

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MMA 119134188

Date In: 10/10/19 09:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA1MC19017861/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMG 7602	I-Motor Claim Form	M7/1066214 ⁰⁰¹	10/10/19 10:28
TP: 9/10/19 14:50	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
<input checked="" type="radio"/> TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Toyota Ubi Service Centre Tel: 66311188 Fax:)

TP Particulars:	Veh No: SLU 473R	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:	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

MA1907654	Invoice Registration Charge	Am (S) Add'l Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: 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 \$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	10/10/2019 09:04
Date Of Accident	09/10/2019 14:50
Exact Location Of Accident	KALLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG760Z
Insured/Policyholder	
Name Of Registered Owner	JIANG SAIMIN
NRIC No	S8378532B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91378960
Alternative Phone No	OFFICE-91378960

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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?	YES
If No, Please state action to be taken	
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	5106048770
Cover Note Number	

Driver

Name of Driver	ZHENG CHENGWEN
NRIC No	S8382025Z
Date Of Birth	30/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91500530
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 588C MONTREAL DR #04-98
Postcode	753588
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191009/2108

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	SLU473R
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

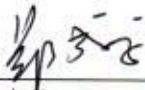
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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. 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 7602
B = SLU 473R

Kallang Rd
towards Bugis
street

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191009/2108

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.:



SINGAPORE POLICE FORCE



T/20191009/2108

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20191009/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2019 16:18		Vide Report No.:		Station Diary No.: 78	
Informant's Particulars					
Name of Informant: ZHENG CHENGWEN			Address: APT BLK 588C MONTREAL DRIVE #04-98 SINGAPORE 753588		
ID Type / ID No.: NRIC NO / S8382025Z			Contact No.: Home/Office: Mobile: 91500530		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 30/08/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG ROAD				
Travelling along Kallang Road towards Bugis Street.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Side Swipe and Head to Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU473R	Car				Slightly Damaged	0
SMG760Z	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191009/2108

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20191009/2108

CONTINUATION OF REPORT

Driver				
Name	SIEW ON HWAI		ID No.	S1536798I
Related Vehicle	SLU473R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ZHENG CHENGWEN		ID No.	S8382025Z
Related Vehicle	SMG760Z (Car)		Contact No.	91500530
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 09/10/2019, at about 1500hrs, I was travelling in my vehicle (SMG 760 Z). While I was travelling on the 3rd Lane along Kallang Road towards Bugis Street, I showed my intention to filter to the left, thus I signal left, and began to filter to the left. However, one vehicle (SLU 473 R) from the rear started to increase speed on my left, however, I do not have enough time to react and side swiped the vehicle. The mentioned vehicle immediately execute an emergency brake, thus, I again was unable to react in time, and collided to the right rear of the mentioned vehicle.

We then alighted our vehicle, and exchanged our particulars. However, before I could attain his contact number, he entered his vehicle and left. Thus, there is no way I could contact him, thus, I decided to lodge a Police Report regarding this matter.



**SINGAPORE
POLICE FORCE**



T/20191009/2108

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20191009/2108

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

A /

Sgt 3 ~~PANG QIAN WEN~~

Brandon Tan

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

09/10/2019 16:18

Classification Of Case:

Authentication Stamp

NP168

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="09/10/2019 09:02"/>
Vehicle No.(For Motor)	<input type="text" value="SMG760Z"/>	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 checked="" type="radio"/>	5106048770		JIANG SAIMIN	S8378532B	GPC	drivo PREMIUM	SMG760Z	SMG760Z	04/12/2018	03/12/2019

Claim Handling

Accident MT/1066214

Policy No.	5106048770	Vehicle No.	SMG760Z	GST Registration No.	
Certificate No.					
Policyholder Name	JIANG SAJMIN	Cover Type	drive PREMIUM	Policyholder NRIC	S8378532B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91378960	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/10/2019 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	09/10/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KALLANG RD				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 588C #04-98	Address 2	MONTREAL DRIVE	Address 3	MONTREAL SPRING
Address 4	SINGAPORE 753588	Address Type	Singapore address	Post Code	753588
Unit No.	04-98	Related Policy Number	5106048770		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/08/1983
Unnamed driver Name	ZHENG CHENGWEN	Driver NRIC	S8382025Z	Driving Experience	2
Register Date of Driver License	09/03/2017	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	91500530	Contact No.(Office)		Address 3	MONTREAL SPRING
Address 1	BLK 588C #04-98	Address 2	MONTREAL DRIVE	Post Code	753588
Address 4	SINGAPORE 753588	Address Type	Singapore address		
Unit No.	04-98	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	JIANG SAJMIN	Insured NRIC	S8378532B	
Contact No.(Mobile)	91378960	Contact No.(Home)		Contact No.(Office)		
Email Address		Vehicle No.	SMG760Z	Vehicle Number	SLU47	
Claim Description	SMG760Z / SLU473R ON 9 Oct 2019				Name of Preferred Workshop	TOYOTA
Preferred Workshop	66311188	Insured Liability	Partially at Fault	GIA report	Received	
Report Taken By	LEE SHAN HUI				Claim Close Date	10/10/2019
Date Registered	10/10/2019 10:27	Date Received	10/10/2019			
Print AK letter						OD Excess Collected by Workshop
<div>Save</div> <div>Submit</div>						

Attachment

Accident No.	MT/1066214	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/10/2019 10:28		
Path *		Category *	Confidential	Urgency *	Desci
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Mi
NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	10 Oct 2019 10:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-10-10	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
10 Oct 2019 10:28

SAS

Normal

SAS 2019-10-10

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
10 Oct 2019 10:28

Photos

Normal

Photos 2019-10-10

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
10 Oct 2019 10:28

Photos

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
10 Oct 2019 10:27

Photos

Normal

Photos 2019-10-10

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Thursday, 10 October 2019 10:32 AM
To: 'ODsupport'
Subject: FW: SMG 760Z MT/1066214-001 OD-DRIVO PREMIUM
Attachments: SMG760Z_09102019.PDF

Hi

Dear All,

Name of Registered : JIANG SAIMIN
NRIC No : S8378532B

Name of Driver : ZHENG CHENGWEN
NRIC : S8382025Z
Mobile No : 91500530

Own Damage Excess : \$600
Unnamed Driver Excess : N/A

Name of Workshop : TOYOTA UBI SERVICE CENTRE
Contact No : 66311188

Remarks : N/A

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)