

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MA119027885**

Date In: 28/12/19 15:40	Job description	Date & Time Completed	Done by
Ref No: MA119027885/h4	SAS e-filing		
Veh No: SME 5962K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 20:45	I-Motor Claim Form	1029146-001 MT/10	
OD / TP / Repairing 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: **SLQ 743H** 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: (ISC Hotline: 6788 6016)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time	Action
28/12/19	Ebas cannot create (MT/10 29146) ∴

Claimant's Particulars	Invoice Itemization Checklist	Amount (\$)	Remarks (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments	5) PT: Follow-Through Survey (Resurvey) \$30		
At: 1:	For claiming against INC Only (wef 10 Jan 2005)		
2: 2/3:	6) TR: Re-inspection \$75		
	7) N1: 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 (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	28/02/2019 15:40
Date Of Accident	21/01/2019 20:45
Exact Location Of Accident	AMK AVE 5 JUNC WITH YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5962K
Insured/Policyholder	
Name Of Registered Owner	GUAN ZHI JIE
NRIC No	S9171653D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84886288
Alternative Phone No	OFFICE-84886288

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	5104259435
Cover Note Number	-

Driver

Name of Driver	GUAN ZHI JIE
NRIC No	S9171653D
Date Of Birth	19/08/1991
Occupation	INDOOR
Date Of Driving Pass	10/04/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886288
Fax Number	
Contact Number	OFFICE-84886288
Email Address	NOEMAIL

Address	BLK 683B EDGEDALE PLAINS #06-697
Postcode	822683
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?	
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: : UNKNOWN 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

I STOP BEHIND VEH B DUE TO TRAFFIC LIGHT INFRONT, WHEN I NOTICED VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, ALL OF A SUDDEN, VEH B STOP, I MANAGE TO STOP BUT STILL TOUCH ONTO THE VEH B REAR PORTION. NO SERIOUS DAMAGE ON OUR BOTH VEH.

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	SLQ743H
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

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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

Yio Chu Kang Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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

Licence Number **S9171653D**

Name
GUAN ZHIJIE

Birth Date **19 Aug 1991**
Issue Date **03 Dec 2009**

0018092770




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9171653D**

Name
GUAN ZHIJIE

关志杰


Race
CHINESE

Date of birth
19-08-1991

Country of birth
CHINA

Sex
M





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


CLASS	VEHICLE CLASS	EXPIRY DATE
Class 2B	Motorcycles <= 200 CC	03 Dec 2009
Class 2A	Motorcycles between 201 CC and 400 CC	05 Apr 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	10 Apr 2012

S9171653D

S / No. 9000143686

Licence No: S9171653D

NP 428A



3883476

NRIC No. **S9171653D**

Date of issue
25-05-2006

APT BLK 683B EDGEDALE PLAINS #08-697
SINGAPORE 822683

NRIC No: **S9171653D** Date: **25/02/2018**




Hello, NAC_PAYA_UBI_800601

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[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

21/01/2019 15:37

Vehicle No.(For Motor)

SME5962K

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"/>	5104259435		GUAN ZHI JIE	S9171653D	GPC	drive CLASSIC	SME5962K	SME5962K	05/10/2018	04/10/2019

Continue

LKK Paya Ubi

From: ODsupport <ODsupport@income.com.sg>
Sent: Friday, 1 March 2019 9:20 AM
To: LKK Paya Ubi
Subject: RE: CLAIMS NUMBER MT/1029146 VEH NO SME5962K

Hi Shan Hui,

File uploaded. Kindly quote this claim number MT/1029146-001 for billing.

Thanks.

With Regards

Cynthia Ang
Admin Assistant
Motor Insurance
T +65 6430 7900
www.income.com.sg

 income
mode different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
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PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Thursday, 28 February 2019 4:05 PM
To: ODsupport <ODsupport@income.com.sg>
Subject: FW: CLAIMS NUMBER MT/1029146 VEH NO SME5962K

Hi All,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Thank

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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