

# NATIONAL Assessment Centre Services.

Part 1 Jan 09

Date In: 26/02/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002632/13	SAS e-filing		
Veh No SLP3861K	E-mail (within 3hrs, AIC 2hrs)		
ICIA 25/02/21 0750	I-Motor Claims Form 26/02/21 1102443-001		
TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/WK32		

Profused Wksp / INC Assign Wksp / QW: (	Tel: *	Fax: *
TP Particulars:	Veh No: SL219334	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 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( /

Remarks	INC Ref No	Date Claim 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

NA2101756	Invoice Ref No: NA/INC2101756	Invoice Date: 26/02/21	Invoice Time: 0750	Invoice By: NA/INC2101756
Driver/Owner:	1) AR: Accident Reporting (\$30);	2) DA: Damage Assessment (\$100);	3) TP: Towing Fee \$40/\$45	4) FT: Follow-Through Survey \$120
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30	6) TR: Re-Inspection \$75	7) NI: Idao DA + SMRT Survey \$160	8) NTUC Additional Services:-
Damaged Portion:	QJ*	*NS: Courtesy Car / Tpt Allowance \$5	*NG: Repair Co-ordination \$10	*NJ: Post Repair Inspection \$25
QC Checked by (Engr-In-Charge):	*NB: DV / Collect Excess Coordination \$5	TP (NI1): TP (NI1) against INC \$20	TP (NI1): TP (NI1) against INC \$20	TP (NI1): TP (NI1) against INC \$20
Auditors Comments:	9) NI2: Idao Mobile	Invoice dated	Fee Charged	Invoice dated
		Invoice dated	Fee Charged	Invoice dated



## 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	26/02/2021 09:49 (SGT)
Date of Accident	25/02/2021 07:50 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	B4 SLIP RD TO PIE CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3861K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)
NRIC No	SXXXX972H
Email Address	YIRAT.ADONAI@GMAIL.COM
Mobile Phone No	(Phone) +65-93266050
Alternative Phone No	+65-93266050

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	5116982770
Cover Note Number	-

#### DRIVER

Name of Driver	CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)
NRIC No	SXXXX972H
Date Of Birth	08/12/1984
Occupation	Outdoor

Date Of Driving Pass .....	17/12/2013
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93266050
Alt. Phone Number .....	+65-93266050
Email Address .....	YIRAT.ADONAI@GMAIL.COM
Address .....	BLK 450C BUKIT BATOK WEST AVE 6
Address complement .....	#11-627
Postcode .....	653450
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	SLZ1933Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN TIAM LYE
Contact Number .....	(Phone) +65-96865565
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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 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

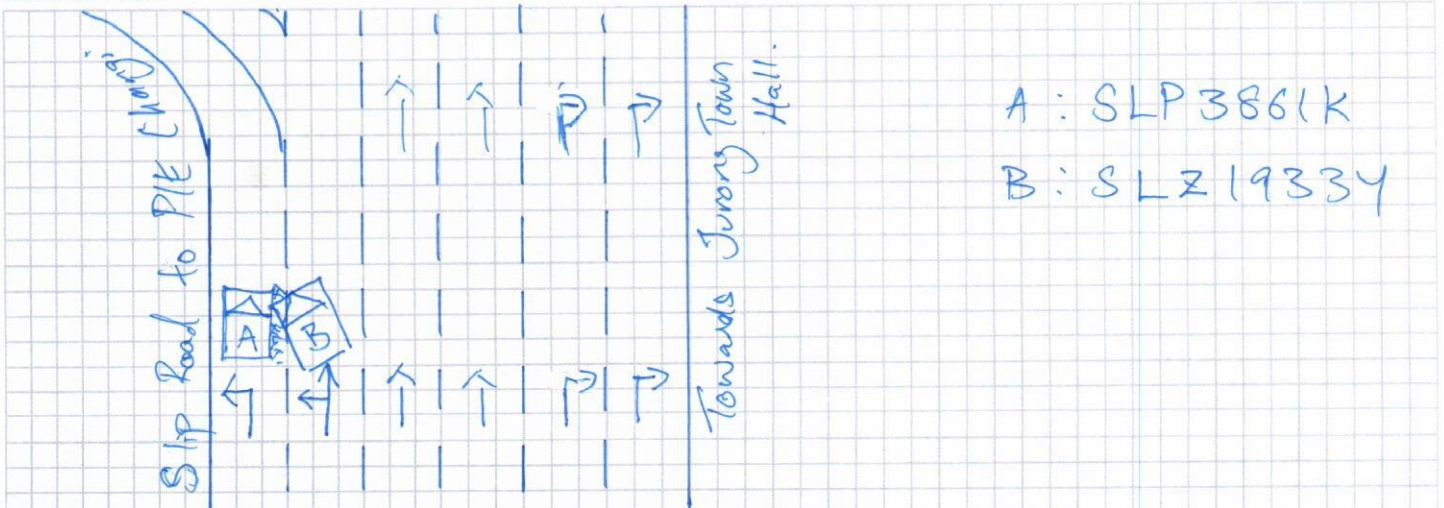
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A : SLP3861K

B : SLZ1933Y



### Describe Circumstances of the Accident


On 25/02/2021 at about 07:53 hrs, I was driving my vehicle (SLP3861K) along Bukit Batok road on the most left ~~lane~~ lane heading toward PIE Changi. Just before the slip road, I was driving straight when suddenly veh B (SLZ1933Y) encroached into my ~~lane~~ lane and collided onto the ~~front~~ right hand side portion of my vehicle.

### Declaration

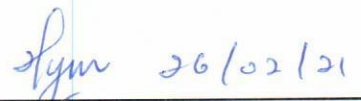
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



VEHICLE NO:	SLP3861K		MAKE & MODEL:	Toyota Sienna (AUTO) MANUAL	
DATE OF ACCIDENT:	25/02/2021		CC:	1.5	
TIME OF ACCIDENT:	07:53 HRS				
LOCATION OF ACCIDENT:	Bukit Batok Road before slip road to PTE Changi				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE				
NAME OF OWNER:	Chong Bao Luo, Paul				
TEL NO:	H/P: 93266050		OFFICE:	HOME:	
NRIC:	S8439972H				
ADDRESS:	BLK 450C Bukit Batok West Avenue 6 #11-627				
EMAIL:	yinat.adonai@gmail.com S(653450)				
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
FLEET POLICY:	YES / <u>NO</u>				
INSURANCE COMPANY:	NTUC Income.				
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO:	5116982770				
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:				
NRIC:	ANY PASSENGER: <u>Yes (1F, 1M)</u>				
DATE OF BIRTH:	08/12/1984		LICENCE PASSED DATE:	17/12/2013	
OCCUPATION:	<u>OUTDOOR</u> / INDOOR				
GENDER:	<u>MALE</u> / FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO:		<u>INSURER:</u>		
RELATIONSHIP:	<u>Owner.</u>				
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:				
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:				
ANY INJURIES:	<u>NO</u> / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?				
VEHICLE B REG NO:	SLZ19334		ANY PASSENGERS: <u>NIL</u>		
NAME OF DRIVER:	Tan Tiam Lye.		CONTACT NO: 96865565		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT: -		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO				
ACCIDENT PORTION:	<u>Right hand side Portion</u>				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>					
WORKSHOP PARTICULAR:	<u>Twin car Automotive.</u>				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	<u>Lenard</u>				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Hello, NAC\_PAYA\_UBI\_800601

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

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

Policy Query

Policy No.

Date of Accident

25/02/2021 07:50

Vehicle No.(For Motor)

SLP3861K

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116982770		CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)	S8439972H	GPC	drivo CLASSIC	SLP3861K	SLP3861K	03/04/2020	02/04/2021

Continue



## 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	: 5116982770
The Policyholder	: CHONG BAO LUO PAUL BLK 285 #13-427 BUKIT BATOK EAST AVENUE 3 SINGAPORE 650285

Period of Insurance	: 03 Apr 2020 To 02 Apr 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,482.97

#### Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: CHONG BAO LUO, PUAL (ZHANG BAO LUO, PUAL)		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/SENTIA	Capacity	: 1500cc
Registration Number	: SLP3861K	Registration Year	: 2010
Chassis Number	: NCP815072321	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: SONA INSURANCE AGENCIES PTE. LTD. (00000573866)
Date of Issue	: 01 Apr 2020 14:12 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

Claim Handling

Accident MT/1122443

Policy No.	5116982770	Vehicle No.	SLP3861K	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)			Policyholder NRIC	S8439972H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93266050	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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	26/02/2021 10:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change
Date of Accident	25/02/2021	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK RD B4 SLIP RD TO PIE CHANGI				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	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	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 285 #13-427	Address 2	BUKIT BATOK EAST AVENUE 3	Address 3	SINGAPORE 65021
Address 4		Address Type	Singapore address	Post Code	650285
Unit No.		Related Policy Number	5116982770		
▼ OI Driver Info					
Driver Name	CHONG BAO LUO, PAUL (ZHANG BAOLUO,PAUL)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8439972H	Driver DOB	08/12/1984
Register Date of Driver License	17/12/2013	Driver Age	36	Driving Experience	7
Contact No.(Mobile)	93266050	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 285	Address 2	BUKIT BATOK EAST AVENUE 3	Address 3	SINGAPORE 65021
Address 4		Address Type	Singapore address	Post Code	650285
Unit No.	#13-427				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)	Insured NRIC	S8439972H
Contact No.(Mobile)	93266050	Contact No.(Home)	65665445	Contact No.(Office)	
Email Address	yirat.adonai@gmail.com	OT Vehicle Number	SLP3861K	TP Vehicle Number	
Claim Description	SLP3861K / SLZ1933Y ON 25 Feb 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Preferred Repair Option	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	26/02/2021 10:04	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1122443	Claim No.	001
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Last Doc. Received☒ Yes ☐ No

Upload Date26/02/2021 00:00

Path \*

Choose FileNo file chosen

Choose FileNo file chosen

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Choose FileNo file chosen

Choose FileNo file chosen

Message Read

Clear

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2021 10:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2021 10:03	SAS		Normal	SAS 2021-2-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2021 10:03	Photos		Normal	Photos 2021-2-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2021 10:03	Photos		Normal	Photos 2021-2-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2021 10:03	Photos		Normal	Photos 2021-2-26
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2021 10:02	Photos		Normal	Photos 2021-2-26

Video List

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