

NATIONAL Assessment Centre Services

Date In: 13/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21000623/13	SAS e-filing		
Veh No: SJW 2902 U	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/01/21 1750	I-Motor Claim Form	14/01	MT/1117341 -001
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-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: SM46647E	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
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	13/01/2021 14:25 (SGT)
Date of Accident	12/01/2021 17:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI B4 JLN EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2902U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI CHUN LI
NRIC No	SXXXX599H
Email Address	heyuanbing520@gmail.com
Mobile Phone No	(Phone) +65-88001789
Alternative Phone No	+65-88001789

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108445179-01
Cover Note Number	-

DRIVER

Name of Driver	LI CHUN LI
NRIC No	SXXXX599H
Date Of Birth	23/05/1984
Occupation	Indoor

Date Of Driving Pass	01/12/2017
Driving experience	3 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88001789
Alt. Phone Number	+65-88001789
Email Address	heyuanbing520@gmail.com
Address	BLK 161 LOR 1 TOA PAYOH
Address complement	#04-1604
Postcode	310161
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	LESLIE KOH
Gender	Male

PASSENGER 2

Name	EILEEN KOH
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU6647E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	LI CHUN LI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJW2902U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LESLIE KOH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJW2902U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	EILEEN KOH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJW2902U
Were seat belts worn?	-
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

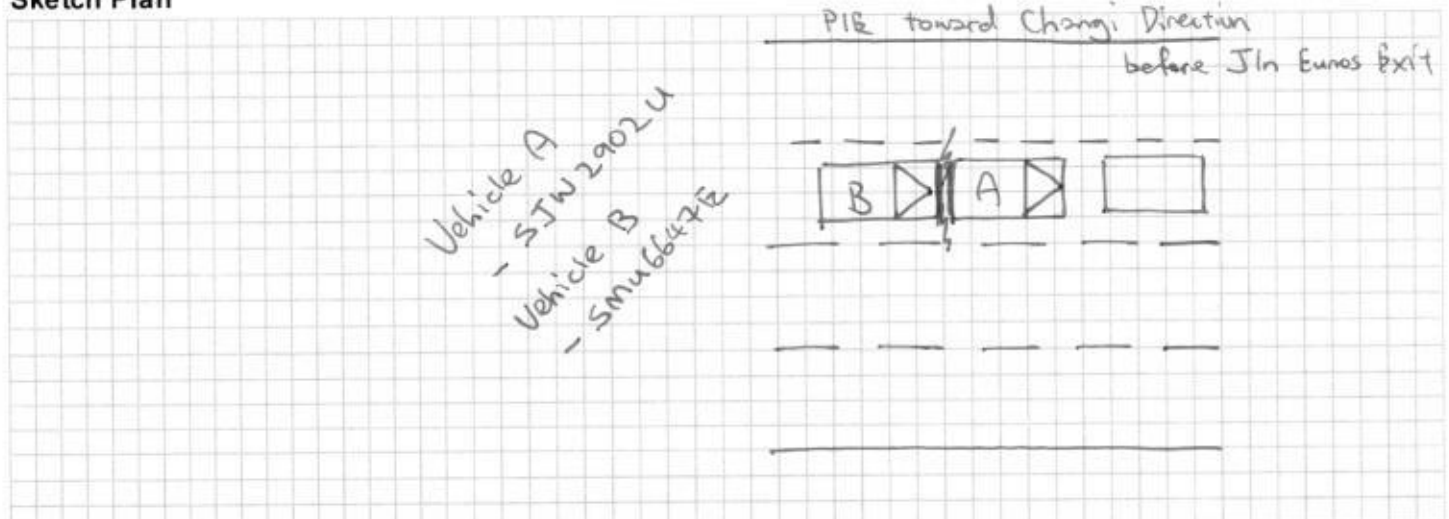
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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

 13/01/21
Witnessed by Reporting Centre
Personnel

Sketch Plan



1 SKETCH PLAN

https://drive.google.com/uc?export=view&id=1go0xsGLimZ_4eYVXSt-IIUnJbNqwgbMk

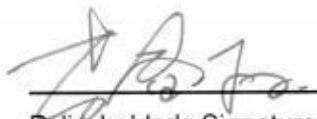
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MENTION DATE AND TIME, WHILE I WAS DRIVING ALONG PIE TOWARD CHANGI DIRECTION. 67410510 I WAS ON THE THIRD LANE.

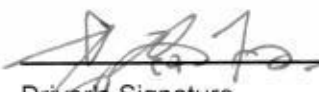
WHILE DRIVING STRAIGHT AHEAD, AND DUE TO THE HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SMU 6647 E) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SJW 2902 U
VEHICLE B - SMU 6647 E



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. : SJW2902U	Model/Make : TOYOTA VIOS E AUTO
Date of Accident	12/01/2021
Time of Accident	17:50 HRS
Location of Accident	PIE TOWARDS CHANGI BEFORE JLN EUNOS EXIT
Exact Purpose use during accident	PRIVATE USE
Name of Owner	LI CHUNLI
Telephone No.	H/P : (H) : 88001789 (O) :
NRIC	S8480599H
Address	BLK 161, #04-1604 LORONG 1 TOA PAYOH, 310161
Claim type	Third Party Claim
Insurance Company	NTUC
Type of Coverage	Comprehensive
Policy No.	5108445179-01
Name of Driver	LI CHUNLI
NRIC	S8480599H
Date of Birth	1984-05-23
Occupation	INDOOR
Driving Licence Pass Date	2017-12-01
Gender	Male <i>female</i>
Contact No.	H/P : (H) : 88001789
Address	BLK 161, #04-1604 LORONG 1 TOA PAYOH, 310161
Driver have any own vehicle	No
Relationship	No
Weather condition	Raining
Road Surface	Wet
Any injuries	Yes
Name And Contact No.	LI CHUNLI / 88001789
Name And Contact No.	LESLIE KOH / 88001789 <i>M</i> <i>EILEEN KOH / 88001789 F</i>
Police Report	Yes
Vehicle B No.	SMU6647E, Any Passengers:
Name of Driver	Contact No:
Vehicle C No.	
Vehicle D No.	
Vehicle E No.	
Vehicle F No.	
Witness Name	
Camera Recorder	no
Email Address	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD
CONTACT NO.	84840051
CONTACT PERSON	IAN
FAX NUMBER	67410510
WORKSHOP EMAIL ADDRESS	sales@n51.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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108445179-01

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJW2902U |
| Chassis Number | : MR053HY9305150517 |
| 2. Name of Policyholder | : LI CHUN LI |
| 3. Effective Date of Insurance | : 16 Mar 2020 |
| 4. Expiry Date of Insurance | : 15 Mar 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 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)	: N/A
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LI CHUNLI
NAMED DRIVER (1)	: HE YUANBING
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 : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 26 Feb 2020 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1117341

Policy No.	5108445179-01	Vehicle No.	SJW2902U	GST Registration No.	
Certificate No.					
Policyholder Name	LI CHUN LI	Cover Type	drive CLASSIC	Policyholder NRIC	S8480599H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	88001789	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/01/2021 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	12/01/2021	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGE B4 JLN EUNOS EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured		
Excess Waiver	99999999.99		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 161 #04-1604	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH GREEN
Address 4	SINGAPORE 310161	Address Type	Singapore address	Post Code	310161
Unit No.	04-1604	Related Policy Number	5108445179-01		

OI Driver Info

Driver Name	LI CHUN LI	Driver Type	Main Driver	Driver DOB	23/05/1984
Unnamed driver Name		Driver NRIC	S8480599H	Driving Experience	3
Register Date of Driver License	01/12/2017	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	88001789	Contact No.(Office)	0	Address 3	TOA PAYOH GREEN
Address 1	BLK 161	Address 2	LORONG 1 TOA PAYOH	Post Code	310161
Address 4	SINGAPORE 310161	Address Type	Singapore address		
Unit No.	#04-1604				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any Injury? ☒ Yes ☐ No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LI CHUN LI	Insured NRIC	S8480599H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SJW2902U	TP Vehicle Number	
Claim Description	SJW2902U / SMU6647E ON 12 Jan 2021				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	14/01/2021 11:26	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1117341	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2021 00:00		
Path *		Category *	Confidential	Urgency *	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>					

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	SAS		Normal	SAS 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:26	Photos		Normal	Photos 2021-1-14

Video List

Uploaded By/Date	Folder Date	File Name	Key	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	