

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 118161154.

Date In: 14/12/18 11:12.	Job description	Date & Time Completed	Done by
Ref No. NA/INC 18022488/4.	SAS e-filing		
Veh No. SKL 4121 P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A. 14/12/18 08:45.	I-Motor Claim Form	MT/1023844-001	14/12/18 14:11
OD: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLU 3066 M.	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: YBS ( ) / 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: 6789 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

Claimant's Particulars:	MA1808332	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30		
		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:-		
		QD*		
		*N5: Courtesy Car / Tpl 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	Fax Charged	
		Invoice dated	Fax 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	14/12/2018 11:12
Date Of Accident	14/12/2018 08:45
Exact Location Of Accident	PIE TWDS CHANGI NEAR LORNIE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4121P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI SHUOLEI
NRIC No	S7462365D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96378317
Alternative Phone No	OFFICE-96378317

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	307XL1.6A
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	5095935966
Cover Note Number	-

### Driver

Name of Driver	LI SHUOLEI
NRIC No	S7462365D
Date Of Birth	25/09/1974
Occupation	INDOOR
Date Of Driving Pass	10/10/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96378317
Fax Number	
Contact Number	OFFICE-96378317
Email Address	NOEMAIL

Address	BLK 411 CHOA CHU KANG AVE 3 #10-347
Postcode	680411
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ALONG PIE TWDS CHANGI NEAR LORNIE EXIT, THE TRAFFIC WAS CONGESTED, ALL VEH SLOWLY MOVING. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLU3066M) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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	SLU3066M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA WEI MING KELVIN
NRIC/Passport Number	S8432257A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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

## hormie Exit



B = 5203066M

B = SLU 3066M

Please Refer to statement

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

Date & Time: \_\_\_\_\_

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Member Number: S7462365D

Name: LI SHUOLEI

Birth Date: 25 Sep 1974

Issue Date: 10 Oct 2009

001793329H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7462365D

Name: LI SHUOLEI

李 碩 磊

Race: CHINESE

Date of birth: 25-09-1974

Sex: F

Country of birth: CHINA





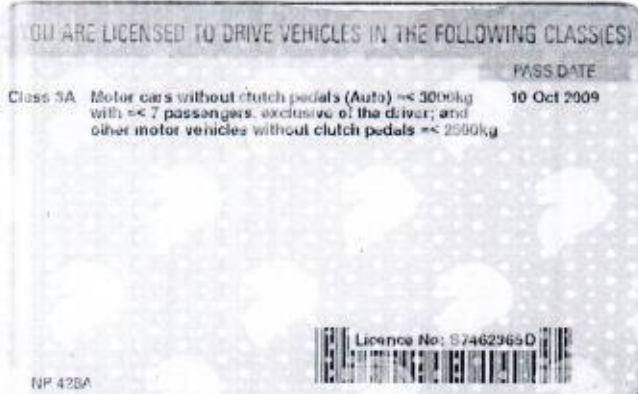

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

PASS DATE: 10 Oct 2009

NP 428A

Licence No: S7462365D

4342331

NRIC No. S7462365D

Date of issue: 22-01-2009

Address: APT BLK 411 CHOA CHU KANG AVENUE 3 #10-347 SINGAPORE 680411






Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

14/12/2018 11:07

Vehicle No.(For Motor)

SKL4121P

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5095935966		LJ SHUOLEI	S7462365D	GPC	drivo CLASSIC	SKL4121P	SKL4121P	26/01/2018	25/01/2019

## Claim Handling

Accident MT/1023844

Policy No.	5095935966	Vehicle No.	SKL4121P	GST Registration No.	
Certificate No.					
Policyholder Name	LI SHUOLEI			Policyholder NRIC	S7462
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96378317	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AKK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
W.D. Protection	No	NCD Entitlement(%)	10	Private Hire	No

## ➤ Accident Details

Report Date	14/12/2018 14:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/12/2018	Time of Accident hh:mm	08:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI NEAR LORNIÉ EXIT				

## ➤ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ➤ Benefits

Civil Age		Sum Insured	
Process Waiver		99999999.99	
Transport Allowance		99999999.99	

## ➤ GST Registered Information

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

## ➤ Policyholder Mailing Address

Address 1	BLK 411 #10-347	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	68041
Unit No.	10-347	Related Policy Number	5095935966		

## ➤ OI Driver Info

Driver Name	LI SHUOLEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7462365D	Driver DOB	25/09/
Register Date of Driver License	10/10/2009	Driver Age	44	Driving Experience	9
Contact No.(Mobile)	96378317	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 411 #10-347	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	68041
Unit No.	10-347				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

## 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 New

Claim Type *	OD-MX	Insured Name	LI SHUOLEI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SKL4121P
Claim Description	SKL4121P / SLU3066M ON 14 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/12/2018 14:10
			LIJEW SHAN HUI
Print AK letter			

Save Submit

## Attachment



Accident No.	MT/1023844	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2018 14:11
Path *		Category *	Confidential
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>
Choose File No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	SAS	Normal	SAS 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:11	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:10	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:10	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:10	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:10	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:10	Photos	Normal	Photos 2018-12-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Dec 2018 14:10	Photos	Normal	Photos 2018-12-14

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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