

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 13/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013987/13	SAS e-filing		
Veh No: SBE49C	E-mail (w/this 8hrs, AIC 2hrs)		
D.O.A: 10/08/19 1830	i-Motor Claim Form	MT/1057400-002	
OD TP: Reporting 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: **SKCJ736B** 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

NA1906063	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	13/08/2019 12:14
Date Of Accident	10/08/2019 18:30
Exact Location Of Accident	932A HOUGANG ST 91 RUBBISH CHUTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBE49K
Insured/Policyholder	
Name Of Registered Owner	ZHUQI RUIEN
NRIC No	S8812017E
Email Address	ZHUQI_RUIEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87489910
Alternative Phone No	OTHERS-87489910

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109922237
Cover Note Number	

Driver

Name of Driver	ZHUQI RUIEN
NRIC No	S8812017E
Date Of Birth	07/04/1988
Occupation	INDOOR
Date Of Driving Pass	06/09/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87489910
Fax Number	
Contact Number	OTHERS-87489910
EEmail Address	ZHUQI_RUIEN@YAHOO.COM

Address	BLK 813B YISHUN RING RD #02-4435
Postcode	762813
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	COLLIDED INTO PARKED VEHICLE
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 REVERSING MY VEH AT 932A HOUGANG ST 91 RUBBISH CHUTE. THERE'S A SLOPE SO I ACCIDENTALLY PRESS THE ACCELERATE TOO HARD AND MY VEH HIT ONTO THE PARKED 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	SKC2736B
Vehicle Make/Model/Colour	MERC
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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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.



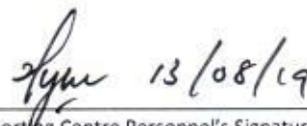
Policyholder's Signature

Date & Time: 13/08/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

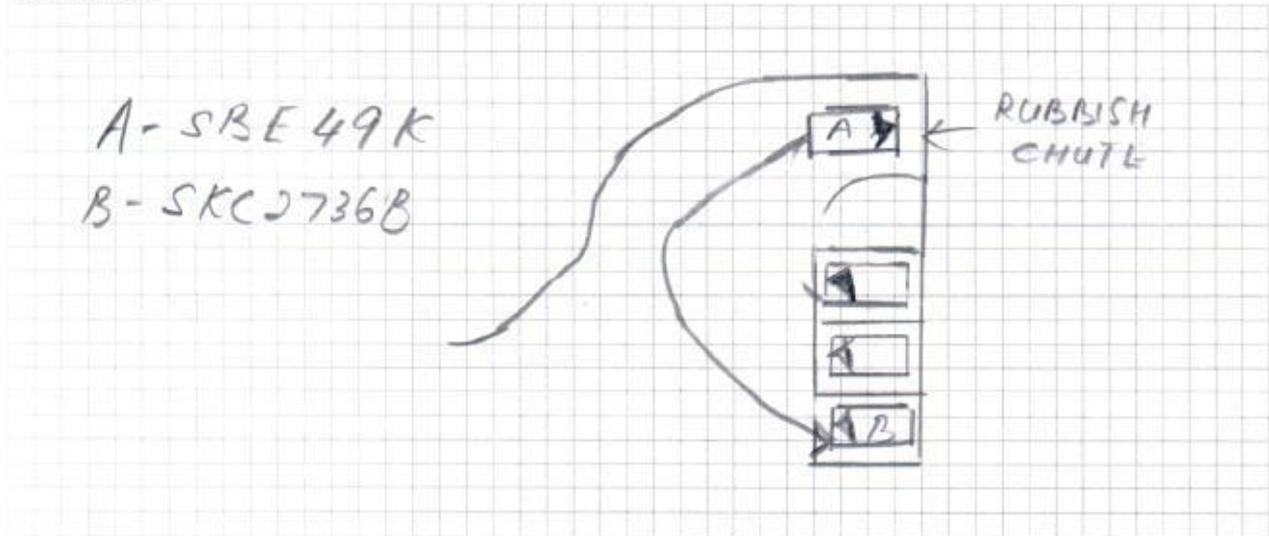


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 13/08/19

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

[Signature] 13/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8812017E**

Name: **ZHUQI RUIEN**

For LKK/NAC Use Only

Birth Date: 07 Apr 1988
Issue Date: 06 Sep 2016

002506885A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8812017E**

Name: **ZHUQI RUIEN**
朱崎瑞恩

For LKK/NAC Use Only

Race: **CHINESE**
Date of birth: **07-04-1988**
Country/Place of birth: **SINGAPORE**

Sex: **F**





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

Class	Description	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg	06 Sep 2016

For LKK/NAC Use Only

Licence No: S8812017E

NP 428A

5271028

Barcode

NRIC No. **S8812017E**

For LKK/NAC Use Only

Date of issue: **21-02-2014**

APT BLK 813B YISHUN RING ROAD #02-4435
SINGAPORE 762813

NRIC No: **S8812017E** Date: **15/08/2018 (R)**



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="10/08/2019 18:30"/>
Vehicle No.(For Motor)	<input type="text" value="SBE49K"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109922237		ZHUQI RUIEN	S8812017E	GPC	Third Party	SBE49K	SBE49K	27/05/2019	26/05/2020

Continue

Claim Handling

Accident MT/1057400

Policy No.	5109922237	Vehicle No.	SBE49K	GST Registration No.
Certificate No.				
Policyholder Name	ZHUQI RUIEN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	87489910	Contact No.(Office)		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	13/08/2019 16:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/08/2019	Time of Accident hh:mm	18:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	932A HOUGANG ST 91 RUBBISH CHUTE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00	

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 813B #02-4435	Address 2	YISHUN RING ROAD	Address 3
Address 4	SINGAPORE 762813	Address Type	Singapore address	Post Code
Unit No.	02-4435	Related Policy Number	5109922237	

OJ Driver Info

Driver Name	ZHUQI RUIEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8812017E	Driver DOB
Register Date of Driver License	06/09/2016	Driver Age	31	Driving Experience
Contact No.(Mobile)	87489910	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 813B #02-4435	Address 2	YISHUN RING ROAD	Address 3
Address 4	SINGAPORE 762813	Address Type	Singapore address	Post Code
Unit No.	02-4435			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	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
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Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ZHUQI
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OJ Vehicle Number	SBE49K
Claim Description	SBE49K / SKC2736B ON 10 Aug 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	13/08/2019 19:45	Claim Close Date	

Report Taken By

ROSLINDA

Workshop
Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057400	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2019 00:00
Choose File	No file chosen	Clear	Category * Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			Confidential NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:45		NRIC/ Driving License	Normal	NRIC/ Driving 1
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:44		Photos	Normal	Photos

Video List

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