

NATIONAL Assessment Centre Services.

(part 1 Jan 08)

1904899/36413

Date In: 14/10/2018 18:32	Job description	Date & Time Completed	Done by
Ref No: 1501/2018/9018040/4	SAS e-filing		
Veh No: SLW 44984	E-mail (to jobs 2hrs, A/C 2hrs)		
DOA: 12/10/2018 20:15	1-Motor Claim Form	14/10/2018 18:04	15/10/2018 18:04
OD: TP (Reporting Only)	1-Motor W/O (with in OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH 9422M	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: ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date/Time:	

18/10/2018	Invoice / Refundation / Credit / Debit
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ref 10 Jan 2003)
	6) TR: Re-inspection \$73
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$23
	*N8: DV / Collect Excess Coordination \$3
	TE (NI) : TP (Non INC) against INC \$20
	*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	14/10/2019 18:32
Date Of Accident	12/10/2019 20:15
Exact Location Of Accident	JUNCTION OF HAVELOCK ROAD AND NEW MARKET ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4498H
Insured/Policyholder	
Name Of Registered Owner	XU HONGFEI
Passport No/FIN	G3294847U
Email Address	XUHONGFEI1225@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98373916
Alternative Phone No	OTHERS-98373916

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	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	5107179345
Cover Note Number	

Driver

Name of Driver	XU HONGFEI
Passport No/FIN	G3294847U
Date Of Birth	21/11/1983
Occupation	INDOOR
Date Of Driving Pass	03/10/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98373916
Fax Number	
Contact Number	OTHERS-98373916
Email Address	XUHONGFEI1225@HOTMAIL.COM

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: 14 Oct 2019
1428 hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time: 14 Oct 2019
1428 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Hand-drawn sketch map of a street intersection. The vertical street is labeled "Haverlock Road" and the horizontal street is labeled "New Market Rd". At the intersection, a "taxi" is marked with a blue "B" and a car labeled "me" with a blue "A".

I was driving on market Rd trying to filter left to get onto New Market Rd. I was driving at about 35 km/h.

The taxi appeared suddenly and I scraped the right & rear side of the taxi.

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

Driver's Signature: Xu Hongfei
(If driver is not the policyholder)
Date & Time: 14 Oct 2019
1433 hrs.

Reporting Centre Personnel's Signature
Name: Josh [unintelligible]
NRIC/FIN No.: 1611012013

Claim Handling

Accident HT/1067044

Policy No.	8107179345	Vehicle No.	SLW4498H	GST Registration No.	
Certificate No.					
Policyholder Name	XU HONGFEI			Policyholder NRIC	G3294847U
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98373916	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	14/10/2019 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/10/2019	Time of Accident (H:mm)	20:14	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF HAVELOCK ROAD AND NEW MARKET ROAD				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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	8 INDUS ROAD	Address 2	#07-05 EMERALD PARK TOWER	Address 3	SINGAPORE 169588
Address 4		Address Type	Singapore address	Post Code	169588
Unit No.	02-02	Related Policy Number	8107179345		

OT Driver Info

Driver Name	XU HONGFEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G3294847U	Driver DOB	21/11/1963
Register Date of Driver License	02/06/2018	Driver Age	39	Driving Experience	3
Contact No.(Mobile)	98373916	Contact No.(Office)		Contact No.(Home)	
Address 1	8 INDUS ROAD	Address 2	#07-05 EMERALD PARK TOWER	Address 3	SINGAPORE 169588
Address 4		Address Type	Singapore address	Post Code	169588
Unit No.	02-02				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLW4498H	Driver Insurer Company	NTUC

Declaration:

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	XU HONGFEI	Insured NRIC	G3294847U
Contact No.(Mobile)	98373916	Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description	SLW4498H / SH9822M ON 14 Oct 2019		Vehicle Number	SH9822M	
Preferred Workshop		Insured Liability	Fullly at Fault	Name of Preferred Workshop	
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2019 18:03	Claim Code		Date Received	15/10/2019 00:00
Report Taken By	ROSLI WAHAR				

Print All Letter

Save Submit

Attachment

Accident No.	HT/1067044	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/10/2019 18:04
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:04	Photos	Normal	Photos 2019-10-15		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:04	Photos	Normal	Photos 2019-10-15		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:04	Photos	Normal	Photos 2019-10-15		

10/15/2019

Claim Handling(accident reporting, Claim Task)









NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:04	Photos	Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:03	Photos	Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:03	Photos	Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:03	Photos	Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:03	Photos	Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:03	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 18:03	SAS	Normal	SAS 2019-10-15

 Video List

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

Address	6 INDUS ROAD #02-05
Postcode	169588
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	SIDE SWIPE
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	SH9922M
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG SOON CHOI
NRIC/Passport Number	S0523241D
Contact Number	96230097
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ACCIDENT STATEMENT

ACCIDENT DATE: 12/10/2019 (DD/MM/YYYY), TIME: 20:15 (HH:MM)

LOCATION: Junction of HAYCOCK ROAD / XIAO MAO KAN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 4498 H
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5107179345
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Vezel
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal 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: Xu Hong Fei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3294847U CONTACT: _____
 c) ADDRESS: 6 Indus Rd #02-05
S 169588

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Xu Hong Fei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3294847U CONTACT: 98313816
 c) ADDRESS: 6 Indus Rd #02-05
S 169588

*d) DATE OF BIRTH: 21/11/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3 Oct 2017

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: SH 9922 M MODEL: Hyundai Ionic
 b) DRIVER'S NAME: Cheng Soon Choi
 c) NRIC/FIN/PASSPORT: S 0523241 D CONTACT: 96230097

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

email = xuhongfei1225@hotmail.com
 VIDEO

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S107179345

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLW4498H**
Chassis Number : RU11232032
2. Name of Policyholder : XU HONGFEI
3. Effective Date of Insurance : 12 Feb 2019
4. Expiry Date of Insurance : 11 Feb 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: XU HONGFEI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 22 Jan 2019 12:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive