

NATIONAL Assessment Centre Services

(Ref: 1 Jan 05) MHA 14001774

Date In: 31/1/20 18:38	Job description	Date & Time Completed	Done by
Ref No: HA/1400001774/24	SAS e-filing		
Veh No: 5K17882X	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 21/1/20 14:40	1-Motor Claim Form	21/1/20 18:38	21/1/20 18:38
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: ABC1234	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

NA2000896	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100)		
Contact No:	3) TF: Towing Fee (\$40/\$45)		
Damaged Portion:	4) FT: Follow-Through Survey (\$120)		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) (\$30)		
Auditors' Comments:	For claiming against INC Only (till 10 Jan 2005)		
	6) TR: Re-inspection (\$75)		
	7) N1: Idem DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:		
	Q1:		
	* N5: Courtesy Car / Tpl 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: Idem 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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	31/01/2020 18:38
Date Of Accident	24/01/2020 14:40
Exact Location Of Accident	AYE (TUAS) BEFORE GILLMAN FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7882X
Insured/Policyholder	
Name Of Registered Owner	LU JUNXIAN
NRIC No	SXXXX031J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98377747
Alternative Phone No	OFFICE-98377747

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	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	5092495876-02
Cover Note Number	

Driver

Name of Driver	LU JUNXIAN
NRIC No	SXXXX031J
Date Of Birth	27/01/1989
Occupation	INDOOR
Date Of Driving Pass	08/02/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98377747
Fax Number	
Contact Number	OFFICE-98377747
Email Address	NOEMAIL

Address	BLK 331 JURONG EAST AVENUE 1 #10-1736
Postcode	600331
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	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)	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

REFER TO 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	GBC7286G
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	LU JUNXIAN
------	------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

BODY

SKN7882X

YES

NO


SKETCH PLAN


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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:

AYE TOWARDS TUAS BEFORE GILLMAN FLYOVER

A- SKN 78321
B- GFB 72866



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE TOWARDS TUAS BEFORE GILLMAN FLYOVER. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT. MOMENT LATER VEH B REAR-ENDED MY VEHICLE.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: SKN7882X

MODEL: HYUNDAI ELANTRA 1.6

DATE OF ACCIDENT	24/1/2020		
TIME OF ACCIDENT	1440	HRS	AM/PM
LOCATION OF ACCIDENT	AYE TOWARDS TUAS BEFORE GILLMAN FLYOVER		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	LU JUNXIAN		
CONTACT NO.	98377747		
NRIC	S89040314		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC	ANY PASSENGER: 0		
DATE OF BIRTH			
OCCUPATION	OUTDOOR/INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	98377747	OFFICE:	HOME:
ADDRESS	BLK 331 JURONG EAST AVENUE 1 #10-1736 S(600331)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/IF NO		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY/ WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: Driver		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	GBC7286G	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number	: 5092495876-02
The Policyholder	: LU JUNXIAN BLK 331 #10-1736 JURONG EAST AVENUE 1 SINGAPORE 600331
Period of Insurance	: 18 Jul 2019 To 17 Jul 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,097.77
Interest Insured	
Cover Type	: drive CLASSIC
Primary Driver	: LU JUNXIAN
Named Driver (1)	: NG XIN YI
Named Driver (2)	: N/A
Make/Model	: HYUNDAI/ELANTRA
Registration Number	: SKN7882X
Chassis Number	: KMHDH41CMEU240563
Repair at Owner's Preferred Workshop	: No
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Windscreen Excess	: S\$100
Additional Excess	: N/A
Unnamed Driver Excess	: Please refer to Terms and Conditions
Hire Purchase Company	: N/A
Optional Cover	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 1600cc
Registration Year	: 2014
Off-peak Car	: No
Insure with COE	: Yes
NCD Entitlement	: 40%
NCD Protection	: No
Memo A : N/A	
Endorsement Operative : N/A	

Agency : BONG WEI MING (00000602407)
Date of Issue : 05 Jul 2019 12:53 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident:

Vehicle No. (For Motor): Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092495876-02		LU JUNXIAN	S89040317	GPC	drive CLASSIC	SKN7882X	SKN7882X	18/07/2019	17/07/2020

Policy Information

Policy No.	5092495876-02	Policyholder Name	LU JUNXIAN	Policyholder NRIC	S8904031J
Certificate No.					
Address	BLK 331 #10-1736 JURONG EAST AVENUE 1 SINGAPORE 600331				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/07/2019	Effective Date	18/07/2019 00:00	Expiry Date	17/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	BONG WEI MING	Agent Tel.	81561201	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 331 #10-1736	Address 2	JURONG EAST AVENUE 1	Address 3	SINGAPORE 600331
Address 4		Address Type	Singapore address	Post Code	600331
Unit No.		Related Policy Number	5092495876-02		

Insured Object: SKN7882X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MY/1002446

Policy No.	004243875-02	Vehicle No.	SKN78629	GET Registration No.	
Certificate No.					
Policyholder Name	LI JUNGJIAN	Cover Type	Drive CLASSIC	Policyholder NRIC	S89040311
Product Code	PRV475 CAR INSURANCE	Contact No. (Office)	8	Leading	0
Contact No. (Mobile)	98377747	Special Return		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text"/>
KPI	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Fraction	No			Private Use	No

Accident Details

Report Date	31/01/2020 18:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	24/01/2020	Time of Accident (h:mm)	18:40	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	KYE (TLR02) BEFORE GULFPAN FLYOVER				

Total Excess Applicable

Excess Type	Per Accident	Whichever Excess	100.00		
OG Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YOSD OG Excess	0.00	YOSD TP Excess	0.00		
Additional Excess	0				
Total OG Excess Applicable	600.00	Total TP Excess Applicable	0.00		

GET Registered Information

GET Registered	No	GET Registration Date	
GET Registration No.		GET Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 221 #10-1736	Address 2	JURONG EAST AVENUE 1	Address 3	SINGAPORE 600221
Address 4		Address Type	Singapore address	Post Code	600221
Unit No.		Related Policy Number	004243875-02		

OG Driver Info

Driver Name	LI JUNGJIAN	Driver Type	Main Driver	Driver OOR	27/01/1989
Licensed driver Name		Driver NRIC	S89040311	Driving Experience	8
Register Date of Driver License	08/02/2010	Driver Age	30	Contact No. (Home)	0
Contact No. (Mobile)	98377740	Contact No. (Office)	0	Address 1	SINGAPORE 600221
Address 1	BLK 221	Address 2	JURONG EAST AVENUE 1	Address 3	SINGAPORE 600221
Address 4		Address Type	Singapore address	Post Code	600221
Unit No.	10-1736				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OG-MR	Insured Name	LI JUNGJIAN	Insured NRIC	S89040311
Contact No. (Mobile)	98377740	Contact No. (Home)	0	Contact No. (Office)	
Email Address	liyj1048@ntt.net.sg	GT Vehicle Number	SKN78629	TP Vehicle Number	0BC7389C
Claimant Type	Plaintiff	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKN78629 / 0BC7389C On 24 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Prescription	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	CCA report	Received
Date Registered	31/01/2020 18:55	Claim Close Date		Date Received	31/01/2020 00:00
Report Taken By	Jackson				

☐ Print AX letter

Save **Submit**

Attachment

Accident No. MY/1002446 **Claim No.** 001

Last Doc Received ☒ Yes ☐ No **Upload Date** 31/01/2020 18:54

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message

Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)		
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	NAC/C Driving License	Normal	NAC/C Driving License 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	SAS	Normal	SAS 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
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	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
	NAC_PAYA_URL_8006031 NATIONAL ASSESSMENT CENTRE SERV (CES) on 31 Jan 2020 18:54	Photos	Normal	Photos 2020-1-31			
Video List							
Uploaded By/Date	Upload Date	File Name		Source	Asset		
<div>Display in New Window</div> <div>Don't wait uploading</div>							