

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

File In <b>03/12/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC18021658/13</b>	SAS e-filing		
Ref No <b>SKB2042A</b>	E-mail (Within 3hrs, AIC 2hrs)		
DOA <b>01/12/18</b> <b>1855</b>	I-Motor Claim Form	<b>17/10/22 381</b>	<b>001</b>
TP <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

Particulars:

Veh No:

**5C73346K**

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

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

( ) QC Check / Post Repair Inspection ( )

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

Signature:

Date/Time

Actions

Insured's Particulars:

Owner/Owner:

Policy No:

Insured Portion:

Checked by (Engr-In-Charge):

Auditors' Comments:

**NA1808084**

## Invoice Preparation Checklist

- |   | Cost (\$) | Re: Amt (\$) |
|---|-----------|--------------|
| 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) PT: Follow-Through Survey (Resurvey) \$30    |           |              |
| For claiming against INC Only (wef 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 \$5           |           |              |
| *N6: Repair Co-ordination \$10                  |           |              |
| *N7: Post Repair Inspection \$25                |           |              |
| *N8: DV / Collect Excess Coordination \$5       |           |              |
| 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	03/12/2018 11:21
Date Of Accident	01/12/2018 18:55
Exact Location Of Accident	KPE B4 KPE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2042A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG ZHEN RON,LIONEL
NRIC No	S8500747E
Email Address	LIONELHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96604324
Alternative Phone No	OTHERS-96604324

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	5098426839
Cover Note Number	

### Driver

Name of Driver	HENG ZHEN RON,LIONEL
NRIC No	S8500747E
Date Of Birth	02/01/1985
Occupation	INDOOR
Date Of Driving Pass	10/12/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96604324
Fax Number	
Contact Number	OTHERS-96604324
Email Address	LIONELHENG@GMAIL.COM

Address	BLK 336D ANCHORVALE CRESCENT #16-62
Postcode	544336
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	CHAIN COLLISION
Weather Conditions	RAINING
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)	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

I WAS TRAVELLING STRAIGHT ALONG KPE B4 KPE TUNNEL ON THE EXTREME RIGHT LANE OF A3-LANES RD. INFRT OF MY VEH(C) BEARING REG NO SKM4026B E-BRAKE DUE TO THE VEH(D) BEARING REG NO SLV3784T INFRT OF HIM E-BRAKE. I FOLLOWED SUIT TO STOP MY VEH WITHOUT ANY CONTACT TO THE FRT VEH. SUDDENLY VEH(B) CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO VEH C REAR PORTION. WHEN I CAME OUT I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES.

#### 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	SLT3346K
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG ZHENZONG
NRIC/Passport Number	S8321965C
Contact Number	98378231
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SKM4026B
Vehicle Make/Model/Colour	AUDI
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)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLV3784T
Vehicle Make/Model/Colour	MERCEDES
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)	

**DETAILS OF INJURED PERSON 1**

Name	HENG ZHEN RON,LIONEL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKB2042A
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.
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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.

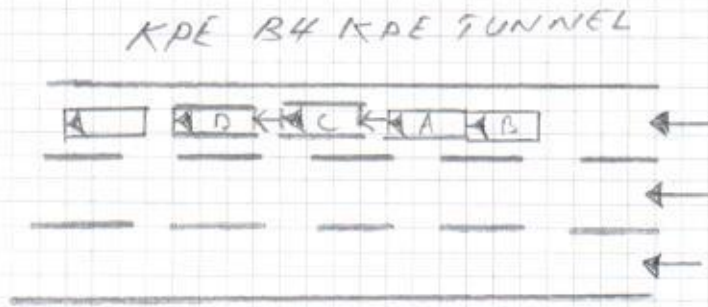
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A- SKB2042A  
B- SLT3346A  
C- SKM4026B  
D- SLV3784T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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. S8500747E



Name

HENG ZHEN RON, LIONEL

王振榮

Race

CHINESE

Date of birth

02-01-1985

Sex

M

Country of birth

SINGAPORE

S8500747E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8500747E

Name

HENG ZHEN RON, LIONEL

Birth Date 02 Jan 1985

Issue Date 10 Dec 2007



001550511D

4849795



NRIC No. S8500747E

Date of issue

21-03-2012

APT BLK 336D ANCHORVALE CRESCENT #16-62  
SINGAPORE 544336

NRIC No. S8500747E

Date: 21/04/2015

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 10 Dec 2007



NP 428A



## 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: 5098426839 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKB2042A  
Chassis Number : KNAFW411MB5344657

2. Name of Policyholder : HENG ZHEN RON, LIONEL

3. Effective Date of Insurance : 28 Feb 2018

4. Expiry Date of Insurance : 04 May 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 business or profession.

**This Policy does not cover**  
(a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: HENG ZHEN RON LIONEL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
Date of Issue : 28 Feb 2018 16:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

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"/>	5098426839		HENG ZHEN RON, LIONEL	S8500747E	GPC	drive CLASSIC	SKB2042A	SKB2042A	28/02/2018	04/05/2019

Continue

## Claim Handling

Accident MT/1022381

Policy No.	5098426839	Vehicle No.	SKB2042A	GST Registration No.
Certificate No.				
Policyholder Name	HENG ZHEN RON, LIONEL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96604324	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KIK	<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
<b>Accident Details</b>				
Report Date	03/12/2018 17:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2018	Time of Accident hh:mm	18:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KPE B4 KPE TUNNEL			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	BLK 336D #16-62	Address 2	ANCHORVALE CRESCENT	Address 3
Address 4	SINGAPORE 544336	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098426839	
<b>OI Driver Info</b>				
Driver Name	HENG ZHEN RON LIONEL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8500747E	Driver DOB
Register Date of Driver License	10/12/2007	Driver Age	33	Driving Experience
Contact No.(Mobile)	96604324	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 336D	Address 2	ANCHORVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#16-62			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HENG Z
Contact No.(Mobile)	96604324	Contact No. (Home)	635417
Email Address	lionel.heng@gmail.com	OI Vehicle Number	SKB2042A
Claim Description	SKB2042A / SLT3346K ON 1 Dec 2018		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	03/12/2018 18:02	GIA report	Received
Report Taken By	ROSILINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter



Save Submit

















## Attachment

Accident No. MT/1022383 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 03/12/2018 17:57

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
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Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
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Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:02	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:02	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:01	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:01	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:56	Photos	Normal	Photos



Video List

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:56	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:56	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:56	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:56	Photos	Normal	Photos
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:55	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:55	Photos	Normal	Photos
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:55	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:55	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:55	Photos	Normal	Photos

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading