

NATIONAL Assessment Centre Services [wef 1 Jan'05] **NA118 137151**

Date In: 22/12/18 - 17:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC 29191/24	SAS e-filing		
Veh No: SUCY2P	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 22/12/18 - 16:20	i-Motor Claim Form	MT/101665-021	22/12/18 19:20
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: 4M76837 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

NA1806768 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD*				
*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 (N-on INC) against INC \$20				
9) N12: Idac Mobile 30				
	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	22/10/2018 17:30
Date Of Accident	22/10/2018 16:20
Exact Location Of Accident	SLIP RD UPP CHANGI RD E TWDS SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK42D
Insured/Policyholder	
Name Of Registered Owner	XUAN QIANQIAN
NRIC No	S8774568F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81886777
Alternative Phone No	OFFICE-81886777

Vehicle Particulars

Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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	5098441309
Cover Note Number	

Driver

Name of Driver	SUN LIN
NRIC No	S8983008G
Date Of Birth	21/07/1989
Occupation	INDOOR
Date Of Driving Pass	23/01/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88186777
Fax Number	
Contact Number	OFFICE-88186777
EMail Address	NOEMAIL

Address	93 TAMPINES AVENUE 1 #12-44
Postcode	528691
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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: : XUAN QIANQIAN 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF SLIP RD UPPER CHANGI RD E AS THERE WAS INCOMING TRAFFIC ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM7683T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG KELONG
NRIC/Passport Number	G8604504X
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name SUN LIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLK42D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name XUAN QIANQIAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLK42D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

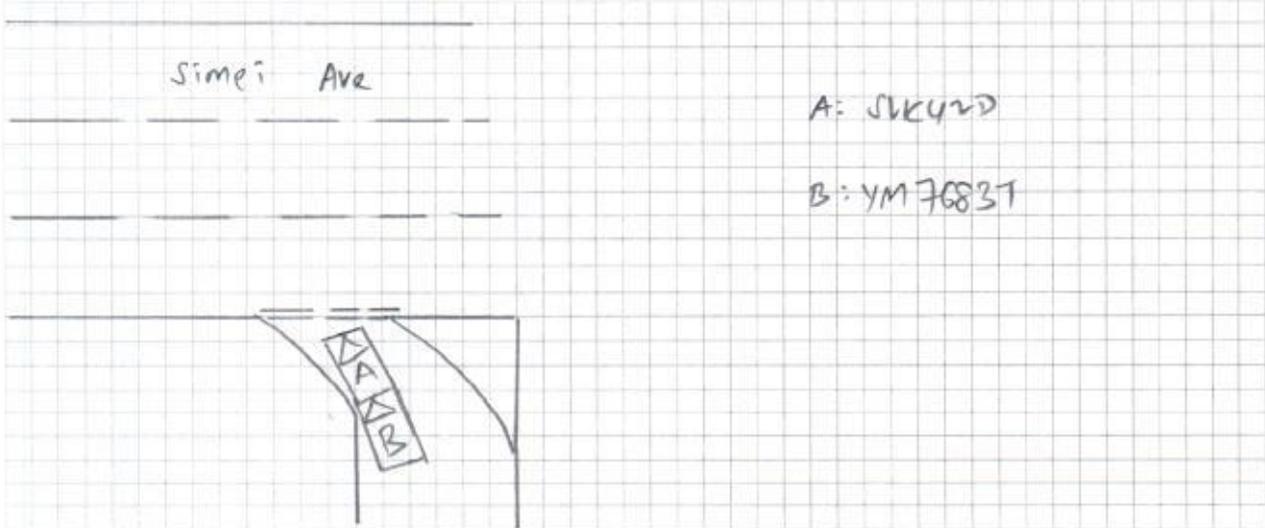
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



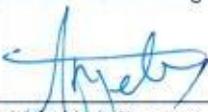
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

A large rectangular area with horizontal lines, intended for describing the accident circumstances. The text "Refer to statement." is written in blue ink at the top left. A diagonal blue line is drawn across the middle of the area.

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:



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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8983008G



Name

SUN LIN

孙霖

Race

CHINESE

Date of birth

21-07-1989

Country/Place of birth

CHINA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S89830Q8G

Name

SUN LIN

Birth Date: 21 Jul 1989

Issue Date: 16 Jun 2017



002694535A

9439934



NRIC No. S8983008G



Nationality

CHINESE

Date of issue

06-04-2017

Address

93 TAMPINES AVENUE 1
#12-44
SINGAPORE 528691

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 23 Jan 2014



Licence No: S8983008G

NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/10/2018 16:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLK42D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098441309		XUAN QIANQIAN	S8774568F	GPC	drive CLASSIC	SLK42D	SLK42D	26/02/2018	17/04/2019

Policy Information

Policy No.	5098441309	Policyholder Name	XUAN QIANQIAN	Policyholder NRIC	S8774568F
Certificate No.					
Address	93 TAMPINES AVENUE 1 #12-44 WATERVIEW SINGAPORE 528691				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/02/2018	Effective Date	26/02/2018 00:00	Expiry Date	17/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	93 TAMPINES AVENUE 1	Address 2	#12-44 WATERVIEW	Address 3	SINGAPORE 528691
Address 4		Address Type	Singapore address	Post Code	528691
Unit No.	12-44	Related Policy Number	5098441309		

Insured Object: SLK42D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Feb 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TOKYO CENTURY LEASING (S) PTE LTD CHASSIS NUMBER: WBA5A320X0D333913 ENGINE NUMBER: A4040587N20B20B VEHICLE REGISTRATION NUMBER: SLK42D
2	16/10/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Feb 2018 TO 17 Apr 2019 In view of this amendment, an additional premium of \$171.42 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 5522-53xx-xxxx-4835.

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1016655

Policy No.	S098441309	Vehicle No.	SLK42D	GST Registration No.	
Certificate No.					
Policyholder Name	XUAN QIANQIAN			Policyholder NRIC	S8774568F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81886777	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	22/10/2018 19:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/10/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	SLP RD UPP CHANGI RD E TWDS SIMEI AVE				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	93 TAMPINES AVENUE 1	Address 2	#12-44 WATERVIEW	Address 3	SINGAPORE 528691
Address 4		Address Type	Singapore address	Post Code	528691
Unit No.	12-44	Related Policy Number	S098441309		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/07/1989
Unnamed driver Name	SUN LIN	Driver NRIC	S983008G	Driving Experience	4
Register Date of Driver License	23/01/2014	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	88186777	Contact No.(Office)	0	Address 3	SINGAPORE 528691
Address 1	93 TAMPINES AVENUE 1	Address 2	WATERVIEW	Post Code	528691
Address 4		Address Type	Singapore address		
Unit No.	12-44				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification history					

Claim 001 New

Claim Type *	OD-MK	Insured Name	XUAN QIANQIAN	Insured NRIC	S8774568F
Contact No.(Mobile)	81886777	Contact No.(Home)		Contact No.(Office)	68631183
Email Address		OI Vehicle Number	SLK42D	TP Vehicle Number	YM7683T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLK42D / YM7683T ON 22 Oct 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	22/10/2018 19:20	Claim Close Date		Date Received	22/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1016655	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/10/2018 19:22
Path *		Category *	
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/> Please Select
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/> Please Select
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/> Please Select
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/> Please Select

