

NATIONAL Assessment Centre Services

MNA 120016988

Date In 7/12/20 09:03
Ref No MA/INC 200 02152164
Veh No SLU 38765
Date 6/12/20 07:00

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

MT/1083377-001

7/12/20 11:08

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whsp

IP Reporting Only

IP Insurer

Preferred Whsp / INC Assign Whsp / OW: (

Borneo motors Toyota

ubi Service centre Fax: 66311188

IP Particulars:

Veh No:

Unknown

INC () / Non-INC ()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Date:

Time:

Confirmed by: (

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 1000000 6700 6610)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Action

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref:

1/3

MA2001164

Invoice Preparation Checklist		Amount (\$)	Amount (\$)
		Actual	Added
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against UNC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) HI: Idno DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
• N1: Courtesy Car / Tpt Allowance	\$5		
• N6: Repair Coordination	\$10		
• N7: Post Repair Inspection	\$25		
• N8: DV / Collect Excess Coordination	\$5		
• TP (N11): TP (Non INC) against INC	\$20		
9) H12: Idno 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	07/02/2020 09:03
Date Of Accident	06/02/2020 07:00
Exact Location Of Accident	ENG NEO AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3876S
Insured/Policyholder	
Name Of Registered Owner	LI XUE
NRIC No	SXXXX307D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98801758
Alternative Phone No	OFFICE-98801758

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5105462945-01
Cover Note Number	

Driver

Name of Driver	DAI LU
NRIC No	SXXXX175A
Date Of Birth	20/06/1972
Occupation	INDOOR
Date Of Driving Pass	20/10/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90085572
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	770 BEDOK RESERVOIR RD #03-03
Postcode	479250
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	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?	
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200206/2041

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	UNKNOWN
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)

SKETCH PLAN

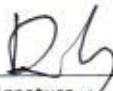
IMPORTANT NOTICE

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

Dunearn Rd



A = SLU 38765

B = Unknown

Eng Neo Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200206/2041

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/20200206/2041

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200206/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2020 12:27	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: DAI LU			Address: 770 BEDOK RESERVOIR ROAD #03-03 SINGAPORE 479250		
ID Type / ID No.: NRIC NO / S7284175A			Contact No.:		Mobile: 90085572
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email:		
Sex: Male	Age: 47	Date of Birth: 20/06/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT ENGINEER			Driving Licence Information: Class:		
			Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/02/2020 07:00	Type of Location: Straight Road
Location: Along Road 1 ENG NEO AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU3876S	Car	TOYOTA	HARRIER M GRADE	Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200206/2041

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200206/2041

CONTINUATION OF REPORT

Driver			
Name	DAI LU		ID No. S7284175A
Related Vehicle	SLU3876S (Car)		Contact No. 90085572
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

Brief Details.

On 6/2/2020 at about 0700hrs, I was driving along Eng Neo Avenue.

I noticed that there was another vehicle beside me while I was turning left onto Dunearn Road. As I saw that the car was very close to mine, I had applied my brakes and came to a stop. However, the other car still swiped the front right portion of my vehicle.

After the impact, the other driver did not stop and proceeded to drive off. Due to the speed at which he drove off, I was unable to take down his license plate.

The front right bumper of my vehicle was damaged as a result of this accident.



SINGAPORE
POLICE FORCE



T/20200206/2041

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200206/2041

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:

G /

Sgt 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/02/2020 12:27

Classification Of Case:

eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

06/02/2020 09:01

Vehicle No.(For Motor)

SLU3876S

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"/>	S105462945-01		LI XUE	S7581307D	GPC	drive PREMIUM	SLU3876S	SLU3876S	30/11/2019	29/11/2020

Claim Handling

Accident MT/1083377

Policy No.	5105462945-01	Vehicle No.	SLU38765	GST Registration No.	
Certificate No.				Policyholder NRIC	S7581307D
Policyholder Name	LI XUE	Cover Type	drive PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98801758	Special Remark		inCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes			Accident Type	Side Swipe
Report Date		Accident Report Within 24 hrs		Country of Accident	
07/02/2020 11:04		Yes		Singapore	
Date of Accident		Time of Accident hh:mm		ICM No.	
06/02/2020		07:00			
Reporting Centre		Orange Force			
Accident Location					
ENG NEO AVE					
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
Benefits					
Coverage		Sum Insured	9999999.99		
Excess Waiver			9999999.99		
Transport Allowance					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	770 BEDOK RESERVOIR ROAD	Address 2	#03-03 WATERFRONT KEY	Address 3	SINGAPORE 479250
Address 4		Address Type	Singapore address	Post Code	479250
Unit No.		Related Policy Number	5105462945-01		

OI Driver Info

Driver Name	DAI LI	Driver Type	Named Driver	Driver DOB	20/06/1972
Unnamed driver Name		Driver NRIC	S7264175A	Driving Experience	12
Register Date of Driver License	01/02/2008	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	90085072	Contact No.(Office)		Address 3	SINGAPORE 479250
Address 1	770 BEDOK RESERVOIR ROAD	Address 2	#03-03 WATERFRONT KEY	Post Code	479250
Address 4		Address Type	Singapore address		
Unit No.	93-03			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration		Any injury?	Yes No
Breathalyzer or Blood Test Reading?	0 mg		

Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	65311188	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	07/02/2020 11:07	Date Received	07/02/2020
Continued No.	Yes	Preferred Repair Option	Preferred Workshop (refer below)						
Finalisation									
Date Registered									

Report Taken By

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083377	Claim No.	001	Category *	Confidential	Urgency *	Descr
Last Doc. Received	* Yes No	Upload Date	07/02/2020 11:08				
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						
Choose File	No file chosen						

Choose File No file chosen

Clear

Please Select

NO

Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 11:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 11:08	SAS	Normal	SAS 2020-2-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 11:08	Photos	Normal	Photos 2020-2-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 11:08	Photos	Normal	Photos 2020-2-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 11:07	Photos	Normal	Photos 2020-2-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 11:07	Photos	Normal	Photos 2020-2-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Friday, 7 February 2020 11:24 AM
To: 'ODsupport'
Subject: SLU 3876S MT/1083377 OD-DRIVO PREMIUM
Attachments: SLU3876S_06022020.PDF

Hi

Dear All,

Name of Registered : LI XUE
NRIC No : SXXXX307D

Name of Driver : DAI LU
NRIC : SXXXX175A
Mobile No : 90085572

Own Damage Excess : \$0
Unnamed Driver Excess : N/A

Name of Workshop : BORNEO MOTORS TOYOTA UBI SERVICES CENTRE
Contact No : 66311188

Remarks : N/A

„Wishing you a Happy and Prosperous Lunar New Year“



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)