

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMAY/90 23676

Date In: 20/05/2018 12:32	Job description	Date & Time Completed	Done by
Ref No: NBR/INC/9003155/V	SAS e-filing		
Veh No: SJZ 4887B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/02/2018 16:25	I-Motor Claim Form	MM/032876-001	20/05/2018
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:53
	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: SDF 46P	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: ()

Comments:	INC () / Non-INC ()	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

MM/90/344

Claimant's Particulars:	Invoice Application Checked	Invoice Application
Driver/Owner:	1) AR: Accident Reporting (\$30)	
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
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idau DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	OP:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collist Excess Coordination	\$5
	TP (N11): TP (N11 INC) against INC	\$20
	9) N12: Idau 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	20/02/2019 12:32
Date Of Accident	19/02/2019 16:25
Exact Location Of Accident	TELOK BLANGAH ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ4887B
Insured/Policyholder	
Name Of Registered Owner	XIAO LIANHOU
NRIC No	S8177509E
Email Address	XIAOLIANHOU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94888699
Alternative Phone No	OTHERS-94888699

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA HYBRID 2.4X A
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	5098243643
Cover Note Number	

Driver

Name of Driver	XIAO LIANHOU
NRIC No	S8177509E
Date Of Birth	19/02/1981
Occupation	INDOOR
Date Of Driving Pass	24/03/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94888699
Fax Number	
Contact Number	OTHERS-94888699
Email Address	XIAOLIANHOU@GMAIL.COM

Address	88 CORPORATION ROAD #09-16
Postcode	649823
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 (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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDF46P
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HELEN SUGIONO
NRIC/Passport Number	
Contact Number	90261800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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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: 20/02/2019

11:47 AM

Driver's Signature

(If driver is not the policyholder)

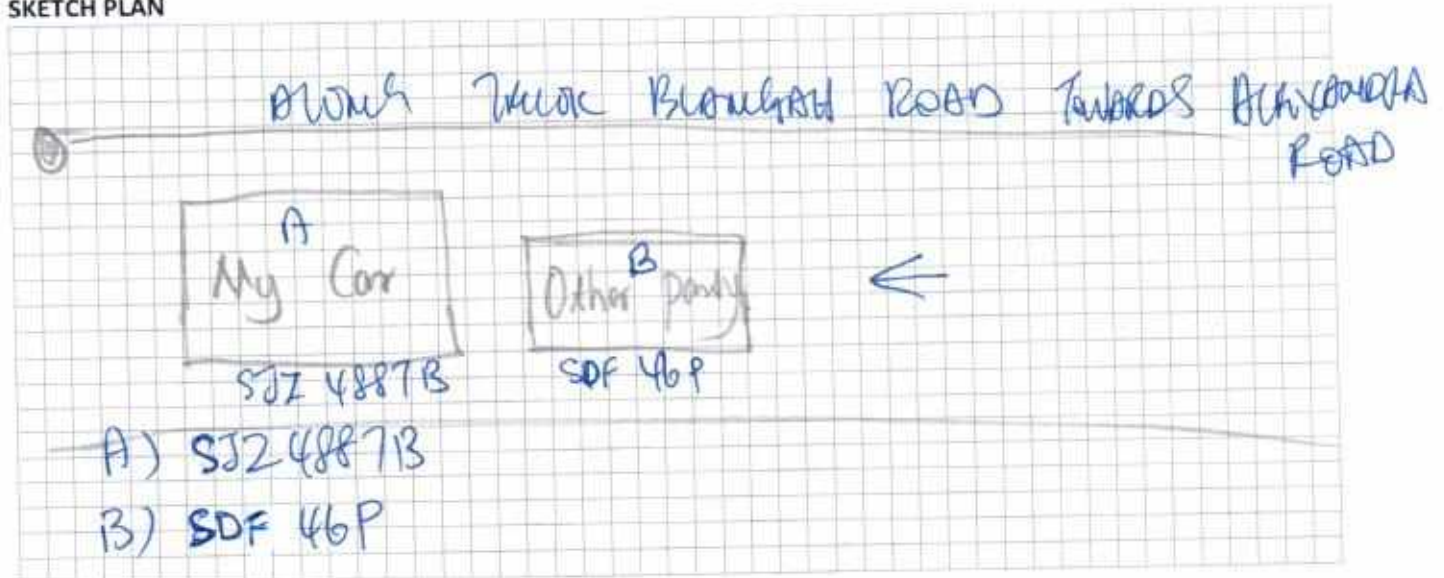
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped in traffic then the other party hit me from behind.

DECLARATION

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

Policyholder's Signature
Date & Time:

20/02/2019
GLARMC SketchPlanForm_V7

11:47 AM

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

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

20/02/2019
Karl L. L. L.

Claim Handling

Accident HT/1032876		Vehicle No.		S1248878		GST Registration No.	
Policy No.	5098243643	Cover Type	drive CLASSIC	Policyholder NRIC	S8177509E		
Certificate No.		Contact No.(Office)		Loading	0		
Policyholder Name	XIAO LIANHOU	Special Remark		Contact No.(Home)			
Product Code	PRIVATE CAR INSURANCE	TCA	No Yes	eCode	No *		
Contact No.(Mobile)	94888629	RCD Entitlement(%)	10	eCode Reason	No		
Email Address				Private Hire	No		
KPI	No Yes						
RCD Protection	No						
▼ Accident Details		Report Date		20/02/2019 12:43		Accident Type	
Date of Accident		20/02/2019		Time of Accident (hr:min)		16:25	
Reporting Centre		Orange Force		Country of Accident		Singapore	
Accident Location		TELOK BLANGAH ROAD TOWARDS ALEXANDRIA ROAD		ICM No.			
▼ Excess		Own Damage Excess		500.00		Additional Excess	
Uninsured 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 No.		GST Registration Date		GST Status Verified		Yes	
Modification History							
▼ Policyholder Mailing Address		Address 1		NIL		Address 2	
Address 4		Address Type		Singapore address		Address 3	
Unit No.		Related Policy Number		5098243643		Post Code	
09-342						990098	
▼ 01 Driver Info		Driver Name		Xiao Lianhou		Driver DOB	
Uninsured driver Name		Driver NRIC		S8177509E		19/02/1981	
Register Date of Driver License		Driver Age		38		Driving Experience	
14/03/2009		Contact No.(Office)				7	
Contact No.(Mobile)		Address 3		NIL		Contact No.(Home)	
94888629		Address Type		Singapore address		Address 3	
Address 1		Post Code		990098		990098	
Address 4		Driver Vehicle No.		S1248878		Driver Insurer Company	
Unit No.		09-342				NTUC	
Does he own a Singapore Registered car?		No Yes					
Declaration		Breathalyser or Blood Test Reading?		0 mg		Any Injury?	
		Yes No					

Modification History

Claim 001 **Next**

Claim Type *	OD-PK	Insured Name	XIAO LIANHOU	Insured NRIC	S8177509E
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		TP	S1248878	Vehicle Number	SDF45P
Claim Description	S1248878 / SDF45P ON 18 Feb 2019				
Preferred Workshop	Insured Liability	Not at fault	Preferred Workshop, Name unknown	GIA report	Received
Signature No. Finalisation	Yes	Repair Option		Claim Date	20/02/2019 12:52
Date Registered				Date Received	20/02/2019 00:00
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

Attachment

Accident No.	HT/1032876	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/02/2019 12:53
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CQ)
	NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20	
	NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20	
	NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:53	SAS	Normal	SAS 2019-2-20

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 02 / 2019) (DD/MM/YYYY), TIME: (16 : 25) (HH:MM)

LOCATION: Telok Blangah Rd From Vivo to Alexandra Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S1Z4887B
 b) INSURANCE COMPANY: NIVA Insure
 c) POLICY NUMBER: 5098243643
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Exima Hybrid
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Own 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: Xiao Lianhou (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8177509E CONTACT: 94888699
 c) ADDRESS: 88 CORPORATION ROAD #09-16 S649823

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Xiao Lianhou (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (19 / 02 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/03/2009

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
 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: SDF46P MODEL: _____
 b) DRIVER'S NAME: Helen Sugiono
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90261800

9. THIRD PARTY VEHICLE

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

Email = XiaoLianhou@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8177509E



Name
XIAO LIANHOU
肖 连 厚
Race
CHINESE
Date of birth
19-02-1981
Country of birth
CHINA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8177509E
Name
XIAO LIANHOU
Birth Date: 19 Feb 1981
Issue Date: 24 Mar 2009

001723265J

4240375



NRIC No. S8177509E



Date of Issue
27-06-2008

88 CORPORATION ROAD #09-18
SINGAPORE 648823

NRIC No: S8177509E Date: 17/12/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES

PASS DATE: 24 Mar 2009

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

Licence No. S8177509E

NP 425A

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: 5098243643

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJZ4887B**
Chassis Number : AHR207019142
2. Name of Policyholder : XIAO LIANHO
3. Effective Date of Insurance : 18 Mar 2018
4. Expiry Date of Insurance : 17 Mar 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	: XIAO LIANHO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : PANA HARRISON (ASIA) PTE LTD (00000690533)
Date of Issue : 28 Feb 2018 14:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive