

NATIONAL Assessment Centre Services

Date In: 30/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024748/13	SAS e-filing		
Veh No: SCR 7314L	E-mail (within 8hrs, AIC 2hrs)		
DOA 29/12/17 1855	i-Motor Claim Form	MT/0975871	
OD / TP <u>Reporting Only</u>	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: UNKNOWN	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

NA1708048	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 (\$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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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	30/12/2017 15:15
Date Of Accident	29/12/2017 18:55
Exact Location Of Accident	THOMSON RD TWDS CHANCERY LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7314L
Insured/Policyholder	
Name Of Registered Owner	WONG HEE SING
NRIC No	S0009405F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82773474
Alternative Phone No	OTHERS-82773474

Vehicle Particulars

Manufacturer	PERODUA
Model	AXIA
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
If No, Please state action to be taken	REPORTING ONLY
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	5093667769
Cover Note Number	

Driver

Name of Driver	WONG HEE SING
NRIC No	S0009405F
Date Of Birth	22/04/1934
Occupation	INDOOR
Date Of Driving Pass	23/09/1959
Driving Experience	58 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82773474
Fax Number	
Contact Number	OTHERS-82773474
Email Address	NOEMAIL

Address	65 THOMSON GREEN
Postcode	574941
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

I WAS TRAVELLING ALONG THOMSON RD TWDS CHANCERY LANE ON THE 2ND LANE OF A4-LANES RD. WHILE SLOWLY FILTERING MY VEH TO THE RIGHT TURNING LANE, SUDDENLY VEH B CAME FROM BEHIND AND OVERTAKE MY VEH FROM MY RIGHT AND GRAZED ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

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	UNKNOWN
Vehicle Make/Model/Colour	GREY VOLKSWAGON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MDM LEONG
NRIC/Passport Number	
Contact Number	92730367
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**.
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 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.

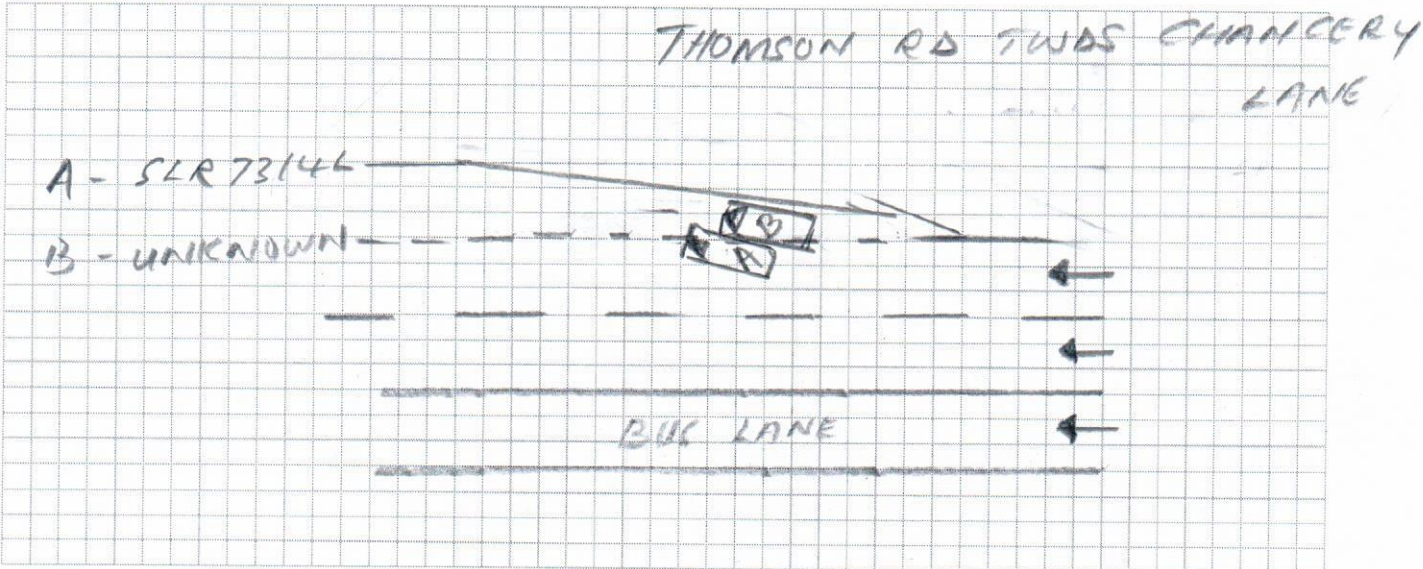
Policyholder's Signature
Date & Time:

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

30/12/17

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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] 30/12/17

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


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S0009405F**
 Name **WONG HEE SING**
 Birth Date **22 Apr 1934**
 Issue Date **13 Jun 2003**

Barcode: 1000575456C

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0009405F**



Name **WONG HEE SING**
 王惠新
 Race **CHINESE**
 Date of Birth **22-04-1934** Sex **M**
 Country of Birth **SINGAPORE**

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

Class	Description	Expiry Date
Class 2B	Motorcycles not exceeding 200 cc	05 Jul 1958
Class 2A	Motorcycles between 201 cc and 400 cc	05 Jul 1958
Class 2	Motorcycles exceeding 400 cc	05 Jul 1958
Class 3	Motc, Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1959

NP 428A

Licence No: S0009405F

Barcode: 2407879

NRIC No. **S0009405F**



Blood Group **O+** Date of issue **22-09-1994**

Address **65 THOMSON GREEN
 SINGAPORE 2057**

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: 5093667769

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLR7314L**
Chassis Number : PM2B200S003260880
2. Name of Policyholder : **WONG HEE SING**
3. Effective Date of Insurance : **25 Aug 2017**
4. Expiry Date of Insurance : **24 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG HEE SING
NAMED DRIVER (1)	: N/A
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 22 Aug 2017 17:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093667769	WONG HEE SING	S0009405F	GPC	drivo PREMIUM	SLR7314L	SLR7314L	25/08/2017	24/08/2018

MT/AE/VEHREG/134

11 Sep 2017

WONG HEE SING
65 THOMSON GREEN
SINGAPORE 574941

Dear Policyholder

AMENDMENT FOR POLICY NUMBER: 5093667769
VEHICLE NUMBER: SLR7314L

Thank you for giving us the opportunity to serve you.

We confirm that from 25 Aug 2017, the Vehicle Number is amended as follows:

VEHICLE REGISTRATION NUMBER: SLR7314L

The terms and conditions of this policy remain unchanged.

Please attach this letter to your motor policy document as it serves as an Endorsement to your policy.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at csquery@income.com.sg. Alternatively, you may contact your agent TONG HIN INSURANCE AGENCY PTE. LTD. at 94892977 or email joycehua@tonghin.com.sg. We would be most happy to assist you.

Yours sincerely



Eddie Loke
Senior Underwriting Manager
Motor Insurance

Claim Handling

Accident MT/0975871

Policy No.	5093667769	Vehicle No.	SLR7314L	GST Registration No.	
Policyholder Name	WONG HEE SING			Policyholder NRIC	S001
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	82773474	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	02/01/2018 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	29/12/2017	Time of Accident hh:mm	18:55	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD TWDS CHANCERY LANE				

▼ 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	65 THOMSON GREEN	Address 2	SINGAPORE 574941	Address 3	
Address 4		Address Type	Singapore address	Post Code	5741
Unit No.		Related Policy Number	5093667769		

▼ OI Driver Info

Driver Name	WONG HEE SING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0009405F	Driver DOB	22/C
Register Date of Driver License	23/09/1959	Driver Age	83	Driving Experience	58
Contact No.(Mobile)	82773474	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	65 THOMSON GREEN	Address 2	SINGAPORE 574941	Address 3	
Address 4		Address Type	Singapore address	Post Code	5741
Unit No.					
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WONG HEE SING	Insured NRIC	S001
Contact No.(Mobile)	82773474	Contact No.(Home)	64548849	Contact No.(Office)	
Email Address		OI Vehicle Number	SLR7314L	TP Vehicle Number	UNK
Claim Description	SLR7314L / UNKNOWN ON 29 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	02/01/2018 14:42	Claim Close Date		Date Received	02/C
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

1/2/2018

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

Accident No.

MT/0975871

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2018 00:00

Path *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descript
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 14:42	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 14:42	SAS	Normal	SAS 201

Video List

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

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Tuesday, 2 January 2018 3:26 PM
To: 'Theresa Vimala'
Subject: SLR7314L MT/0975871
Attachments: 1.jpg; 2.jpg; 3.jpg; 4.jpg; 5.jpg; 6.jpg; 7.jpg; 8.jpg; SLR7314L_29122017.PDF

Hi Theresa

I forgot to upload the photo of the damage veh.

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

ALREADY CALL THERESA

SHE WILL UPLOAD AT THEIR SIDE