

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MM449024516

Date In: 21/02/09 17:55	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/9003325/	SAS e-filing		
Veh No: SFS 4653T	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 02/01/2009 07:00	I-Motor Claim Form	MT11030018-002	21/02/2009 08:41
OID: TR: 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: SJH 600E

INC () / Non-INC ()

Tel:

Owner / Driver: (

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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: (

Date/Time:

XIA901398

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

Invoice Particulars	Amount	Remarks
1) AR: Accident Reporting (330)		
2) DA: Damage Assessment (5100)	INC (350)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (Nil): TP (Non INC) against INC	\$20	
9) NI: Idao Mobile	\$30	
Invoice dated		
Invoice dated		

Fee Charged

Fee Charged

PAID

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	21/02/2019 17:55
Date Of Accident	08/01/2019 07:00
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI AVENUE 5 TO CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS4653T
Insured/Policyholder	
Name Of Registered Owner	LOUISA SUN JIN
NRIC No	S8570950Z
Email Address	YUEL.SUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98386950
Alternative Phone No	OTHERS-98386950

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070204791-03
Cover Note Number	

Driver

Name of Driver	LOUISA SUN JIN
NRIC No	S8570950Z
Date Of Birth	26/04/1985
Occupation	INDOOR
Date Of Driving Pass	23/03/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98386950
Fax Number	
Contact Number	OTHERS-98386950
Email Address	YUEL.SUN@GMAIL.COM

Address	BLK 317 CLEMENTI AVENUE 4 #02-109
Postcode	120317
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)	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	SJH6720E
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)	

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**.
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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.

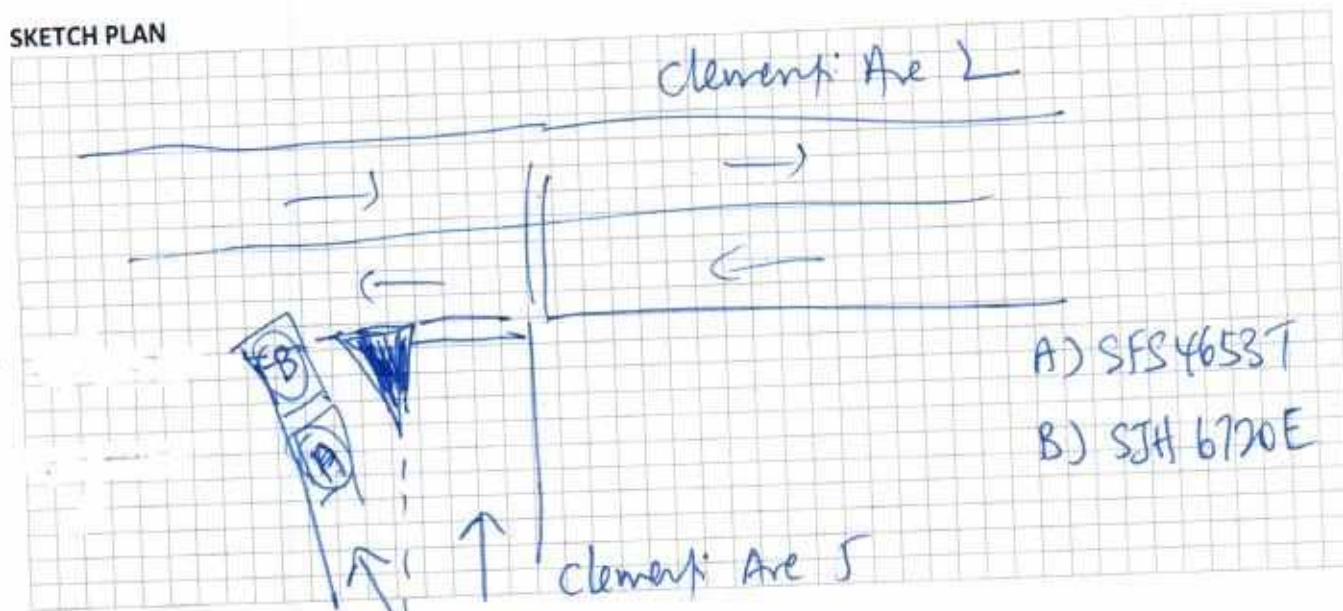
Policyholder's Signature
Date & Time:

19/12/2019 2pm

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

Bumped into the car in front of me when checking for oncoming traffic while turning out of the slip road. My driving speed ≤ 10 km/hr

DECLARATION

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

Policyholder's Signature
Date & Time:

19/2/2019 2pm

GIARMC SketchPlanForm_V3

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

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

21/02/2019

Kaddi, Loo WP3

Claim Handling

Accident HT/1030018

Policy No.	9070204791-03	Vehicle No.	SPS4653T	GST Registration No.	
Certificate No.				Policyholder NRIC	S8570950Z
Policyholder Name	LOUISA SUN JIN	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98366550	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	NCD Entitlement(%)	50	Private Hire	Not available
NCD Protection	Yes				
Accident Details					
Report Date	24/01/2019 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/01/2019	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	CLEMENTI AVE 5 TURNING INTO CLEMENTI AVE 2				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 317 #02-109	Address 2	CLEMENTI AVENUE 4	Address 3	SINGAPORE 120317
Address 4		Address Type	Singapore address	Post Code	120317
Unit No.	02-109	Related Policy Number	9070204791-03		
OT Driver Info					
Driver Name	Louisa Sun	Driver Type	Main Driver	Driver DOB	26/04/1985
Unnamed driver Name		Driver NRIC	S8570950Z	Driving Experience	14
Register Date of Driver License	23/03/2004	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	98366550	Contact No.(Office)		Address 3	SINGAPORE 120317
Address 1	BLK 317 #02-109	Address 2	CLEMENTI AVENUE 4	Post Code	120317
Address 4		Address Type	Singapore address		
Unit No.	02-109				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 002		Back																																																	
<table border="1"> <tr> <td>Claim Type *</td> <td>OD-MK</td> <td>Injured Name</td> <td>LOUISA SUN JIN</td> <td>Injured NRIC</td> <td>S8570950Z</td> </tr> <tr> <td>Contact No.(Mobile)</td> <td>98366550</td> <td>Contact No. (Home)</td> <td>87748368</td> <td>Contact No. (Office)</td> <td>NIL</td> </tr> <tr> <td>Email Address</td> <td>louisa.sun@gmail.com</td> <td>OT Vehicle Number</td> <td>SPS4653T</td> <td>Vehicle Number</td> <td>SJH6720E</td> </tr> <tr> <td>Claim Description</td> <td colspan="5">SPS4653T / SJH6720E ON 8 Jan 2019</td> </tr> <tr> <td>Preferred Workshop</td> <td></td> <td>Injured Liability</td> <td>Fully at Fault</td> <td>GTA report</td> <td>Received</td> </tr> <tr> <td>Report No.</td> <td>Yes</td> <td>Injured Repair Option</td> <td>Preferred Workshop, Name unknown</td> <td></td> <td></td> </tr> <tr> <td>Date Registered</td> <td></td> <td></td> <td></td> <td>Claim Date</td> <td>22/02/2019 09:37</td> </tr> <tr> <td>Report Taken By</td> <td></td> <td></td> <td></td> <td>Date Received</td> <td>22/02/2019 00:00</td> </tr> </table>				Claim Type *	OD-MK	Injured Name	LOUISA SUN JIN	Injured NRIC	S8570950Z	Contact No.(Mobile)	98366550	Contact No. (Home)	87748368	Contact No. (Office)	NIL	Email Address	louisa.sun@gmail.com	OT Vehicle Number	SPS4653T	Vehicle Number	SJH6720E	Claim Description	SPS4653T / SJH6720E ON 8 Jan 2019					Preferred Workshop		Injured Liability	Fully at Fault	GTA report	Received	Report No.	Yes	Injured Repair Option	Preferred Workshop, Name unknown			Date Registered				Claim Date	22/02/2019 09:37	Report Taken By				Date Received	22/02/2019 00:00
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Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
		Display in New Window	Scan and uploading		

1/c & Michael Lickhitey

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 01 / 2019 (DD/MM/YYYY), TIME: 07 : 30 (HH:MM)

LOCATION: Clementi Ave 5 / 2 (clip road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFS4653T
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KA PICANTO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: driving to work
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: LOUISA Sun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SP5709502 CONTACT: 98386950
c) ADDRESS: Bk 317 Clementi Ave 4 #02-109 S (120317)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 26 / 04 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23/3/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SJH 6720 E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = yuel.sun@gmail.com
VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 8570950Z**

Name:

LOUISA SUN JIN



Birth Date: **26 Apr 1985**

Issue Date: **23 Mar 2004**



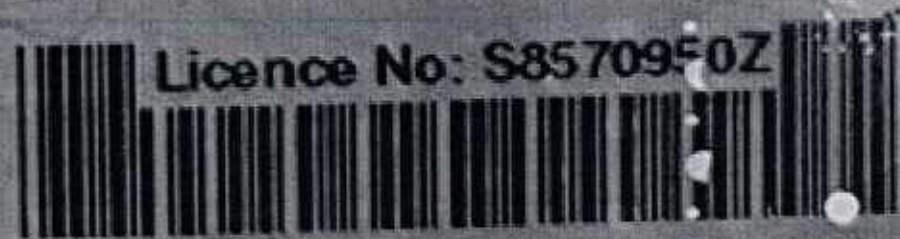
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

23 Mar 2004

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8570950Z**



Name

LOUISA SUN JIN

孙 锦

Race

CHINESE

Date of birth

26-04-1985

Sex

F

Country/Place of birth

CHINA



5538270



NRIC No. S8570950Z



Date of Issue

05-12-2015

Address

APT BLK 317 CLEMENTI AVENUE 4
#02-109
SINGAPORE 120317

Hello, NAC_BUKIT_MERAH_800676

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

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/01/2019 14:16"/>
Vehicle No.(For Motor)	<input type="text" value="SFS4653T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070204791-03		LOUISA SUN JIN	S8570950Z	GPC	Third Party, Fire & Theft	SFS4653T	SFS4653T	04/03/2018	03/03/2019