

**NATIONAL Assessment Centre Services** (wef 1 Jan'05)

Date In: 04/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005982/13	SAS e-filing		
Veh No: SMG77557	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/04/19 1830	i-Motor Claim Form	MT/1038806-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJT303C 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%; F: 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

NA1902591

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idac 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: Idac Mobile	\$30		
	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	04/04/2019 14:27
Date Of Accident	03/04/2019 18:30
Exact Location Of Accident	ALONG PASIR RIS FARM 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7755T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LU LIN
NRIC No	S8879955J
Email Address	SHEN00LAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91736756
Alternative Phone No	OTHERS-91736756

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5107017144
Cover Note Number	

### Driver

Name of Driver	LU LIN
NRIC No	S8879955J
Date Of Birth	07/06/1988
Occupation	INDOOR
Date Of Driving Pass	24/10/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91736756
Fax Number	
Contact Number	OTHERS-91736756
Email Address	SHEN00LAN@GMAIL.COM

Address	BLK 211C PUNGGOL WALK #14-647
Postcode	8232111
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

I WAS TRAVELLING STRAIGHT ALONG PASIR RIS FARM 3 TWDS PUNGGOL. SUDDENLY I FELT THE IMPACT FROM MY REAR, VEH(B) BEARING REG NO SJT303C CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT303C
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**.
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.

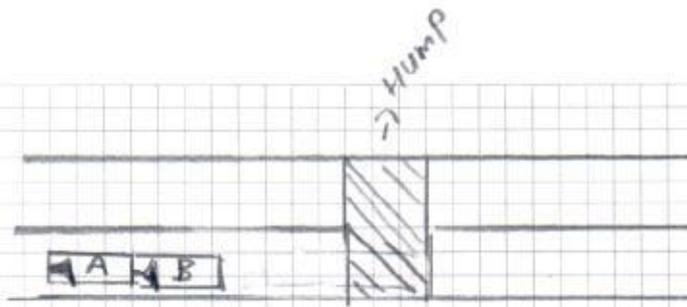
          
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A - SMG 7755T  
B - SJT 303C



PASIR RIS FARM 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the statement*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 04-Apr-2019

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

*[Signature]* 04/04/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (03/04/2019) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: ALONG PASIR RIS FARM 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG7755T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Vessal  
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: LU LIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8879955J CONTACT: 91736756  
c) ADDRESS: BLK 211C PUNGGOL WALK  
#14-647 (823211)

\* 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: (07/06/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/10/2016

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: SJT303C MODEL: NISSAN  
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: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(L)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = CK.tan888@live.com.sg

fax = shen00lan@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8879955J**

Name: **LU LIN**

Valid Until: **07 Jun 1988**

Issue Date: **24 Oct 2016**

002622582D



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8879955J**



Name: **LU LIN**

吕 麟

Race: **CHINESE**

Date of birth: **07-06-1988**

Country/Place of birth: **CHINA**

Sex: **M**

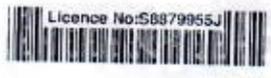



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	24 Oct 2016

NP 428A

Licence No: S8879955J



5931443



NRIC No. **S8879955J**



Date of issue: **07-05-2018**

Address: **APT BLK 211C PUNGGOL WALK #14-647 SINGAPORE 823211**

NRIC No: **S8879955J** Date: **18/08/2018**

Hello, NAC\_PAYA\_UBI\_800601

[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="03/04/2019 18:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SMG7755T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107017144		LU LIN	S8879955J	GPC	drive CLASSIC	SMG7755T	SMG7755T	18/01/2019	17/01/2020
<input type="button" value="Continue"/>										

**Claim Handling**

Accident MT/1038806

Policy No.	5107017144	Vehicle No.	SMG7755T	GST Registration No.
Certificate No.				
Policyholder Name	LU LIN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91736756	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ **Accident Details**

Report Date	04/04/2019 15:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/04/2019	Time of Accident hh:mm	18:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PASIR RIS FARM 3			

▼ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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	BLK 211C #14-647	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 823211	Address Type	Singapore address	Post Code
Unit No.	14-647	Related Policy Number	5107017144	

▼ **OI Driver Info**

Driver Name	LU LIN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8879955J	Driving Experience
Register Date of Driver License	24/10/2016	Driver Age	30	Contact No.(Home)
Contact No.(Mobile)	91736756	Contact No.(Office)	0	Address 3
Address 1	BLK 211C	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 823211	Address Type	Singapore address	Post Code
Unit No.	#14-647			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LU LIN
Contact No.(Mobile)	91736756	Contact No.(Home)	
Email Address	llllwdf@126.com	O1 Vehicle Number	SMG77
Claim Description	SMG7755T / SJT303C ON 3 Apr 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/04/2019 15:07
Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. MT/1038806 Claim No. 001  
 Last Doc. Received:  Yes  No Upload Date 04/04/2019 00:00

Path \*

- Choose File No file chosen
- Message Read

Category *	Confidential
Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:06	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:06	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 15:03	Photos	Normal	Photos

Video List

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