

NATIONAL Assessment Centre Services. [w/ef 1 Jan 2005] **NA118152474**

Date In: 24/1/2018 15:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC/021272/Y	SAS e-filing		
Veh No: SHB 360E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/1/2018 09:05	I-Motor Claim Form	NA/1021111-001	24/1/2018
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SHB 360E** 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	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

NA1807684	Invoice Preparation Checklist	Fee Charged	Added Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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 (w/ef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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	24/11/2018 15:44
Date Of Accident	23/11/2018 09:05
Exact Location Of Accident	ALONG NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2869Y
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Insured/Policyholder

Name Of Registered Owner	LI LIHONG
NRIC No	S8078885A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97706216
Alternative Phone No	OTHERS-97706216

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	5101544311
Cover Note Number	

Driver

Name of Driver	CHEN HANPING
Passport No/FIN	F7618597L
Date Of Birth	13/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97706216
Fax Number	
Contact Number	OTHERS-97706216
EMail Address	NOEMAIL

Address	BLK 686A WOODLANDS DRIVE 73 #10-35
Postcode	731686
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)	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

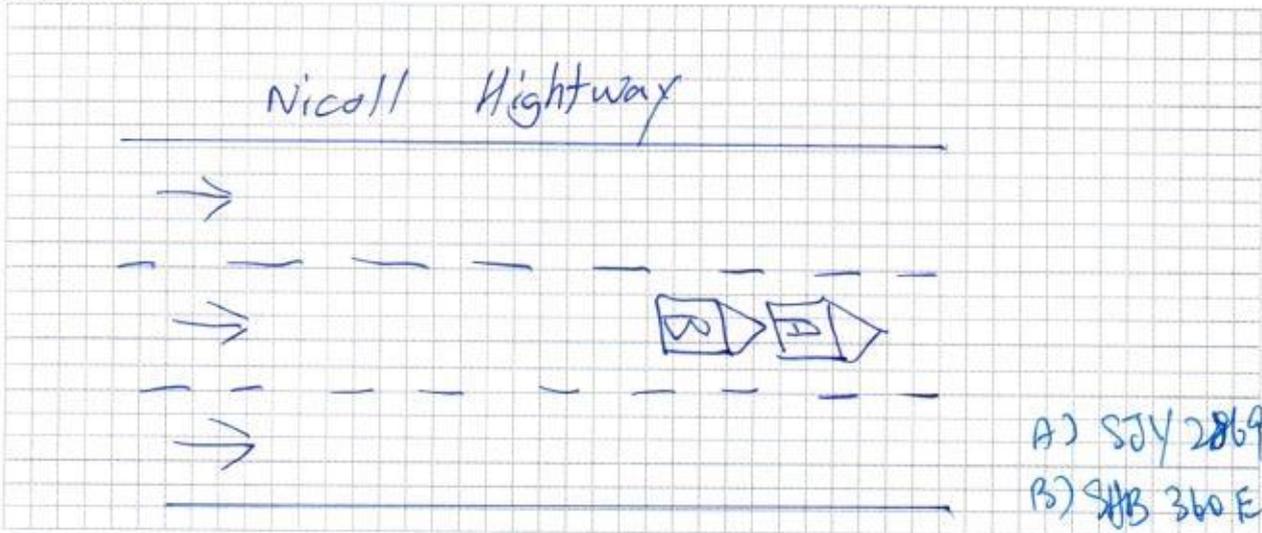
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB360E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHEN HANPING
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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving my vehicle along Nicoll Highway suddenly I feel a strong impact from my rear portion.

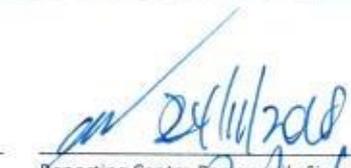
A: SJY 2869Y
B: SHB 360E

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: Reps Lutter
 NRIC/FIN No.:

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Tuesday, 27 November 2018 10:52 AM
To: 'MS Car Auto'
Cc: LKK Bukit Merah; LKK Paya Ubi
Subject: RE: MT/1021111 SJY2869Y
Attachments: SAS2510393.PDF

Importance: High

Dear Desmond,

FYI,

Refer to an attachment above the driver went to our reporting centre to file an accident report a 2nd time.

Hence, the driver have to pay the reporting fees of \$ 32.10 (including GST) for a duplicate reporting.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: LKK Bukit Merah [mailto:rsbm@lkkauto.com]

Sent: Tuesday, 27 November 2018 10:16 AM

To: LKK Paya Ubi <rspu@lkkauto.com>

Subject: FW: MT/1021111 SJY2869Y

Hi Jackson

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055

Fax: 6271 8802

Email: rsbm@lkkauto.com

From: Theresa Vimala D/O Balagangadharan [mailto:thrsvim.bala@income.com.sg]

Sent: Monday, 26 November, 2018 12:09 PM

To: 'rsbm'

Cc: Theresa Vimala D/O Balagangadharan
Subject: FW: MT/1021111 SJY2869Y

Hi Rosli

Thank you for your reply.

This case owner went to Yew Tee Automobile to do reporting on 23rd November @13:56pm.

Thereafter owner went back to NAC-BM again to do 2nd reporting on 24/11 @15.44pm.

Reason for you not able to upload is duplicate reporting.

Therefore Income will not pay NAC-BM for the 2nd Reporting as 1st Reporting already done at Yew Tee.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



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in with you

From: LKK Paya Ubi [<mailto:rspu@lkkauto.com>]
Sent: Saturday, November 24, 2018 4:05 PM
To: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Cc: ODsupport <ODsupport@income.com.sg>
Subject: MT/1021111 SJY2869Y

Hi the above mention claims cannot create abao thanks.

Best Regards,
Rosli Wahab | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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This email has been checked for viruses by AVG antivirus software.
www.avg.com

LKK Paya Ubi

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Sent: Saturday, 24 November 2018 4:05 PM
To: 'Theresa Vimala D/O Balagangadharan'
Cc: 'ODsupport'
Subject: MT/1021111 SJY2869Y
Attachments: SJY2869Y_SKETCH0003.jpg; SJY2869Y_23112018.PDF

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in with you

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EMAIL MAJOR 8700

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23 / 11 / 2018 (dd/mm/yy) Time of Accident: 09 : 05 (24-HR-FORMAT)

Vehicle No. : 55Y 2869Y Vehicle Make & Model: _____

Exact location of Accident: Nicoll Highway

Policyholder's Name / IC No. : _____

Driver's Name / IC No. : Chen Hamping 57618597L (As Above)

Driver's Contact No. : 97706216 Company Contact No: _____

Driver's Address: _____

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHB 360E

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **F7618597L**
 Name: **CHEN HANPING**

Birth Date: **13 Apr 1974**
 Issue Date: **25 Jul 2018**
 Valid Till: **24/07/2023**

002827637D



S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore



Employer:
ZHONG TIAN ENGINEERING PTE. LTD.

Name:
CHEN HANPING

S Pass No.
0 58366935

Sector:
CONSTRUCTION

0 58366935



K0380641

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

Class	Description	Effective Date
Class 3C	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver	25 Jul 2018

NP 428A

Licence No: F7618597L



VISIT PASS
 Immigration Regulations

Name:
CHEN HANPING

FIN:
F7618597L

Date of Birth:
13-04-1974

Sex:
M

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8078885A



Name

LI LIHONG

李 麗 紅

Race

CHINESE

Date of Birth

Sex

05-08-1980

F

Country of Birth

CHINA



4810322



NRIC No. S8078885A



Date of Issue

10-01-2012

Address

APT BLK 685A WOODLANDS DRIVE 73
#10-35
SINGAPORE 731685

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

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"/>	5101544311		LI LIHONG	S8078885A	GPC	drivo CLASSIC	SJY2869Y	SJY2869Y	19/06/2018	16/08/2019

Continue