

NATIONAL Assessment Centre Services.

Print 1 Jan 003

NA1807677

Date In: 22/4/2018 12:36	Job description	Date & Time Completed	Done by
Ref No: NA1807677	SAS e-filing		
Veh No: 185 3028H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/08/2018 08:00	I-Motor Claim Form	MT1018761-002	23/4/2018 17:29
OID: 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: SMD 971Y	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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC) (OD) (AC) (788) (4616) (S)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1807677	Invoice Information	Invoice No: NA1807677	Invoice Date: 22/4/2018
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) YT: Follow-Through Survey (Resurvey)	\$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao 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 (Nil): TP (Non INC) against INC	\$20	
	9) NI: Idao 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	22/11/2018 12:36
Date Of Accident	24/08/2018 08:00
Exact Location Of Accident	JUNCTION AT SEMBAWANG RD TWDS MANDAI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3025H
Insured/Policyholder	
Name Of Registered Owner	NIAN DING CHAO
NRIC No	S9604135G
Email Address	DINGCHUO04@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96414398
Alternative Phone No	OTHERS-96414398

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099384983
Cover Note Number	

Driver

Name of Driver	NIAN DING CHAO
NRIC No	S9604135G
Date Of Birth	01/02/1996
Occupation	INDOOR
Date Of Driving Pass	08/03/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96414398
Fax Number	
Contact Number	OTHERS-96414398
Email Address	DINGCHUO04@HOTMAIL.COM

Address	BLK 305 YISHUN CENTRAL #05-175
Postcode	760305
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	NO COLLISION
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)	1

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	SMD971Y
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

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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**.
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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:



23/4/2018

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

UNKNOWN x10 collisions

I was unaware about this accident until
I received the NTUC income letter. dated
07/11/2018

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

Reporting Centre Personnel's Signature
Name: *Reza Khatami*
NRIC/FIN No.: *2314/2018*

Claim Handling

Task Transfer Edit

Accident MT/1018761

LOA SAL SUB

Policy No.	5099384983	Vehicle No.	FB13025H	GST Registration No.	
Certificate No.					
Policyholder Name	NIAN DING CHAO			Policyholder NRIC	59604135G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	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	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	07/11/2018 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/08/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	JUNCTION AT SEMBAWANG RD TWIDE MANDAI RD				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

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 305 #08-175	Address 2	YISHUN CENTRAL	Address 3	SINGAPORE 760305
Address 4		Address Type	Singapore address	Post Code	760305
Unit No.	#08-175	Related Policy Number	5099384983		

OI Driver Info

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

Modification History

Investigation

Claim 002 OD-MX

NEW

Claim Case Officer

LOA SAL SUB

Claim Type	OD-MX	Insured name	NIAN DING CHAO	Insured NRIC	59604135G
Contact No.(Mobile)	99414398	Contact No.(Home)		Contact No.(Office)	
Email Address	jing.chao64@hotmail.com	OI Vehicle Number	FB13025H	TP Vehicle Number	SMD971Y
Claim Description	FB13025H / SMD971Y ON 24 Aug 2018				
Preferred Workshop	<input type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop Name unknown	Insured Workshop report	Not at Fault
Phalisation Date Registered	23/11/2018 17:30	Claim Close Date		Date Received	23/11/2018 08:00
Report Taken By	ROSLI WAHAB	Workshop Repainer		Total Loss but Repaired	

☐ Print AX letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1018761	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/11/2018 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?	Action
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:29	SAS	Normal	SAS 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:29	Photos	Normal	Photos 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:29	Photos	Normal	Photos 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:29	Photos	Normal	Photos 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:25	Photos	Normal	Photos 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:25	Photos	Normal	Photos 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:25	Photos	Normal	Photos 2018-11-23	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:25	Photos	Normal	Photos 2018-11-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Nov 2018 17:25	Photos	Normal	Photos 2018-11-23	Edit

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and uploading	

Our Ref: MT/CA/TP/059/1018761-001/SL/VU

07 Nov 2018

NIAN DING CHAO
BLK 305 #08-175
YISHUN CENTRAL
SINGAPORE 760305

Dear Policyholder

CLAIM NUMBER: MT/1018761-001

ACCIDENT INVOLVING FB130254 / 3MD971Y on 21 Aug 2018

We would like to inform you that a claim for S\$1,565.14 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Police Report

ACCIDENT STATEMENT

ACCIDENT DATE: 21/08/18 (DD/MM/YYYY), TIME: 00:00 (HH:MM)

LOCATION: ~~XXXXXXXXXX~~ Unknown

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 3025H
b) INSURANCE COMPANY: NJC
c) POLICY NUMBER: 5099384983
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Benli Pulsar NS 200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ENROUTE TO SCHOOL
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: NAN DIANG LIAO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S76041356 CONTACT: 96914318
c) ADDRESS: 305 YISHUN CENTRAL #08-175
S760305

* 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: 01/02/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/03/18

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

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: Yishun North NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMJ 971Y 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: _____

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
(1)

email = dingchuo06@hotmail.com

fax = _____

✓ 1000

Singapore Civil Defence Force



SCDF
The Life Saving Force



Nian Ding Chao
S9604135G

National Service Identity Card

The holder must always carry this card as a condition of his National Service.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9604135G**

Name: **NIAN DING CHAO**

Birth Date: **01 Feb 1996**
Issue Date: **21 Dec 2016**




002640646G

D.O.B: **01/02/1996** Race: **CHINESE** Issue Date: **12/07/2016**

Address:
Blk 305 Yishun Central #08-175
Singapore 760305



Unauthorized possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited.
Any person failing to carry a registered vehicle is liable under the Singapore Civil Defence Force Act and Police Order 997.

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

	EFFECTIVE DATE
C1	08 Mar 2016
Class 2B Class 3	21 Dec 2016

Motorcycles up to 250 CC
Motor cars up to 2000 cc with not more than 7 passengers, excluding of the driver, and motor vehicles with not more than 2500 kg

S / NG 9000278760

9000278760

NP 426A



LICENCE No S9604135G

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[To Do List](#)**Policy Query**[Notice of Loss](#)

Policy No.

Date of Accident

Vehicle No.(For Motor)

FBJ3025H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099384983		NIAN DING CHAO	S9604135G	GMC	Third Party	FBJ3025H	FBJ3025H	28/03/2018	27/03/2019