NATIONAL Assessment Centre Services. (wef 1 Jan'08) MNA4190082B0

Date In: 18/01/2019 09:55	Job description	Date & Time Completed	Done by
Ref No: NBA/TnC/900113214	SAS e-filing		
Veh No: SJE 9329Z	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 18/01/2019 09:05	I-Motor Claim Form	MTA02835901	18/01/2019 10:55
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJK 2730A 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: (Use Deadline: 6788 6010)	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

NA190051B

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

2 / 3:

Invoice Preparation Checklist	Fee(s)	Remarks / Exhibit
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) For claiming against INC Only (wef 10 Jan 2005)	$30	
6) TR : Re-Inspection	$75	
7) N1 : Idao DA + SMRT Survey	$160	
8) NTUC Additional Services:-		
OD:		
*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	18/01/2019 09:55
Date Of Accident	18/01/2019 08:05
Exact Location Of Accident	JUNCTION OF JALAN SELAMAT AND JALAN LAPANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE9329Z
Insured/Policyholder	
Name Of Registered Owner	SU XINYI
NRIC No	S8138284J
Email Address	XINYISU204@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85331772
Alternative Phone No	OTHERS-85331772
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	REPORTING ONLY
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	5056680315-06
Cover Note Number	
Driver	
Name of Driver	SU XINYI
NRIC No	S8138284J
Date Of Birth	03/12/1981
Occupation	INDOOR
Date Of Driving Pass	27/07/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85331772
Fax Number	
Contact Number	OTHERS-85331772
EMail Address	XINYISU204@GMAIL.COM

Address	15 JALAN WARINGIN
Postcode	418019
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

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?	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	SJR2730A
Vehicle Make/Model/Colour	INFINITY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH BOON CHYE (WU WENCAI)
NRIC/Passport Number	S7306486D
Contact Number	98256827
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Claim Handling

Accident MT/1028359

Policy No.	5056680315-06	Vehicle No.	SJB9329Z	GST Registration No.	
Certificate No.					
Policyholder Name	SU XINYI			Policyholder NRIC	S8138284J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85331772	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/01/2019 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	18/01/2019	Time of Accident hh:mm	08:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF JALAN SELAMAT AND JALAN LAPANG				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	15 JALAN WARINGIN	Address 2	SIN CHUAN GARDEN	Address 3	SINGAPORE 418019
Address 4		Address Type	Singapore address	Post Code	418019
Unit No.		Related Policy Number	5056680315-06		

OI Driver Info

Driver Name	SU XINYI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8138284J	Driver DOB	03/12/1981
Register Date of Driver License	27/07/2001	Driver Age	37	Driving Experience	17
Contact No.(Mobile)	85331772	Contact No.(Office)		Contact No.(Home)	
Address 1	15 JALAN WARINGIN	Address 2	SIN CHUAN GARDEN	Address 3	SINGAPORE 418019
Address 4		Address Type	Singapore address	Post Code	418019
Unit No.					
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SJB9329Z	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ○ No

Modification History

Claim 001 New

Claim Handling

Accident MT/1028359

Policy No.	5056680315-06	Vehicle No.	SJB9329Z	GST Registration No.	
Certificate No.					
Policyholder Name	SU XINYI			Policyholder NRIC	S8138284J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85331772	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/01/2019 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	18/01/2019	Time of Accident hh:mm	08:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF JALAN SELAMAT AND JALAN LAPANG				

Excess — **Total Excess Applicable**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		

All Claims Excess			
YIED All Claim Excess		Driver is Covered?	
Total All Claim Excess Applicable			
OD Standard Excess		TP Standard Excess	
YIED OD Excess		YIED TP Excess	Driver is Covered?
Additional Excess	0.00		
Total OD Excess Applicable		Total TP Excess Applicable	

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	15 JALAN WARINGIN	Address 2	SIN CHUAN GARDEN	Address 3	SINGAPORE 418019
Address 4		Address Type	Singapore address	Post Code	418019

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:

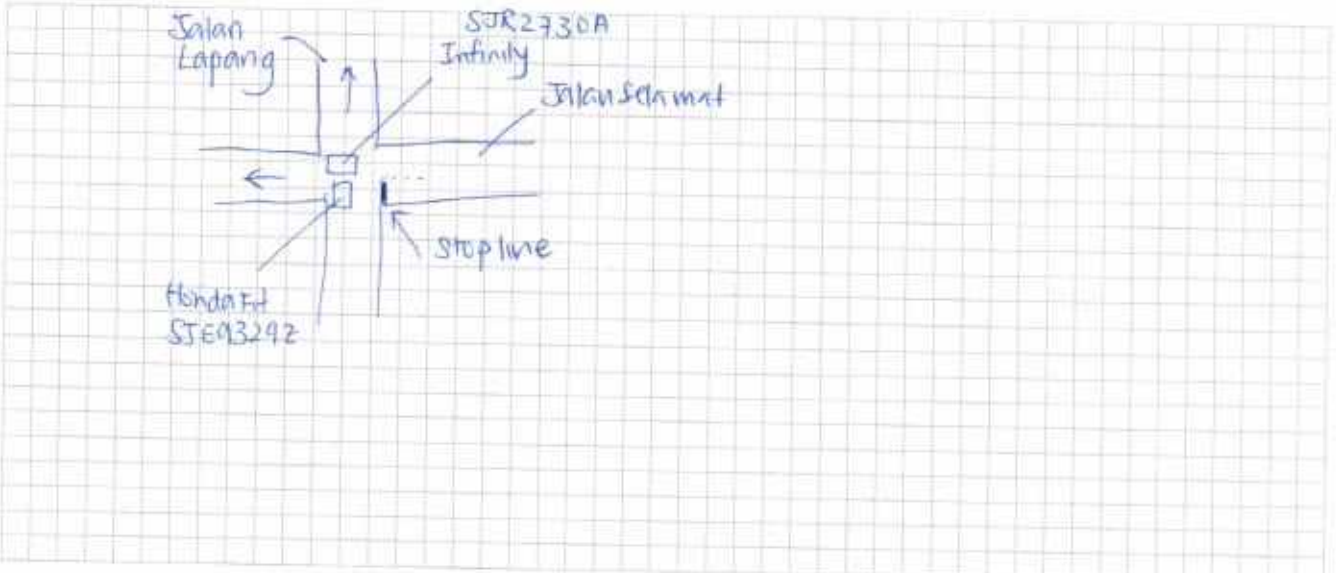
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 18/1/19 10:03 am	(If driver is not the policyholder)	Name:
	Date & Time: 18/1/19 10:03am	NRIC/FIN No.:

18/01/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Jalan Lapang and I had the right of way. The other driver was driving along Jalan Selamat and he failed to stop at the stop line.
Despite trying to jam break, I bumped into the left side of his car.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 18/1/19 10:03am	(If driver is not the policyholder) Date & Time: 18/1/19 10:03am	Name: Reza Luthfi NRIC/FIN No.:

Unit No.

Related Policy Number: 5056680315-06

01 Driver Info

Driver Name	SU XINYI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8138284I	Driver DOB	03/12/1981
Register Date of Driver License	27/07/2001	Driver Age	37	Driving Experience	17
Contact No.(Mobile)	85331772	Contact No.(Office)		Contact No.(Home)	
Address 1	15 JALAN WARINGIN	Address 2	SIN CHUAN GARDEN	Address 3	SINGAPORE 418019
Address 4		Address Type	Singapore address	Post Code	418019
Unit No.					
Does he own a Singapore Registered car?	Yes ● No	Driver Vehicle No.	SJE93292	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ● No

Modification History

Claim 001 OD-MX | New

Claim Type *	OD-MX	Insured Name	SU XINYI	Insured NRIC	S813
Contact No.(Mobile)	85331772	Contact No.(Home)		Contact No.(Office)	
Email Address	xinyisu204@gmail.com	OI Vehicle Number	SJE93292	TP Vehicle Number	SJR2
Claim Description	SJE93292 / SJR2730A ON 18 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/01/2019 10:54	Claim Close Date		Date Received	18/0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1028359	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	18/01/2019 10:55

Path *		Category *	Confidential	Urgency *	Des
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 10:55	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 10:55	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 10:55	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 10:55	Photos	Normal	Photos 2019-1-18
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 10:54	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 10:54	SAS	Normal	SAS 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 10:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-18

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 1 / '19) (DD/MM/YYYY). TIME: (08 : 05) (HH:MM)

LOCATION: Junction of Jln Selamat and Jln Lapang

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJE 9329 Z
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 509131351 7 - 01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: HONDA FIT
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: SU XINYI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8138284J CONTACT: 85331772
   c) ADDRESS: 15 JALAN WARINGIN S418019

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passeng3. (Including driver) (1)

3. DRIVER
   a) NAME: SU XINYI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8138284J CONTACT: 85331772
   c) ADDRESS: 15 JALAN WARINGIN S418019
   *d) DATE OF BIRTH: (03 / 12 / 81) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR) DOCTOR
   f) DATE OF DRIVING PASS 27 JUL 2001
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SJR2730A MODEL: INFINITY
   b) DRIVER'S NAME: GOH BOON CHYE (WU WEN CAI)
   c) NRIC/FIN/PASSPORT: S7306486D CONTACT: 98256827

* No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) ( )

Email =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8138284J

Name

SU XINYI

苏 心 怡

Race

CHINESE

Date of birth

03-12-1981

Sex

F

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8138284J

Name

SU XINYI

Birth Date 03 Dec 1981

Issue Date 18 Aug 2003

5464640

NRIC No. S8138284J

Date of issue

15-10-2015

15 JALAN WARINGIN
SINGAPORE 418019

S8138284J

NRIC No:

Date: 27/02/2016

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jul 2001

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJE9329Z

Date of Accident 18/01/2019 09:53

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5056680315-06		SU XINYI	S8138284J	GPC	drivo CLASSIC	SJE9329Z	SJE9329Z	13/05/2018	12/05/2019

Continue