

NATIONAL Assessment Centre Services

Date In: 26/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003941/12	SAS e-filing		
Veh No: 52438765	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/03/21 1730	i-Motor Claim Form 29/03 MT/1126096-001		
OD <input checked="" type="radio"/> TP <input checked="" type="radio"/> 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: SMH1298E	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
	TOYOTA UBI
	66311188

NA2100394	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	26/03/2021 14:27 (SGT)
Date of Accident	25/03/2021 17:30 (SGT)
Exact Location of Accident	Chin Swee Rd, Singapore
Additional Location Information	TWDS TIONG BAHRU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3876S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI XUE
NRIC No	SXXXX307D
Email Address	LEEXUE_DWX@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98801758
Alternative Phone No	+65-98801758

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5105462945-02
Cover Note Number	-

DRIVER

Name of Driver	LI XUE
NRIC No	SXXXX307D

Date Of Birth	16/10/1975
Occupation	Indoor
Date Of Driving Pass	03/05/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98801758
Alt. Phone Number	+65-98801758
Email Address	LEEXUE_DWX@HOTMAIL.COM
Address	770 BEDOK RESERVOIR ROAD
Address complement	#03-03
Postcode	479250
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	Side Swipe
Weather Conditions	STARTED DRIZZLING
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAI ZI HAN
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
Reasons for not uploading a video of the accident	SEND TO NTUC
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH1298E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	NEO SAY BENG
NRIC No	SXXXX372A
Contact Number	(Phone) +65-86886880
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

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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.

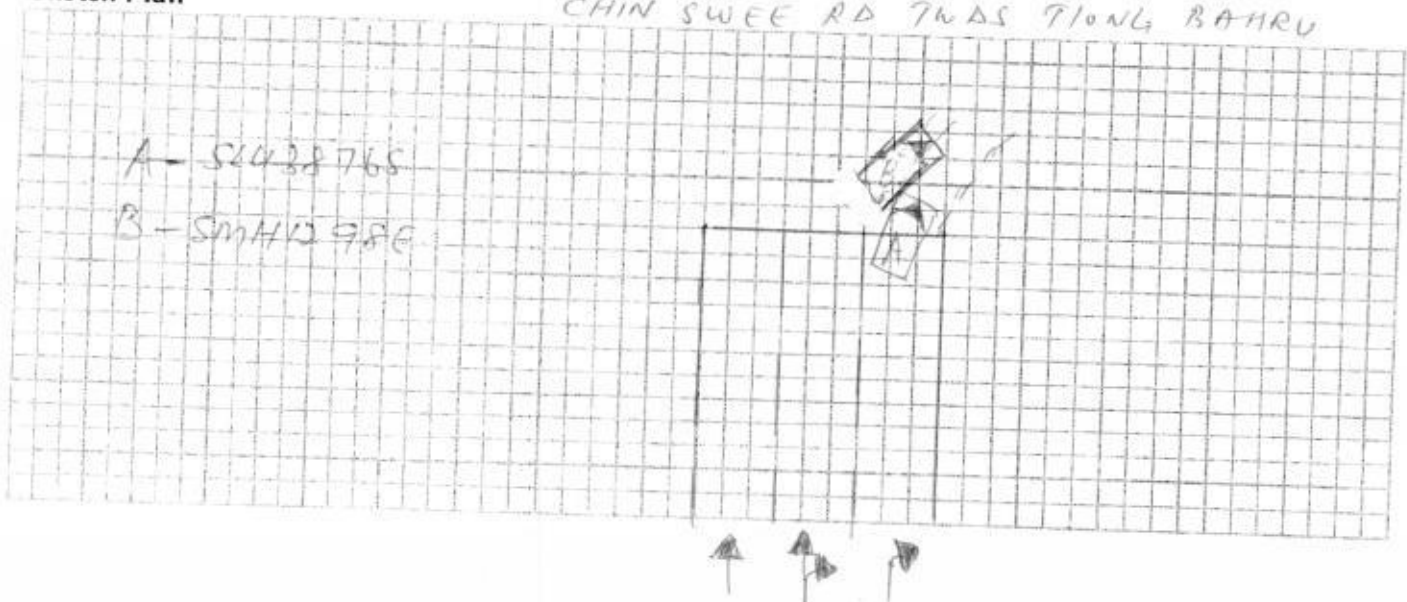
Liang
Policyholder's Signature / Date & Time

26/03/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

26/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

CHIN SWEE RD TOWNS TIONG BAHRU



Describe Circumstances of the Accident

My veh was stationary at the red traffic light junction at Chin Swee Rd. when the light turn green, I proceed to move off. Suddenly veh B from my left side make a right turn swerved into my lane and hit onto my front left side portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.

line
Policyholder's Signature / Date & Time

26/03/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

sfym 26/03/21
Witnessed by Reporting Centre Personnel

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09213Q0008 Vehicle Registration No: SLU3876S
 Name (as shown in NRIC): LIXUE NRIC/FIN/Passport No: CXXXX3070
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 770 BEDOK RESERVOIR RD #03-03 Singapore (479250)
 Contact (Tel): _____ Mobile No.: 98801758
 Email Address: _____
 Date of Accident: 25/03/21 Time of Accident: 17:30
 Place of Accident: CHIN SWEE RD THONG TONG BAHU
 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:

REVERT FROM TP TO OD CLAIMS

Lixue 26/03/2021
 Policyholder / Driver's Signature
 Date:

2/ym 26/03/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/03/2021 11:18"/>
Vehicle No.(For Motor)	<input type="text" value="SLU3876S"/>	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"/>	5105462945-02		LI XUE	57581307D	GPC	drive PREMIUM	SLU3876S	SLU3876S	30/11/2020	29/11/2021

ACCIDENT STATEMENT

ACCIDENT DATE: 25/03/21 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: Chin Swee Rd. CTE OUTRAM TOWNS TIONG BAHU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL438765
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: _____
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: LI XUE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57581307D CONTACT: 98807755
c) ADDRESS: 770 ABDOUR RESERVOIR RD
#03-03 (479250)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 16/10/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/05/2008

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) clear
b) ROAD SURFACE: (DRY / WET / OTHERS) dry
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH1298E MODEL: _____
b) DRIVER'S NAME: NEO SAY BENG
c) NRIC/FIN/PASSPORT: 57715322A CONTACT: 86886880

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

DAI ZI HAN
(F)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = leexue_dw@hotmai.com

fax =

video = yes

3/29/2021

Claim Handling(accident reporting Claim Task 001 OD-MD)

Claim Handling

Accident MT/1126096

Policy No.	5105462945-02	Vehicle No.	SLU38765	GST Registration No.	
Certificate No.				Policyholder NRIC	S7581307D
Policyholder Name	LI XUE	Cover Type	drive PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98801758	Special Remark		eCode	No
Email Address	LEEUXUE_DWX@HOTMAIL.COM	TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
Accident Details					
Report Date	29/03/2021 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/03/2021	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHIN SWEE RD TWDS TIONG BAHRU				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver			99999999.99		
Transport Allowance			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	770 BEDOK RESERVOIR ROAD	Address 2	#03-03 WATERFRONT KEY	Address 3	SINGAPORE 479250
Address 4		Address Type	Singapore address	Post Code	479250
Unit No.		Related Policy Number	5105462945-02		
Q1 Driver Info					
Driver Name	LI XUE	Driver Type	Main Driver	Driver DOB	16/10/1975
Unnamed driver Name		Driver NRIC	S7581307D	Driving Experience	21
Register Date of Driver License	01/01/2000	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 479250
Address 1	770 BEDOK RESERVOIR ROAD	Address 2	#03-03 WATERFRONT KEY	Post Code	479250
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	LI XUE	Insured NRIC	S7581307D
Contact No.(Mobile)	98801758	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	leeuxue_fw@hotmail.com	Q1 Vehicle Number	SLU38765	TP Vehicle Number	
Claim Description	SLU38765 ON 25 Mar 2021				
Preferred Workshop Contact No.		Insured Liability *	Partially at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Please Select	GIA report	Received
Date Registered	29/03/2021 16:25	Claim Close Date		Date Received	29/03/2021 00:00
Report Taken By		Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1126096	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/03/2021 00:00			
Path *		Category *	Confidential	Urgency *	Description	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

3/29/2021

Claim Handling(accident reporting Claim Task 001 OD-MD)

Choose File No file chosen

Clear

Please Select

NO

Normal

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:24	NRIC/ Driving License	Y	NRIC/ Driving License 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:23	SAS	Normal	SAS 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:22	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:22	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:22	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:22	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:22	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:22	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:21	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:21	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:21	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:21	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:21	Photos	Normal	Photos 2021-3-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2021 16:21	Photos	Normal	Photos 2021-3-29	

Video List

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