

NATIONAL Assessment Centre Services. [ver 1 Jan'03]

Date In: 27/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021357/13	SAS e-filing		
Veh No: 5LL1935R	E-mail (within 3hrs, AIC 2hrs)		
DOA: 26/11/18 0830	I-Motor Claim Form	127/1021589-001	
(11) 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 Assign Wksp / QW: (TWINKAR) Tel: Fax:)

TP Particulars: Veh No: 5KR33386 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 Hotline: 6788 6616) Date and Completed by Done by

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

() QC Check / Post Repair Inspection ()

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

Injury:

Date/Time	Actions

NA/INC7775	Invoice Preparation Checklist	Am (\$)	Am (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damage Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	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 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	27/11/2018 09:40
Date Of Accident	26/11/2018 08:20
Exact Location Of Accident	SLE TWDS BKE AFT UPP THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1935R
Insured/Policyholder	
Name Of Registered Owner	RED CASTLE CO PTE. LTD.
Co Reg No	201222975N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91256311

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097963931
Cover Note Number	

Driver

Name of Driver	LIU ZHIXING
NRIC No	S8122694F
Date Of Birth	30/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96426945
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 320 HOUGANG AVE 5 #03-10
Postcode	530320
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKR3338G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81991188

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIU ZHIXING

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLL1935R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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

(A) SLL 1935 R.

(B) SKR 3338 G.



SLE towards BKE After Upper Thomson Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/11/18 at @ 0822hrs, I was travelling in my vehicle (SLL 1935 R) along SLE towards BKE after Upper Thomson exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a vehicle (SKR 3338 G) from behind, collided onto the rear portion of my vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/11/18

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

Vehicle No.	SLL 1935 R	Model / Make	Honda Shuttle
Date of Accident	26 / 11 / 18		
Time of Accident	0800 HRS		
Location of Accident	SLE towards BKE After Upper Thomson Exch.		
Exact purpose use during accident	Chauffeur		
Name of Owner	Red Castle Co. Pte Ltd.		
Telephone No.	H/P: 9125 6311	Home :	Office :
NRIC	20122975 N		
Address	59, Ubi Ave 1 #05-14 (S) 408938		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NJUC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5097963931		
Name of Driver	As Above If No, LIU ZHIXING		
NRIC	S 8122694 F	Any Passengers :	03 (2F) (1M)
Date of birth	30 / 07 / 1981		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	04 / 04 / 2025		
Gender	<u>Male</u> Female		
Contact No.	H/P: 9642 6945	Home :	Office :
Address	BK 320 Honggang Ave 5 #03-10 (S) 530320		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee, If no, state <u>Hirer</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	LIU ZHIXING (H/P: 9642 6945)		
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SKR 3338 G	Any Passengers :	Not sure
Name of Driver		Contact No. :	8199 1188
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N-A	Witness Contact :	N-A
Accident Portion	Rear Portion		
Camera Recorder	Yes <u>No</u>		
Email Address	xqxx.liu@qmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / <u>No</u>	
PARTICULAR WORKSHOP	Twin car		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixian		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8122694F**
Name:

LIU ZHIXING

Birth Date: **30 Jul 1981**
Issue Date: **26 Nov 2014**



002369596K

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8122694F



Name

LIU ZHIXING

刘志行

Race

CHINESE

Date of birth

30-07-1981

Sex

M

Country of birth

SINGAPORE

S8122694F

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

EFFECTIVE DATE

- Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 04 Apr 2005
- Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg 17 Sep 2014
- *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg



Licence No: S8122694F

NP 428A

4872921



NRIC No: **S8122694F**



Date of issue

17-08-2012

**APT BLK 320 HOUGANG AVENUE 5 #03-10
SINGAPORE 530320**

NRIC No: **S8122694F**

Date: **03/05/2017**

Name: LIU ZHIXING

NRIC: S8122694F

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

PDVL Commencement Date: 23 AUG 2016

2. You must **display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.**

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.

You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by _____ (officer name),
(centre officer designation), of _____

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097963931

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLL1935R
Chassis Number : GK81006146
2. Name of Policyholder : RED CASTLE CO PTE. LTD.
3. Effective Date of Insurance : 16 Feb 2018
4. Expiry Date of Insurance : 15 Feb 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

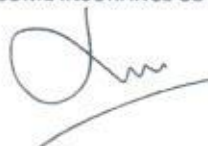
Agency : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)
Date of Issue : 08 Feb 2018 17:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="26/11/2018 08:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLL1935R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097963931		RED CASTLE CO PTE. LTD.	201222975N	GPC	drive CLASSIC	SLL1935R	SLL1935R	16/02/2018	15/02/2019

Claim Handling

Accident MT/1021589

Policy No.	5097963931	Vehicle No.	SLL1935R	GST Registration No.
Certificate No.				
Policyholder Name	RED CASTLE CO PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91256311	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KTK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

➤ Accident Details

Report Date	27/11/2018 14:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/11/2018	Time of Accident hh:mm	08:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE TWDS BKE AFT UPP THOMSON EXIT			

➤ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

➤ Benefits

➤ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

➤ Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#07-01 GEMINI @ SIMS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-01	Related Policy Number	S099409314	

➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIU ZHIXING	Driver NRIC	S8122694F	Driver DOB
Register Date of Driver License	04/04/2005	Driver Age	37	Driving Experience
Contact No.(Mobile)	96426945	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 320	Address 2	HOUGANG AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-10			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RED CA
Contact No.(Mobile)	81687093	Contact No. (Home)	
Email Address		OI Vehicle Number	SLL193
Claim Description	SLL1935R / SKR3338G ON 26 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	27/11/2018 14:49	Preferred Workshop (refer below)	Received
Report Taken By	ROSLINDA	Claim Close Date	

Print AK letter

Attachment

Accident No: MT/1021589 Claim No: 001
 Last Doc. Received: ☒ Yes ☐ No Upload Date: 27/11/2018 00:00

Path *

Category *

Confidential

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

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:49	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:49	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:49	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2018 14:48	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name