930

Driver's Signature

(If driver is not the policyholder)

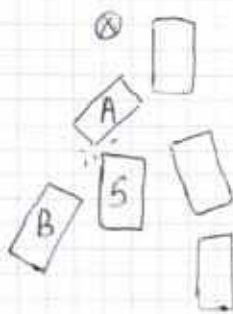
Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.

# SKETCH PLAN



Time: 1515  
Date: 24 Jun 2018



Time: 1520  
Date: 24 Jun 2018

A: ?  
B: SKF7139B  
S: SKG9955U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Prior to the contact with vehicle B, I made a slight contact with vehicle A. Vehicle A's ~~owner~~ driver came out from the car to check the ~~veh~~ his vehicle, that's when I realised I made contact. He just asked me to be careful and moved on in front of me as the queue of vehicles progressed. The merging of lanes happened on the right hand side of the vehicle, so I moved on as there was ~~no~~ a traffic controller in front signalling me to merge to the right.

There after, there was at least <sup>one</sup> ~~a~~ car from the other lanes ~~at~~ on my right moved forward and I drove on. Suddenly, there was a slight jerk on my car from the left hand side. I stopped my car went out to check. I saw the driver (Emmanuel) came out and he asked me to relax and said that I was affected by the incident earlier (with vehicle A). Another passenger (female) from the vehicle B came out & shouted at me, "This is not even our car. You must pay for the car now." I did not respond to her. I spoke to the driver and ~~we~~ took photos of each other's car & IC. We exchanged contact too. I offered to discuss about settlement later. He mentioned he was not moving.

Page 1 of 2

## DECLARATION

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

Policyholder's Signature  
Date & Time: 25 Jun 2018  
0930

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

Reporting Centre Personnel's Signature  
Name: 25/6/2018  
NRIC/FIN No.: Pasdiana

# SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Continued---

At 1530, Emmanuel called me and asked me how to settle. I ~~asked~~<sup>told</sup> him that I believed it was just paintwork damage & offered to ask him bring his vehicle to the workshop I know. I ~~ask~~ told him that I'll check which workshop before I contact him again.

At 1540, Emmanuel called me and I told him that I was still checking. He mentioned again that he knew I was affected by the incident earlier.

At 1554, I whatsapped to him ~~to~~ that all the workshops were closed on Sunday. He called me after that and said that he had called up his sister. His sister insisted to send the vehicle to BMW service Centre. He whatsapped me that he'll make a police report on this.

At 2100, Emmanuel called me & mentioned he'll send the vehicle to BMW service centre on Monday morning. He said he'll let me know the cost before repairing. He also apologized about her girlfriend shouted at me. He told me that they were quarrelling at the time of the accident.

At this & In conclusion, I believed ~~he~~ ran into me instead of I ~~ran~~<sup>ran</sup> into him.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 25 Jun 2018

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

Reporting Centre Personnel's Signature  
Name: 25/06/2018  
NRIC/FIN No.: 9001 111111

0930

### ▼ Accident Details

Benefits

▼ GST Registered Information

Policyholder Mailing Address

 **BI Driver Info**

### Declaration

#### Modification History

Claim 001 [new](#)[Print this letter](#)

Save Submit



Parti •

Attachment List

<http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:32	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:31	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:31	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:31	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:31	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 11:31	SAS	Normal	SAS 2018-6-25	<a href="#">Edit</a>

[Video List](#)

Uploaded By/Date	Folder Date	File Name	?	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		

## ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 06 / 2018) (DD/MM/YYYY), TIME: (15 : 20) (HH:MM)

LOCATION: ~~Before~~ 1 km before C1Q Sultan Abu Bakar Tanjung Kupang (towards Singapore)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG5955U  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5097715604  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Allion  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: LUI JIA XU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S71722831 CONTACT: 97919372  
c) ADDRESS: 473 Choa Chu Kang Ave 3 #15-175  
S(680473)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (20 / 01 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 Nov 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Self

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GKF7139B MODEL: BMW  
b) DRIVER'S NAME: Emmanuel Low ZhiCheng  
c) NRIC/FIN/PASSPORT: S9080570C CONTACT: 92967761

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = LuiJesse@gmail.com

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S79722831



LUI JIA XU  
雷家煦  
CHINESE  
Date of Birth: 20-01-1979 Sex: M  
Country of Birth: MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S79722831  
Name: LUI JIA XU  
Birth Date: 20 Jan 1979  
Issue Date: 24 May 2006




8367803



NRIC No: S79722831



Nationality: MALAYSIAN  
Blood Group: O+ Date of issue: 11-08-2000

APT BLK 473 CHOA CHU KANG AVENUE 3 #15-175  
SINGAPORE 680473  
NRIC No: S79722831 Date: 02/08/2012 (R) No: 7082582


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars < 3000kg with <= 4 passengers exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: 11 Nov 2006

NP 4234

Licence No: S79722831



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5097715604

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKG5955U**  
Chassis Number : **NZT2603034609**
2. Name of Policyholder : **LUI JIA XU**
3. Effective Date of Insurance : **29 Jan 2018**
4. Expiry Date of Insurance : **13 Aug 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LUI JIA XU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : IMOTOR INSURE (00000573595)  
Date of Issue : 29 Jan 2018 12:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**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 : MAY 18081333 Vehicle Registration No: SKG 5955 U  
Name (as shown in NRIC) : LUI JIA XU NRIC/FIN/Passport No : S9972831  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 473 Choa Chu Kang Ave 3 #15-175 Singapore 680473  
Contact (Tel) : 66990420 Mobile No. : 97919372  
Email Address : Lui Jesse @ Gmail. com  
Date of Accident : 24 Jun 2018 Time of Accident : 1520  
Place of Accident : 1 km b/f CIO Sultan Abu Bakar Tg Kupang Towards Singapore  
Insurance Company : NTUC Income

**(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 - To change from "Reporting" to "Third Party Claim".
- ② To Insurer Photos damage should be Rear Left Side

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: 25/06/2018  
NRIC/FIN No: [Signature]  
Date: