

NATIONAL Assessment Centre Services

Date In: 16/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20001002/13	SAS e-filing		
Veh No: SML5395K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/01/20 0340	i-Motor Claim Form	MT/1080434-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SL67226R	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

NA2000864	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Clubman's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idao 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	16/01/2020 09:24
Date Of Accident	15/01/2020 03:40
Exact Location Of Accident	ALONG UPP SERANGOON RD TWDS CITY OSCP LOT NO 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML5395K
Insured/Policyholder	
Name Of Registered Owner	XUE LIYING
NRIC No	SXXXX745G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91904331
Alternative Phone No	OTHERS-91904331
Vehicle Particulars	
Manufacturer	BMW
Model	316
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5111434091
Cover Note Number	
Driver	
Name of Driver	XUE LIYING
NRIC No	SXXXX745G
Date Of Birth	29/11/1978
Occupation	INDOOR
Date Of Driving Pass	08/01/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91904331
Fax Number	
Contact Number	OTHERS-91904331
EMail Address	NOEMAIL

Address	BLK 869 TAMPINES ST 83 #09-179
Postcode	520869
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	3
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)	0

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLG7226R
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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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

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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.

X

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.:

16/01/20

SKETCH PLAN



Vehicle A: SML5395K
Vehicle B: SLG7226R
Vehicle C: Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was parked my vehicle A (SML5395K) along Upper Serangoon Road towards City, open space car park lot no. 3. and I leave my vehicle. After a while when I come back to my vehicle, I noticed that the front portion of vehicle B (SLG7226R) collided onto the rear portion on my vehicle. I was been told by the driver (veh B) that the rear portion of his vehicle collided onto the front portion of vehicle C (unknown) when he was parking and he moved forward to collided onto the rear portion of my vehicle.

DECLARATION

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

2

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.:

Vehicle No.	SML 5395K	Model / Make	Bmw 316
Date of Accident	15/1/2020		
Time of Accident	0340	HRS	
Location of Accident	Along Upper Serangoon Road towards City OSCP Lot No.3		
Exact purpose use during accident	Private use		
Name of Owner	Xue Li Xing		
Telephone No.	H/P: 91904331	Home :	Office :
NRIC	S7878745G		
Address	Blk 869 Tampine 8 Street 83 #09-179 S(520869)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	511434091		
Name of Driver	As Above If No,		
NRIC	Any Passengers : —		
Date of birth	29/11/1978		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	8/1/2010		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLG 7226R	Any Passengers :	—
Name of Driver		Contact No. :	9025 5943
Vehicle C No.	Unknown	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	dialon.chen@yahoo.com.sg		
PARTICULAR WORKSHOP	Twincor Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsl.com.sg		

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: 5111434091

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SML5395K
Chassis Number : WBA3A16000NS38678
2. Name of Policyholder : XUE LIYING
3. Effective Date of Insurance : 29 Jul 2019
4. Expiry Date of Insurance : 28 Jul 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: XUE LIYING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 25 Jul 2019 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1080434

Policy No.	5111434091	Vehicle No.	SML5395K	GST Registr
Certificate No.				
Policyholder Name	XUE LIYING			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	91904331	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	16/01/2020 16:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/01/2020	Time of Accident hh:mm	03:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UPP SERANGOON RD TWDS CITY OSCP LOT NO 1			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cow
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 869 #09-179	Address 2	TAMPINES STREET 83	Address 3
Address 4	SINGAPORE 520869	Address Type	Singapore address	Post Code
Unit No.	09-179	Related Policy Number	5111434091	

OI Driver Info

Driver Name	XUE LIYING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	57878745G	Driver DOB
Register Date of Driver License	08/01/2010	Driver Age	41	Driving Exper
Contact No.(Mobile)	91904331	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 869	Address 2	TAMPINES STREET 83	Address 3
Address 4	SINGAPORE 520869	Address Type	Singapore address	Post Code
Unit No.	#09-179			
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
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Modification History

Claim 001 OD-MX New

Claim Type	OD-MX	Insured Name	X
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	S
Claim Description	SML5395K / SLG7226R ON 15 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	16/01/2020 16:24	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	
Print AK letter			

Save Submit

Attachment

Accident No.
MT/1080434

Claim No.
001

Last Doc. Received
* Yes No

Upload Date
16/01/2020 00:00

Path

Category *
Confid:

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

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Please Select

NO

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Choose File No file chosen

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Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File 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 16 Jan 2020 16:24	NRIC/ Driving License	Y	Normal	NRIC/ Di	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2020 16:24	SAS		Normal		
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2020 16:22	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2020 16:22	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2020 16:22	Photos		Normal	P	
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2020 16:22	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2020 16:22	Photos		Normal	P	

 Video List

Video List

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