

# NATIONAL Assessment Centre Services

Date In: 12/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020066/13	SAS e-filing		
Veh No: SJ192494	E-mail (within 8hrs. AIC 2hrs)		
DOA: 12/11/19	i-Motor Claim Form	MT/1071468-001	
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: XB8655M	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 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

NA1908603

## Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	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) iFT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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		
Auditors' Comments :-	TP (N11): TP (Non-INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	12/11/2019 15:55
Date Of Accident	12/11/2019 14:05
Exact Location Of Accident	KPE TWDS ECP B4 PIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ9249U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYFFE3 PTE. LTD.
Co Reg No	201717454G
Email Address	LYFFE.JWJ@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90067922
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FIT
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108850036
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOH ZHENSHENG,KELVIN(XU ZHENSHENG,KELVIN)
NRIC No	S8425933J
Date Of Birth	08/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97234569
Fax Number	
Contact Number	
EMail Address	KELVINKOH198498@GMAIL.COM

Address	BLK 310 HOUGANG AVE 5 #09-275
Postcode	530310
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	2
Passenger 1	NAME: : AH BING 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 WAS TRAVELLING STRAIGHT ALONG KPE TWDS ECP B4 PIE EXIT ON THE 2ND LANE OF A3-LANES RD. WHEN I SAW VEH(X) FROM MY LEFT LANE CUT INTO MY LANE, I APPLIED JAM BRAKE AND MY VEH SKIDDED TO THE LEFT LANE AND HIT ONTO VEH B REAR LEFT PORTION. AFTER THE IMPACT MY VEH HIT ONTO THE WALL.

#### 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	XB8655M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH ZHENSHENG,KELVIN(XU ZHENSHENG,KELVIN)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJJ9249U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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.

LYFFE3 PTE LTD

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

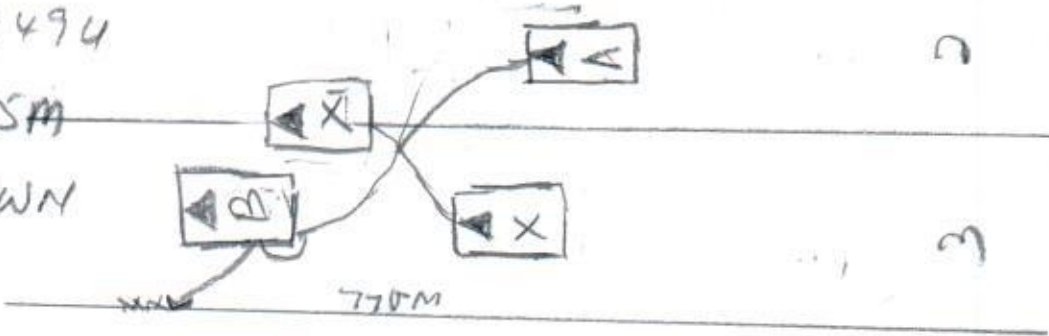


KPE TWOS ECP  
BY DIE  
EXIT

A-SJJ92494

B-XB8655M

X-UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

LYFFE3 PTE LTD

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.:

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  
Vehicle No. (For Motor)

SJJ9249U

Date of Accident  
Certificate Number

12/11/2019 14:05

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5108850036		LYFFE3 PTE. LTD.	201717454G	GPC	Third Party	SJJ9249U	SJJ9249U	13/04/2019	28/03/2020

Continue

Claim Handling

Accident MT/1071488

Policy No.	5106850036	Vehicle No.	SJJ9249H	GST Registra
Certificate No.				
Policyholder Name	LYFFEE3 PTE. LTD.			Policyholder f
Product Code	PRIVATE CAR (INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90067922	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	15/11/2019 11:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/11/2019	Time of Accident hh:mm	14:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	KPE TWD5 ECP B4 PJE EXIT			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	1,900.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VENTURE BU	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-82	Related Policy Number	5111295405	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH ZHENSHENG,KELVIN(XU ZH	Driver NRIC	S6425933J	Driver DOB
Register Date of Driver License	18/12/2007	Driver Age	35	Driving Exper
Contact No.(Mobile)	97234569	Contact No.(Office)	0	Contact No.(I
Address 1	6LK 310	Address 2	HOUGANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	409-275			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	90053522	Contact No. (Home)	A
Email Address		OI Vehicle Number	S
Claim Description	SJJ9249U / XB8655M ON 12 Nov 2019		
Preferred Workshop	Insured Liability Partially at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	15/11/2019 11:18	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	
Print AK letter			



Save

Submit

Attachment

Accident No.

M7/1071485

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

15/11/2019 00:08

Path

Category

Confid

Choose File

No file chosen

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Please Select

NO

Choose File

No file chosen

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NO

Choose File

No file chosen

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NO

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No file chosen

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NO

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No file chosen

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NO

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No file chosen

























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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 11:18	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 11:18	SAS		Normal	:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 11:17	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 11:17	Photos		Normal	PI
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 11:16	Photos		Normal	PI



Video List

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