

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA18 130791

Date In: 9/10/18 - 11:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC18 018325/24	SAS e-filing		
Veh No: SJ 60226	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 18/10/18 - 08:15	i-Motor Claim Form	M71 1012751 - 002	9/10/18 18:39
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:	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

NA 806444	Invoice Preparation Checklist	Amt (\$) Net Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
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)		
Ref. 1:	6) TR : Re-inspection \$75		
Ref. 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 (Non INC) against INC \$20		
	9) N12: Idac 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 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. 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	09/10/2018 11:08
Date Of Accident	18/09/2018 08:15
Exact Location Of Accident	RIVERSAILS CONDOMINIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6022C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.3L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095598918
Cover Note Number	

### Driver

Name of Driver	CHEN YIXIAN, JOSHUA
NRIC No	S8832178B
Date Of Birth	03/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98712798
Fax Number	
Contact Number	OFFICE-98712798
EMail Address	NOEMAIL

Address	BLK 164C RIVERVALE CRESCENT #07-268
Postcode	543164
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - F/20180927/2052.

#### Attachment(s)

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



## 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.

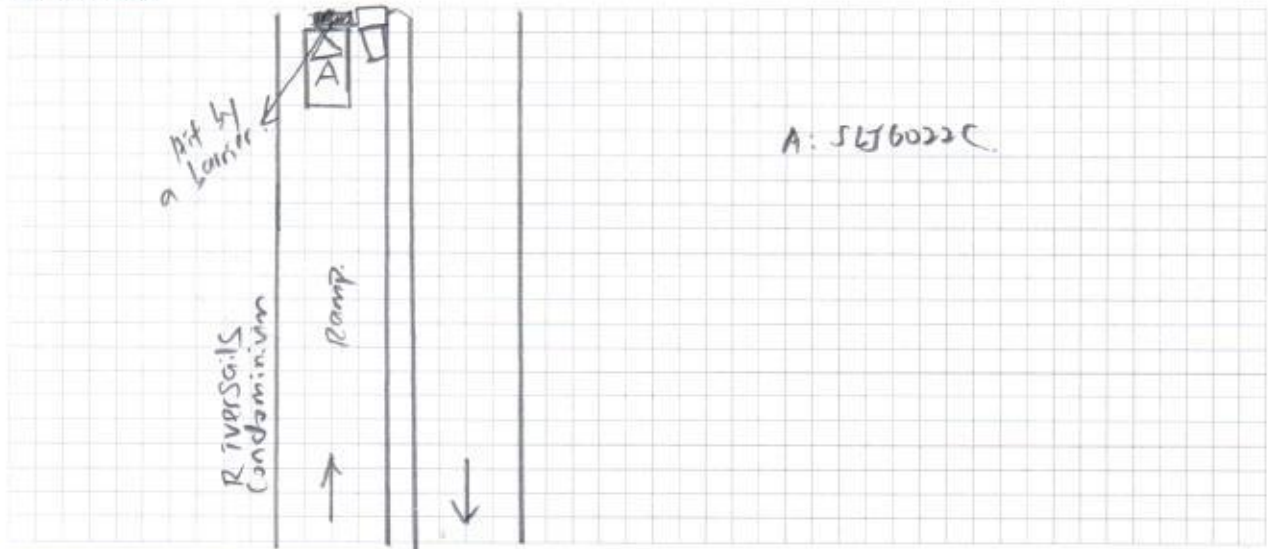


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/09/18  
1140hrs

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - P/20180927/2052.

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## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIA/PMC Sketch/IncForm\_V3

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

28/09/18  
1140hrs

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 9 / 18) (DD/MM/YYYY), TIME: (08 : 15) (HH:MM)

LOCATION: Riverside Condominium

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ6022C  
b) INSURANCE COMPANY: NTJC  
c) POLICY NUMBER: 5045598918  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use.  
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: Reliable Riders Hk Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

## DRIVER

- a) NAME: Chen Yixian, Jiahua (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 58872178B CONTACT: 98712798  
c) ADDRESS: 11K 16VC Riverside Crescent 907-268 8V46V

\*d) DATE OF BIRTH: (3 / 9 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4/3/2009

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

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: Lingling NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

Email =

fax =

VIDEO =



**SINGAPORE  
POLICE FORCE**



F/20180927/2052

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20180927/2052

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 27/09/2018 12:04	Vide Report No.	Station Diary No. 53		
Name Of Informant CHEN YIXIAN, JOSHUA	Address APT BLK 164C RIVERVALE CRESCENT #07-268 SINGAPORE 543164			
ID Type / ID No. NRIC NO / S8832178B	Contact No. Home/Office	Mobile 98712798		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation PROJECT MANAGER	Sex Male	Age 30	Date of Birth 03/09/1988	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 18/09/2018 08:15	Location Of Incident 8 UPPER SERANGOON CRESCENT RIVERSAILS SINGAPORE 534032 Main carpark entrance			

**Brief details.**

On the 18/09/2018, at around 0815hrs, while I was entering 8 Upper Serangoon Crescent (Riversails) from the main carpark entrance to pick up my grab passenger, the carpark barrier close shut and hit my vehicle's (SLJ6022C) windscreen. Before that I was given the permission from the security guard to follow the vehicle in front of my vehicle and enter. To my knowledge, the carpark barrier is not manually controlled. When I was about to leave the condominium vicinity, the security guard stopped me and took

Signature Of Officer Recording The Report: F / Sgt 2 PHUA WEN XUE <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i> 27/09/18
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2018 12:04
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 2 PHUA WEN XUE Contact No.: 18003438999	Classification Of Case:

**Authentication Stamp**







POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180927/2052

down my particulars and told me that it was required for their management for the follow up.

On the 19/09/2018, at 1645hrs, Terrence (97884733) from the Riversails Management called and alleged me that my vehicle has damaged the carpark barrier and asked for compensation. However, I told him the situation and he informed that he will get back to me.

Thereafter, on the 20/09/2018, I returned the vehicle back to Reliable Rides Pte Ltd and they informed me that there were no damages found.

On the 27/09/2018, at 1013hrs, I received message from Terrence stating that the management side has already filed an insurance claim for the damage of the barrier and he requested me to file an insurance claim from my side too. However, when I asked him if I am able to view the CCTV footage of the accident, he refused.

I want to highlight that I do not have my vehicle CCTV footage as it has been override.

I am lodging this report for the rental's company insurance follow up.

Signature Of Officer Recording The Report:

F / Sgt 2 PHUA WEN XUE

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
Sgt 2 PHUA WEN XUE  
Contact No.: 18003438999

Signature Of Informant:

  
27/09/18

Date/Time:  
27/09/2018 12:04

Classification Of Case:

Authentication Stamp





**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S8832178B**  
 Name  
**CHEN YIXIAN, JOSHUA**  
 Birth Date **03 Sep 1988**  
 Issue Date **09 Mar 2009**

00171746561

**REPUBLIC OF SINGAPORE**


 IDENTITY CARD NO. **S8832178B**


Name  
**CHEN YIXIAN, JOSHUA**  
 陈毅贤  
 Race  
**CHINESE**  
 Date of birth  
**03-09-1988** Sex  
**M**  
 Country of birth  
**SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES**

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Mar 2009

NP 428A

Licence No: S8832178B

3398751


 NRIC No **S8832178B**


 Date of issue  
**09-09-2003**

**APT BLK 164C RIVERVALE CRESCENT #07-268**  
**SINGAPORE 543164**  
 NRIC No: S8832178B Date: 28/10/2015

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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095598918		RELIABLE RIDES PTE LTD	201611527N	GPC	drive CLASSIC	SLJ6022C	SLJ6022C	03/01/2018	05/11/2018



## Claim Handling

- Exit

## Accident MT/1012751

Policy No.	SD95598818	Vehicle No.	SLJ6022C	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remarks		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
<b>Accident Details</b>					
Report Date	24/09/2018 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	18/09/2018	Time of Accident hh:mm	08:03	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	25/09/2018 10:12:16 Deborah Mui changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5094551582-01		

## OI Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No. (Mobile)		Driver Age		Contact No. (Home)	
Address 1		Contact No. (Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	66351820
Email Address		OI Vehicle Number	SLJ6022C	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLJ6022C ON 18 Sept 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/10/2018 00:00
Date Registered	09/10/2018 18:39	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1012751	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2018 18:41		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	

