

# NATIONAL Assessment Centre Services

Date In: 28/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC/17024559/13	SAS e-filing		
Veh No: SLK65042	E-mail (within 8hrs, AIC 2hrs)		
DOA 27/12/17 1645	i-Motor Claim Form	MT/0975538	
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: (	Mup 500N	Tel:	Fax:
TP Particulars:	Veh No: QBB6509B	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

NA1708007	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
Auditors' Comments:-	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 ability.
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 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 Report	28/12/2017 09:55
Date Of Accident	27/12/2017 16:45
Exact Location Of Accident	JLN EUNOS & BEDOK RESERVOIR JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6504Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LO CHEE LIN
NRIC No	S1568379A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96981771
Alternative Phone No	OTHERS-96981771

### Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093184256
Cover Note Number	

### Driver

Name of Driver	LO CHEE LIN
NRIC No	S1568379A
Date Of Birth	29/03/1962
Occupation	INDOOR
Date Of Driving Pass	18/12/1984
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96981771
Fax Number	
Contact Number	OTHERS-96981771
Email Address	NOEMAIL

Address	7 AIDA STREET
Postcode	459925
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	GBB6509B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SYED SALLEH BIN SYED SALIMALHABSHI
NRIC/Passport Number	
Contact Number	81249552
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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 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:

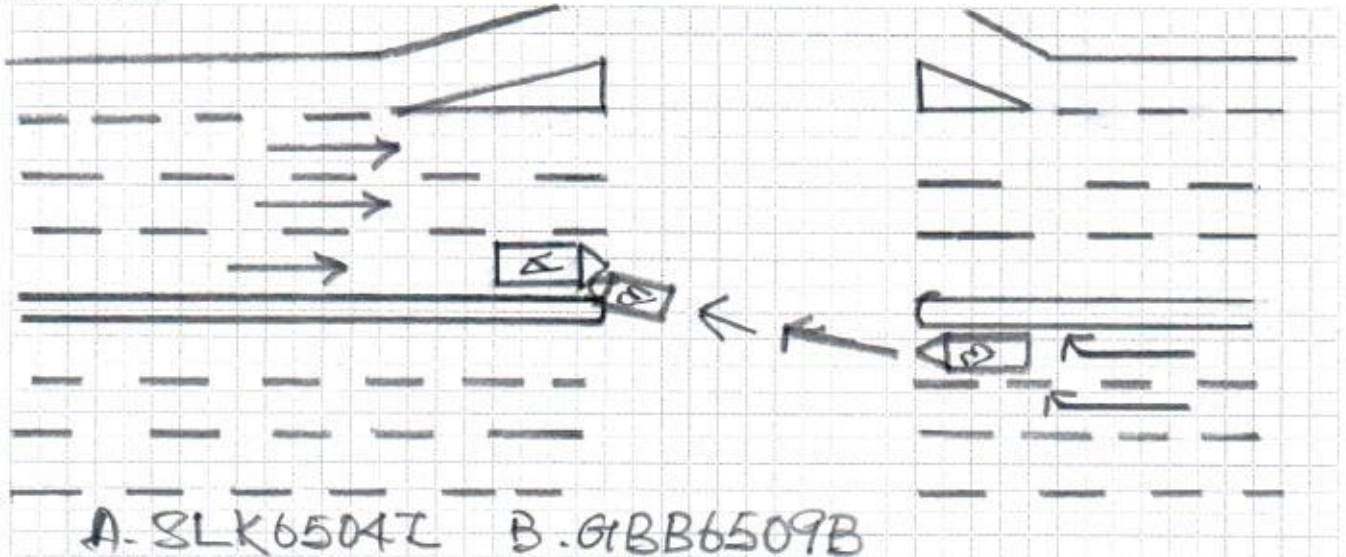
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 28/12/17

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

# JALAN EUNOS AND BEDOK RESERVOIR JUNC

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONERY IN FRONT OF THE TRAFFIC LIGHT. SUDDENLY, VEHICLE B FROM THE OPPOSITE DIRECTION DASHED ACROSS THE TRAFFIC JUNCTION AND HIT ONTO MY VEHICLE.

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 28/12/17  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





# HS AUTOMOTIVE SERVICES

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

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 8LK6504Z MAKE/MODEL: 98400  
 DATE OF ACCIDENT: 27/12/2017 TIME: 16 HR 45 MIN AM/PM PM  
 LOCATION OF ACCIDENT: JARAN BUKIOS MID 8320K RESERVOIR JUNCTION.  
 EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

## CAR OWNER

NAME OF CAR OWNER: LO CHEE KIN  
 CONTACT NO: 96981771  
 NRIC: 81568379A  
 CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY  
 INSURANCE COMPANY: NYUC.  
 TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT  
 POLICY NO: 5093184256

## ACCIDENT DRIVER

NAME OF DRIVER: LO CHEE KIN  
 NRIC: 81568379A NO OF PASSENGER/S: 0  
 DATE OF BIRTH: 29-03-1962  
 OCCUPATION: 6 DEC 1984 ☐ OUTDOOR ☒ INDOOR  
 DATE OF DRIVING PASS: 6 DEC 1984 ☒ MALE ☐ FEMALE  
 GENDER: 96981771  
 CONTACT NO: 96981771  
 ADDRESS: NO-7 AIDA STREET SINGAPORE 459925

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION

☒ CLEAR  
☒ DRY

RAINING

WET

OTHER:

OTHER:

ROAD SURFACE

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

## 3RD PARTY INFO

VEHICLE B NO

NAME

CONTACT NO

VEHICLE C NO

VEHICLE D NO

VEHICLE E NO

VEHICLE F NO

ANY WITNESS

WITNESS CONTACT NO

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1568379A



Name

LO CHEE LIN

罗志凌

Race  
CHINESE

Date of birth  
29-03-1962

Country/Place of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

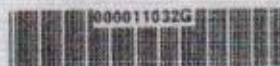
S1568379A



LO CHEE LIN

Birth Date: 29 Mar 1962

Issue Date: 16 Dec 2009



5722188



NRIC No. S1568379A



Date of issue  
30-03-2017

Address

7 AIDA STREET  
SINGAPORE 459925

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

16 Dec 1934



NP 428A

## 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)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5093184256

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLK6504Z**  
Chassis Number : JTHBC96S905021282
2. Name of Policyholder : LO CHEE LIN
3. Effective Date of Insurance : 16 Aug 2017
4. Expiry Date of Insurance : 15 Aug 2018
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)	: S\$600
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	: NO
PRIMARY DRIVER	: LO CHEE LIN
NAMED DRIVER (1)	: LIM JIIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA CREDIT PTE LTD
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)  
Date of Issue : 16 Aug 2017 10:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0975538

Policy No.	5093184256	Vehicle No.	SLK6504Z	GST Registration No.	
Policyholder Name	LO CHEE LIN	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	96981771	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	28/12/2017 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/12/2017	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN EUNOS & BEDOK RESERVOIR JUNCTION				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	7 AIDA STREET	Address 2	OPERA ESTATE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093184256		

**OI Driver Info**

Driver Name	Lo Chee Lin	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1568379A	Driving Experience	
Register Date of Driver License	18/12/1984	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	96981771	Contact No.(Office)	0	Address 3	
Address 1	7 AIDA STREET	Address 2	OPERA ESTATE	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LO CHEE LIN	Insured NRIC		
Contact No.(Mobile)	96981771	Contact No.(Home)	62425117	Contact No.(Office)		
Email Address	locheelin@gmail.com	OI Vehicle Number	SLK6504Z	TP Vehicle Number		
Claim Description	SLK6504Z / GBB6509B ON 27 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received		
Date Registered	28/12/2017 17:25	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSJINDA	Workshop Repairer				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0975538	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/12/2017 00:00
Path *	Category *		
	Confidential		
	Urgency		
	Please Select		
	NO		
	Normal		

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

History View

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	SAS	Normal	SAS :
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	Photos	Normal	Photos
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	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 17:25	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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Display in New Window

Scan and uploading