

# NATIONAL Assessment Centre Services

Ref: 12-102

Date In: 09/01/12	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000396/13	SAS e-filing		
Veh No: SLP5070M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 08/01/12 1530	i-Motor Claim Form	11/01 MT/1116963-001	
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: (

Tel:

Fax:

TP Particulars:

Veh No:

5AL888U

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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 ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time Actions


Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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	

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. 1:

Cal. 2/3:

## 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 Submission	09/01/2021 15:41 (SGT)
Date of Accident	08/01/2021 15:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS CHANGI CITY POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5070M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZHIXIAN
Company Reg No	5XXXX694M
Email Address	zhixian64@live.com
Mobile Phone No	(Phone) +65-82885070
Alternative Phone No	+65-86084506

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5091564809-03
Cover Note Number	-

#### DRIVER

Name of Driver	LAI ZHIXIAN
NRIC No	SXXXX306B
Date Of Birth	28/08/1988
Occupation	Outdoor

Date Of Driving Pass .....	01/02/2008
Driving experience .....	12 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82885070
Alt. Phone Number .....	-
Email Address .....	zhixian64@live.com
Address .....	BLK 304A ANCHORVALE LINK
Address complement .....	#15-138
Postcode .....	541304
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDL888U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LYDIA GLORIANA SEOW LI CHEN
NRIC No	SXXXX217C
Contact Number	(Phone) +65-96610069
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAI ZHIXIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLP5070M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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.

#### 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.

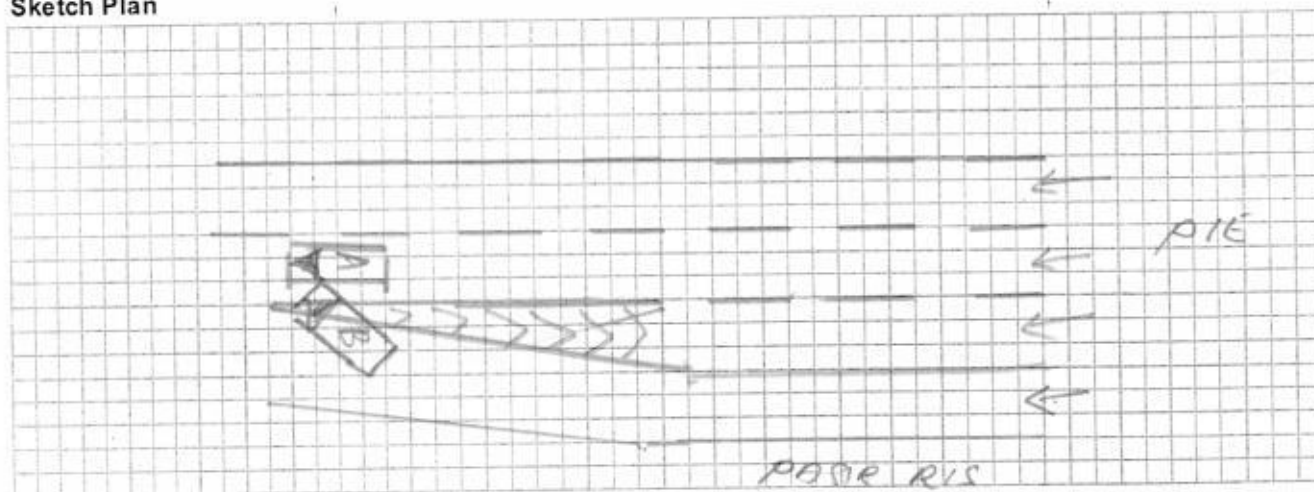
志 112 09/01/2021  
R

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A - SLP5070m

B - SBL888U



DIE TWO'S CHANGI CITY

/ WAS TRAVELLING STRAIGHT ALONG HPP CHANGI RD ON  
THE EXTREME LEFT LANE. SUDDENLY VEH B FROM PASIR RIS  
THE  
SLIP RD CUT AT CHEVRON MARKING TO EXIT TO DIE A  
HIT ONTO MY FRONT LEFT SIDE PORTION OF MY VEH.

WAS TRAVELLING STRAIGHT ALONG HRP CHANGI RD ON

THE EXTREME LEFT LANE. SUDDENLY VEH B FROM PASIR RIS

THE  
SLIP RD CUT AT CHEVRON MARKING TO EXIT TO PIC AND

HIT ONTO MY FRONT LEFT SIDE PORTION OF MY UGH.

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

1/18  
09/01/2021

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

Witnessed by Reporting Centre  
Personnel

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0921190000 Vehicle Registration No: SLP5070M  
Name(as shown in NRIC) : LAI ZHIXIAN NRIC/FIN/Passport No : SXXXXX306B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 304A ANCHORVALE LINK #15-128 Singapore( 541304 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82885070  
Email Address : \_\_\_\_\_  
Date of Accident : 08/01/21 Time of Accident : 15:30  
Place of Accident : DIG TWRD CHANGI CITY POINT  
Insurance Company : NTUC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND LOCATION: SHOULD BE TPE

Policyholder / Driver's Signature  
Date:

shy 11/01/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

# ACCIDENT STATEMENT

ACCIDENT DATE: (08/01/21) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: EXIT UPPER CHANGI RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP5070M  
 b) INSURANCE COMPANY: NTUC  
 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: PRIVATE HIRE  
 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: ZHIXIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8831306 B CONTACT: 82885070 / 86084506  
 c) ADDRESS: BLK 304A ANCHORVALE LINK  
H15-138 (541304)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* No of passenger  
 (Including driver)  
(3)

PASSENGER NAME

d) DATE OF BIRTH: (28/08/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/02/2008

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 After rain)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) 3 light

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SAL888U MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: LYDIA GLORIANA SEOW LI CHEN  
 c) NRIC/FIN/PASSPORT: S2579217C CONTACT: 96610069

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (Including driver)  
( )

Email = ZHIXIAN 64 @ live.com

fax =

VIDEO = yes

RSPU@LICKAUTO.COM

SPRINT



## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5091564809-03

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLP5070M  
Chassis Number : RU31246749
2. Name of Policyholder : ZHIXIAN
3. Effective Date of Insurance : 07 Jun 2020
4. Expiry Date of Insurance : 06 Jun 2021
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

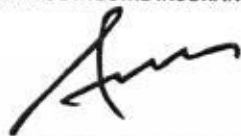
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LAI ZHIXIAN
NAMED DRIVER (1)	: LAI CHIN CHONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : HOCK KAH MOTOR PTE LTD (00000570886)  
Date of Issue : 29 May 2020 15:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Claim Handling

Accident MT/1116963

Policy No.	5091564809-03	Vehicle No.	SLP5070M	GST Registration No.	
Certificate No.					
Policyholder Name	ZHIXIAN			Policyholder NRIC	53363694M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82885070	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Report Date

11/01/2021 20:20

Date of Accident

08/01/2021

Reporting Centre

Accident Location

TPE TWDS CHANGI CITY POINT

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

15:30

Orange Force

Accident Type

Side Swipe

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

O1 Driver Info

Declaration

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ZHIXIAN	Insured NRIC	
Contact No.(Mobile)	85064506	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SLP5070M	TP Vehicle Number	
Claim Description	SLP5070M / SDL88BU ON 8 Jan 2021				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	11/01/2021 20:25
Date Registered		Report Taken By	ROSINDA	Workshop Repairer	
Print AK letter					
<div>Save Submit</div>					

## Attachment

Accident No. MT/1116963

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/01/2021 00:00

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

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Message Read

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## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:25	SAS		Normal	SAS 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:25	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:23	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:23	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:23	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:23	Photos		Normal	Photos 2021-1-11
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:23	Photos		Normal	Photos 2021-1-11

## Video List

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