

NATIONAL Assessment Centre Services. (Part 1 of 2) MMA120080964

Date In: 17/9/20 17:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2008 10011144	SAS e-filing		
Veh No: SJW 9669Y	E-mail (within 3hrs, A/C 2hrs)		
IP/A: 11/9/20 13:55	I-Motor Claim Form	MT/1103737 ⁰⁰¹	17/9/20 17:45
(H) <input checked="" type="radio"/> 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 / GW: (Tel: /	Fax: /
TP Particulars:	Veh No: GBJ 6432X	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: YBS () / 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: ()

Controls: (INC 10011144)	Plate: /	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

MA 2004917	Invoice/Preparation Charge	30.00
Client/Insured/Policyholder:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Bngr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claimants assist/INC Only (wef 10 Jan 2009)	
Tel: /	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NG: Courtesy Car / Tpt Allowance \$5	
	*NG: Repairs Coordination \$10	
	*NY: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TE (NI1): TP (Non INC) against INC \$20	
	9) NI2: 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	17/09/2020 17:28
Date Of Accident	11/09/2020 13:55
Exact Location Of Accident	31 WOODLANDS CLOSE #02-23 LOT 89
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9669Y
Insured/Policyholder	
Name Of Registered Owner	CAI JIE FENG
NRIC No	SXXXX253C
Email Address	JFCAI1985@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91091901
Alternative Phone No	OFFICE-91091901

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5114824935
Cover Note Number	

Driver

Name of Driver	CAI JIE FENG
NRIC No	SXXXX253C
Date Of Birth	12/08/1985
Occupation	INDOOR
Date Of Driving Pass	01/05/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91091901
Fax Number	
Contact Number	OFFICE-91091901
EMail Address	JFCAI1985@GMAIL.COM

Address	BLK 196C PUNGGOL FIELD #11-493
Postcode	823196
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO DIVISION HQ
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569784 , 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 F/20200914/7072

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	GBJ6432X
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

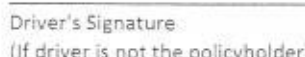
IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.


Policyholder's Signature
Date & Time:

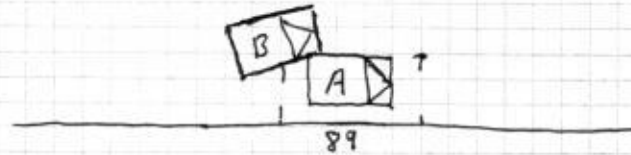

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

A = SJW 9669Y

B = GBJ 6432X



31 woodlands close #02-23

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F/20200914/7072.

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.:



POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Report No. F/20200914/7072

Date/Time Report Made 14/09/2020 22:25	Vide Report No.	Station Diary No.		
Name Of Informant CAI JIEFENG	Address 196C PUNGGOL FIELD #11-493 SINGAPORE 823196			
ID Type / ID No. NRIC NO / S8523253C	Contact No. Home/Office:	Mobile: 91091901		
Nationality SINGAPORE CITIZEN	Email Address PROJECTDECREATION@GMAIL.COM			
Occupation Working proprietor (retail trade)	Sex Male	Age 35	Date of Birth 12/08/1985	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 11/09/2020 13:55 - 11/09/2020 14:05	Location Of Incident 196C PUNGGOL FIELD #11-493 SINGAPORE 823196			

Brief details.

My car Toyota Harrier White SJW 9669 Y was parked at lot 89 at 31 woodlands close #02-23. S737855. When i came back from lunch, i saw that the car was hit at the left rear bumper and the driver who hit my car did not leave any note. My in car cam also recorded the impact. I went to the security for video as there is 2 video cam at the area.

Today the guard shown me the video footage during the timing my car was hit and confirmed that it is a lorry from Star city construction pte ltd. I went to took pic of the lorry and found out that the damage on the lorry driver door was similar to the damage on my car.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter:	
Not applicable	Date/Time: 14/09/2020 22:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20200914/7072

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200914/7072

Subjects Involved			
Suspect			
Person Name	Starcity Construction Pte Ltd		
Gender	Unknown	Address	31 WOODLANDS CLOSE #02-17 woodlands horizon SINGAPORE 737855
Home/Office No	67538919		
Victim			
Person Name	CAI JIEFENG		
ID Type	NRIC NO	ID No	S8523253C
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Working proprietor (retail trade)	Address	196C PUNGGOL FIELD #11-493 SINGAPORE 823196
Mobile No	91091901	Is Informant A Victim?	Yes
Person Name	CAI JIEFENG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/09/2020 22:25

Classification Of Case:

Authentication Stamp



E-APPLICATION OF QUALIFIED DRIVING LICENCE (QDL)

LOGOUT

STEP 5: ACKNOWLEDGEMENT

Receipt for e-QDL replacement (Q000232535)

Dear **CAI JIEFENG (NRIC: S852****C)**,

1. Your payment for QDL for replaced Class 3 is successful.
2. You have made payment of S\$25.00 for replacement of QDL on 17 Sep 2020 at 04:21 PM.
3. **The validity of your replaced QDL for Class 3 is for a LIFETIME.**

You may visit our [Status of Photocard Driving Licence Application e-service](#) to track the delivery status of your QDL.

You may continue to drive/ride for the class of vehicle that you are licensed to operate while waiting for the replacement photo card licence to be delivered to your address.

You can print out this page using your Internet browser. Click the Logout button to end the transaction.
Thank you for using this e-service.

PRINT

Do not use the Back or Forward button on your browser as this may end your transaction.

This website is optimised for IE version 10.0 and 11.0

Last Updated: 1 August 2018

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Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/09/2020 13:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SJW9669Y"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114824935		CAI JIE FENG	S8523253C	GPC	drive CLASSIC	SJW9669Y	SJW9669Y	12/12/2019	11/12/2020
<input type="button" value="Continue"/>										

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 9 / 20) (DD/MM/YYYY), TIME: (13 : 55) (HH:MM)

LOCATION: 196C Punggol for field ~~sample~~ 31 woodland 3

close # 02-23

Lot 89.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STW 9669 Y
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked
 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: Cai JieFeng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91091901
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 115 2005

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: AMK Division HQ

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: G8J 6432X MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(0)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = 3FCAI1985@gmail.com

fax =

VIDEO = Yes.