

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **NA119 005875**

Date In: 14/1/19 - 12:50	Job description	Date & Time Completed	Done by
Ref No: NA119 005875/24	SAS e-filing		
Veh No: 5U14928U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/1/19 - 12:55	i-Motor Claim Form	NA1102778-001	14/1/19 20:12
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 Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **9W2913M** 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: (INC hotline: 6788 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

	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill	
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
cat. 1:	Invoice dated	Fee Charged		
cat. 2 / 3:	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	14/01/2019 12:50
Date Of Accident	13/01/2019 13:25
Exact Location Of Accident	ALONG CLEMENTI AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH9308U
Insured/Policyholder	
Name Of Registered Owner	HU YANJUN
NRIC No	S7983961B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96452529
Alternative Phone No	OFFICE-96452529
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5085918917-02
Cover Note Number	
Driver	
Name of Driver	HU YANJUN
NRIC No	S7983961B
Date Of Birth	10/03/1979
Occupation	INDOOR
Date Of Driving Pass	06/05/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96452529
Fax Number	
Contact Number	OFFICE-96452529
Email Address	NOEMAIL

Address	66 PHOENIX ROAD #03-06
Postcode	668201
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B COMING OUT FROM MINOR RD WITHOUT STOPPING BEFORE THE STOPPING LINE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW2913M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEN SOH

NRIC/Passport Number

Contact Number

97925166

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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:

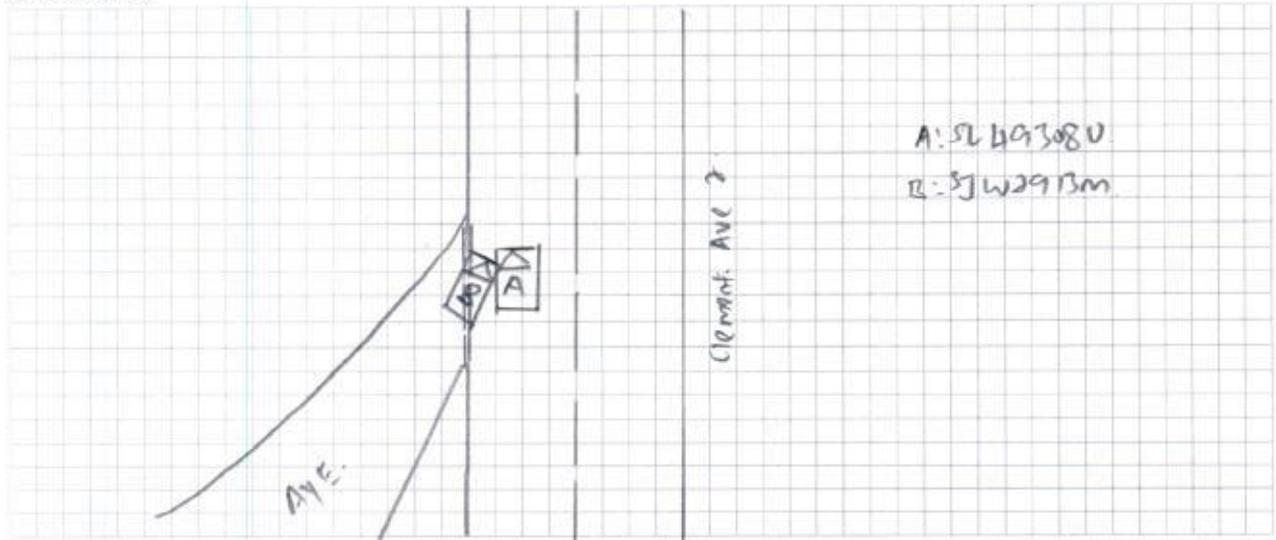
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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 DRIVING LICENCE

License Number **S7983961B**

Name
HU YANJUN

Birth Date **10 Mar 1979**

Issue Date **06 May 2011**

1001962246E




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7983961B**



Name
HU YANJUN

胡彦君

Race
CHINESE

Date of birth
10-03-1979

Sex
M

Country of birth
CHINA





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

EFFECTIVE DATE
06 May 2011

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

NP 429A

Licence No: **S7983961B**



4798688



NRIC No. **S7983961B**



Date of issue
02-12-2011

**66 PHOENIX ROAD #03-06
SINGAPORE 668201**

NRIC No: **S7983961B** Date: **28/08/2016 (R)**

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"/>	5085918917-02		HU YANJUN	S7983961B	GPC	drive CLASSIC	SLH9308U	SLH9308U	23/11/2018	22/11/2019

Continue

Policy Information

Policy No.	5085918917-02	Policyholder Name	HU YANJUN	Policyholder NRIC	S7983961B
Certificate No.					
Address	66 PHOENIX ROAD #03-06 HILLSTA SINGAPORE 668201				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/11/2018	Effective Date	23/11/2018 00:00	Expiry Date	22/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	66 PHOENIX ROAD	Address 2	#03-06 HILLSTA	Address 3	SINGAPORE 668201
Address 4		Address Type	Singapore address	Post Code	668201
Unit No.		Related Policy Number	5085918917-02		

Insured Object: SLH9308U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1027768

Policy No.	5085918917-02	Vehicle No.	SLH930BU	GST Registration No.	
Certificate No.					
Policyholder Name	HU YANJUN			Policyholder NRIC	S7983961B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96452529	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/01/2019 20:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	13/01/2019	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI AVE 2				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	66 PHOENIX ROAD	Address 2	#03-06 HILLSTA	Address 3	SINGAPORE 668201
Address 4		Address Type	Singapore address	Post Code	668201
Unit No.		Related Policy Number	5085918917-02		

DI Driver Info

Driver Name	HU YANJUN	Driver Type	Main Driver	Driver DOB	10/03/1979
Unnamed Driver Name		Driver NRIC	S7983961B	Driving Experience	7
Register Date of Driver License	06/05/2011	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	96452529	Contact No.(Office)	0	Address 3	SINGAPORE 668201
Address 1	66 PHOENIX ROAD	Address 2	HILLSTA	Post Code	668201
Address 4		Address Type	Singapore address		
Unit No.	03-06				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	HU YANJUN	Insured NRIC	S7983961B
Contact No.(Mobile)	96452529	Contact No.(Home)	67794589	Contact No.(Office)	65563064
Email Address	YANJUNH@GMAIL.COM	DI Vehicle Number	SLH930BU	TP Vehicle Number	S1W2913M
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLH930BU / S1W2913M ON 13 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2019 20:12	Claim Close Date		Date Received	14/01/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1027768	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2019 20:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sane? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:13	SAS	Normal	SAS 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:13	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:13	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:13	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:13	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:12	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:12	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:12	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:12	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:12	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2019 20:12	Photos	Normal	Photos 2019-1-14		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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