

NATIONAL Assessment Centre Services.

part 1 Jan 2021

SN0921230006-01

Date Inc: 19/02/2021 10:48	Job description	Date & Time Completed	Done by
Ref No NA/INC21002356/M	SAS e-filing		
Veh No SJS 2676R	E-mail (within 3hrs, AIC 2hrs)		
DTA 18/02/2021 18:30	I-Motor Claim Form	MT/1121587-001	19/02/2021 10:59
OT: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: SKV 831Y	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%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA2101839	Invoice Itemization	Amount	Added bill
Client's Particulars:	1) AIR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claimant's analysis INC Only (wef 10 Jan 2021)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collision Excess Coordination \$5		
	TP (Nil): TP (INC) against INC \$20		
	9) NIZ: 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 Submission	19/02/2021 10:48 (SGT)
Date of Accident	18/02/2021 18:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS MANDAI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2676R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOY CHYE ZHUANG
NRIC No	SXXXX113B
Email Address	HSAUTOMOTIVESPL@GMAIL.COM
Mobile Phone No	(Phone) +65-91059453
Alternative Phone No	+65-91059453

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	5082651273-04
Cover Note Number	-

DRIVER

Name of Driver	LOY CHYE ZHUANG
NRIC No	SXXXX113B
Date Of Birth	31/07/1982
Occupation	Outdoor

Date Of Driving Pass	14/01/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91059453
Alt. Phone Number	+65-91059453
Email Address	HSAUTOMOTIVESPL@GMAIL.COM
Address	BLK 303C ANCHORVALE LINK #08-130
Address complement	-
Postcode	543303
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO 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	SKV831Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJN9255E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC1844U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

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 : SN 09212 J0006 Vehicle Registration No: SJJ 2676R

Name(as shown in NRIC) : LOT CHYE ZHUANG NRIC/FIN/Passport No : SXXXX 113B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 9105 9453

Email Address : _____

Date of Accident : 18/02/2021 Time of Accident : 18 30

Place of Accident : SLE TOWARDS MANDAI

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 - THIRD PARTY VEHICLE

Policyholder / Driver's Signature
Date:

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


SKETCH PLAN

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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:

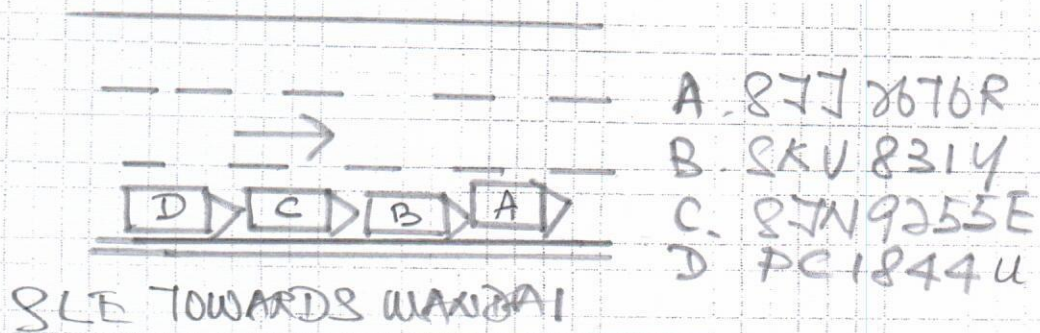
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG SLE TOWARDS WAKJAH I SAW A VEH
IN FRONT OF ME SLOW DOWN AND STOPPED THEN I FOLLOW AND
STOP MY VEH SUDDENLY I FELT AN IMPACT FROM MY VEH REAR
PORTION.

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.:

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. M90372806G

Policy Number	:	5082651273-04
The Policyholder	:	LOY CHYE ZHUANG BLK 303C #08-130 ANCHORVALE LINK ANCHORVALE COURT SINGAPORE 543303

Period of Insurance	:	05 Sep 2020 To 04 Sep 2021
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	S\$711.05

Interest Insured

Cover Type	:	drivo CLASSIC	Capacity	:	1300cc
Primary Driver	:	LOY CHYE ZHUANG	Registration Year	:	2008
Named Driver (1)	:	N/A	Off-peak Car	:	No
Named Driver (2)	:	N/A	Insure with COE	:	Yes
Make/Model	:	HONDA/FIT	NCD Entitlement	:	50%
Registration Number	:	SJJ2676R	NCD Protection	:	Yes
Chassis Number	:	GE61083073	Loyalty Discount	:	5%
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	:	UNITED OVERSEAS BANK LIMITED			

Optional Cover

Transport Allowance	:	No
Excess Waiver	:	No

Memo A : N/A

Endorsement Operative : M4

Agency	:	ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue	:	06 Aug 2020 17:31 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



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SJ12676R MAKE/MODEL: HIT

DATE OF ACCIDENT 18/2/2020 TIME 18 HR 30 MIN AM

LOCATION OF ACCIDENT SLE TOWARDS MANDAI.

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER LOY CHYE ZHANG

CONTACT NO 91059453

NRIC S8224113B

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY KYUC

TYPE OF COVERAGE ☐ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO 5082651273-04

ACCIDENT DRIVER ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above

NRIC S8224113B NO OF PASSENGER/S 0

DATE OF BIRTH 31-07-1982

OCCUPATION ☐ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 06 JAN 2003

GENDER ☐ MALE ☐ FEMALE

CONTACT NO 91059453

ADDRESS BLK 303 C ANCHORAGE LINK # 08-130 (S) 543303

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: ☒ DRY ☐ WET OTHER:

ANY INJURIES NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION:

VIDEO FOOTAGE NO/ ☒ YES

3RD PARTY INFO

VEHICLE B NO SKV8314 NO OF PASSENGER/S UNKNOWN

NAME

CONTACT NO

VEHICLE C NO SJN9255E NO OF PASSENGER/S UNKNOWN

VEHICLE D NO PC1847U NO OF PASSENGER/S UNKNOWN

VEHICLE E NO NO OF PASSENGER/S

VEHICLE F NO NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO