

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MNA 118136218

| | | | |
|----------------------------|--|-----------------------|----------------|
| Date In: 20/10/18 12:05 | Job description | Date & Time Completed | Done by |
| Ref No: NA 11MC18019076/64 | SAS e-filing | | |
| Veh No: ER 250 R | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 13/10/18 18:30 | i-Motor Claim Form | MT/101645001 | 20/10/18 17:01 |
| 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:

SLT 11605

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% P: 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 repaier.

() 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1806719

Invoice Preparation Checklist

Ant (\$)

Inc Bill

Ant (\$)

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 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 \$120
- 5) PT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idao Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Ant (\$)

Inc Bill

Ant (\$)

Add Bill

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 | 20/10/2018 12:05 |
| Date Of Accident | 13/10/2018 18:30 |
| Exact Location Of Accident | TANJONG PAGAR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | ER250R |
| Insured/Policyholder | |
| Name Of Registered Owner | LUM CHEE KOK |
| NRIC No | S1311800J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98588686 |
| Alternative Phone No | OFFICE-98588686 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | Z4 2.2i A |
| 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 | 5069158573-03 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HUANG SHIHUI |
| NRIC No | S9024039J |
| Date Of Birth | 10/07/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/03/2012 |
| Driving Experience | 6 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92282229 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | BLK 71 MARINE DR #20-230 |
| Postcode | 440071 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - FATHER IN LAW |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLT1160S |
| 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.

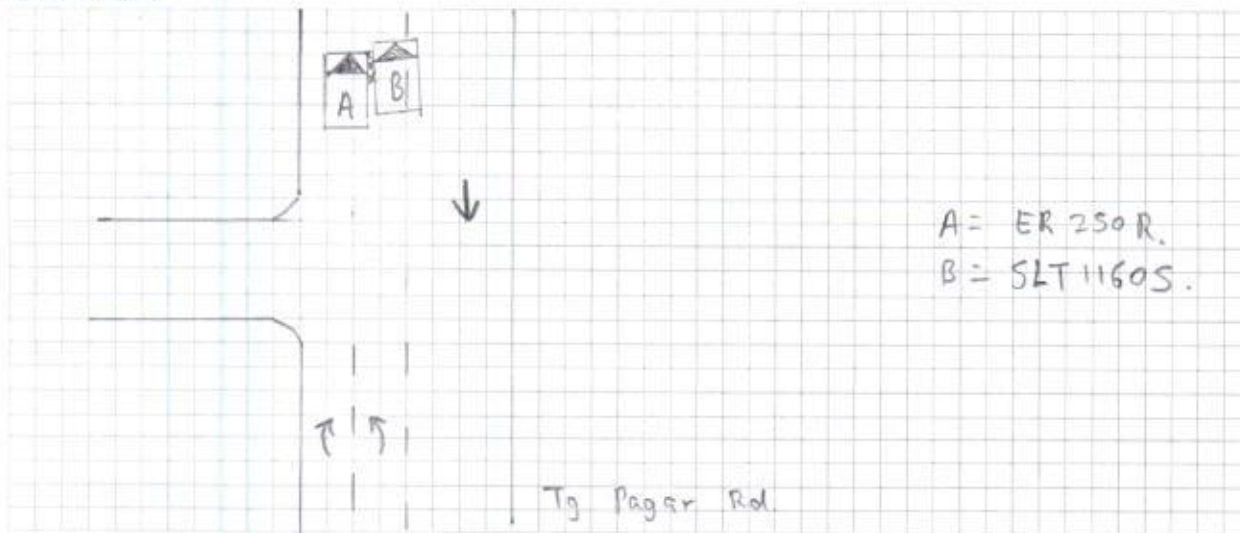
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/10/2018

12.15pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling towards Tg Pagar Road on 13/10/2018 at about 6:30pm.
 I was exiting a merging lane ~~at~~ into a 1 way carriage road when
 a white car ~~swerved~~ swerved into my lane and hit onto my right
~~the~~ side mirror.

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: 20/10/18
 12:15pm

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9024039J



Name
HUANG SHIHUI

黄诗惠

Race
CHINESE

Date of birth
10-07-1990 F

Country of birth
SINGAPORE

S9024039J

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9024039J

Name

HUANG SHIHUI

Birth Date 10 Jul 1990

Issue Date 26 Mar 2012



002054260C

3740490



NRIC No. S9024039J



Date of issue
11-07-2005

Address

APT BLK 71 MARINE DRIVE
#20-230
SINGAPORE 440071

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

EFFECTIVE DATE

26 Mar 2012

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

License No: S9024039J

NP 428A

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

13/10/2018 11:48

Vehicle No.(For Motor)

ER250R

Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5069158573-03 | | LUM CHEE KOK | S1311800J | GPC | drivo CLASSIC | ER250R | ER250R | 06/03/2018 | 05/03/2019 |

Continue

Claim Handling

Accident MT/1016450

| | | | | | |
|---|--|-------------------------------|--|------------------------|--------------|
| Policy No. | 5069158573-03 | Vehicle No. | ER250R | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LUM CHEE KOK | | | Policyholder NRIC | 513110 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 98588686 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 20/10/2018 16:52 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 13/10/2018 | Time of Accident hh:mm | 18:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | TANJONG PAGAR RD | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 1,500.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 500.00 | Outside Singapore OD Excess | 1,500.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| ▼ Benefits | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | | Yes | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 887 #02-1016 | Address 2 | TAMPINES STREET 81 | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 52088 |
| Unit No. | | Related Policy Number | 5069158573-03 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | HUANG SHIHUI | Driver NRIC | S9024039J | Driver DOB | 10/07/ |
| Register Date of Driver License | 26/03/2012 | Driver Age | 28 | Driving Experience | 6 |
| Contact No.(Mobile) | 92282229 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 71 #20-230 | Address 2 | MARINE DRIVE | Address 3 | MARINE DRIVE |
| Address 4 | SINGAPORE 440071 | Address Type | Singapore address | Post Code | 44007 |
| Unit No. | 20-230 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 New

| | | | |
|---|--|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | LUM CHEE KOK |
| Contact No.(Mobile) | NIL | Contact No. (Home) | 67438552 |
| Email Address | | OI Vehicle Number | ER250R |
| Claim Description | ER250R / SLT1160S ON 13 Oct 2018 | | |
| Preferred Workshop Finalisation | <input type="radio"/> No <input type="radio"/> Yes | Insured Liability | Not at Fault |
| Date Registered | 20/10/2018 17:00 | Preferred Repair Option | Preferred Workshop, Name unknown |
| Report Taken By | LIEW SHAN HUI | GIA report | Received |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1016450 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc. Received

☒ Yes ☐ No

Upload Date

20/10/2018 17:01

Path *

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

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|----------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:01 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:01 | SAS | Normal | SAS 2018-10-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:01 | Photos | Normal | Photos 2018-10-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:01 | Photos | Normal | Photos 2018-10-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:00 | Photos | Normal | Photos 2018-10-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:00 | Photos | Normal | Photos 2018-10-20 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:00 | Photos | Normal | Photos 2018-10-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Oct 2018 17:00 | Photos | Normal | Photos 2018-10-20 |

Video List

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