

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA11902705**

Date In: 18/1/19 - 10:34	Job description	Date & Time Completed	Done by
Ref No: NA11902705/24	SAS e-filing		
Veh No: 2CC93424	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/1/19 - 18:20	i-Motor Claim Form	M1/1032391-001	18/1/19 11:49
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Vch No: **2M15824E** 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 & 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 :-	Invoice Preparation Checklist	
	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF : 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 2005)	
	6) TR : Re-inspection \$75	
	7) N1 : Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	9) N12: Idno Mobile	
	*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 (N-in INC) against INC \$20	
	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	18/02/2019 10:34
Date Of Accident	15/02/2019 18:20
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX9342Y
Insured/Policyholder	
Name Of Registered Owner	JERRY HOLDINGS
Co Reg No	53278959L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83886665
Alternative Phone No	OFFICE-83886665
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099819776
Cover Note Number	
Driver	
Name of Driver	CHOO SI SENG (ZHU SHISHENG)
NRIC No	S8510830A
Date Of Birth	18/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84282022
Fax Number	
Contact Number	OFFICE-84282022
EEmail Address	NOEMAIL

Address	BLK 80 BEDOK NORTH ROAD #11-276
Postcode	460080
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	CHAIN COLLISION
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	4
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

REFER TO 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	SMH5824K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIVAPRAKASAM GOKULA KRISHNAN
NRIC/Passport Number	G5367749K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ8100M
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Vehicle Make/Model/Colour

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

GBE7640G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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:

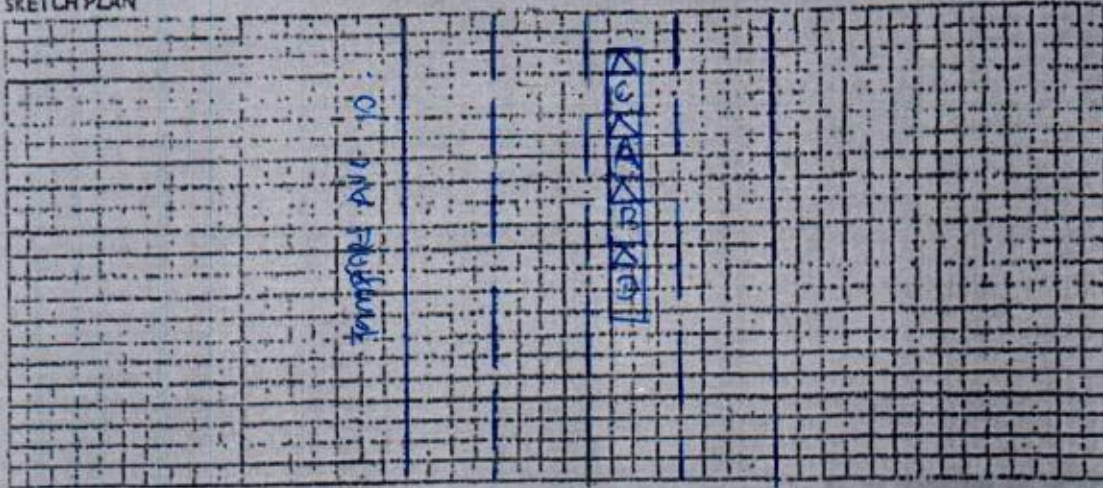
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "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 (a) 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 Person(s) Signature
Name:
KRIC/FIN No.:

SKETCH PLAN



A: 56X93424
B: VMH 5824K
C: SL28100M
D: 4DE7646

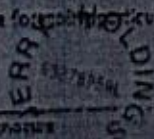
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

We declare the foregoing information 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/PIN No.:

ON STATED DATE AND TIME. VEHICLE IN FRONT BRAKE HIS VEHICLE. I BRAKE MY VEHICLE ACCORDINGLY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 2 / 19) (DD/MM/YYYY), TIME: (18 : 20) (HH:MM)

LOCATION: Tampines Ave 10.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK93424
- b) INSURANCE COMPANY: NJC
- c) POLICY NUMBER: 509989776
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Jerry Holdings (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S378959L CONTACT: 83886665
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Anoo S Sing (Zhu Shihing) (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8500830A CONTACT: 84782022
- c) ADDRESS: _____

*d) DATE OF BIRTH: (18 / 4 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: _____

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hi.NR

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) YES NO

7. a) REPORTED TO POLICE (YES / NO) YES NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH5824K MODEL: _____
- b) DRIVER'S NAME: Sivaprakasam Gokula Krishna
- c) NRIC/FIN/PASSPORT: A5367749K CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SL28102M MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: A8E7642L CONTACT: _____

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8510830A

Name:

CHOO SI SENG
(ZHU SHISHENG)

Birth Date: 18 Apr 1985

Issue Date: 04 Feb 2016



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

Class 2B
Class 3

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

EFFECTIVE DATE

27 Jan 2005

27 Jul 2006

Licence No:S8510830A



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8510830A**



Name

**CHOO SI SENG
(ZHU SHISHENG)**

朱 时 生

Race

CHINESE

Date of birth

18-04-1985

Sex

M

Country/Place of birth

SINGAPORE



5980373



NRIC No **S8510830A**



Date of issue

29-06-2018

Address

**APT BLK 80 BEDOK NORTH ROAD
#11-276
SINGAPORE 460080**



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"/>	5099819776		JERRY HOLDINGS	53278959L	GPC	drive CLASSIC	SKX9342Y	SKX9342Y	13/04/2018	26/04/2019

Continue

Policy Information

Policy No.	5099819776	Policyholder Name	JERRY HOLDINGS	Policyholder NRIC	53278959L
Certificate No.					
Address	BLK 415 #09-221 PASIR RIS DRIVE 6 SINGAPORE 510415				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/04/2018	Effective Date	13/04/2018 00:00	Expiry Date	26/04/2019 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	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 ROCHOR CANAL ROAD	Address 2	#05-22 SIM LIM SQUARE	Address 3	SINGAPORE 188504
Address 4		Address Type	Singapore address	Post Code	188504
Unit No.	05-22	Related Policy Number	5095191875-01		

Insured Object: SKX9342Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Exit

Claim Handling

Accident MT/1032391

Policy No.	5099819776	Vehicle No.	SXK9342Y	GST Registration No.	
Certificate No.					
Policyholder Name	JERRY HOLDINGS			Policyholder NRIC	53278959L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83886665	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	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	18/02/2019 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	15/02/2019	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 10				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	1 BOCHOR CANAL ROAD	Address 2	#05-22 SIM LIM SQUARE	Address 3	SINGAPORE 188504
Address 4		Address Type	Singapore address	Post Code	188504
Unit No.	05-22	Related Policy Number	S095191875-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/04/1985
Unnamed driver Name	CHOO SI SENG (ZHU SHISHEN)	Driver NRIC	S8510830A	Driving Experience	12
Register Date of Driver License	27/07/2006	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	84282022	Contact No.(Office)	0	Address 1	SINGAPORE 460080
Address 1	BLK 80	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460080
Address 4		Address Type	Singapore address	Post Code	460080
Unit No.	11-276			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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-MX	Insured Name	JERRY HOLDINGS	Insured NRIC	53278959L	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		DI Vehicle Number	SXK9342Y	TP Vehicle Number	5MH5824K	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SXK9342Y / 5MH5824K ON 15 Feb 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/02/2019 00:00	
Date Registered	18/02/2019 11:49	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save **Submit**

Attachment

Accident No.	MT/1032391	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2019 11:53
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

