

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118 015334

Date In: 31/1/18-14:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC1800190424	SAS e-filing		
Veh No: SUB45864	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/1/18-22:30	i-Motor Claim Form	MT/0980318	31/1/18 15:04
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: (Tel:	Fax:
TP Particulars:	Veh No: SLD9750X	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 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

NA/1800682	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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:-		
	ON:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Pat 1:			
Pat 2 / 3:			

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 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	31/01/2018 14:48
Date Of Accident	29/01/2018 22:30
Exact Location Of Accident	BLK 710A PASIR RIS ST 72 MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4586Y
Insured/Policyholder	
Name Of Registered Owner	URBAN LEASING PTE LTD
Co Reg No	201505675N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5091531024
Cover Note Number	

Driver

Name of Driver	LIM HWEE LING RINA
NRIC No	S1734187A
Date Of Birth	29/04/1966
Occupation	INDOOR
Date Of Driving Pass	05/08/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85229224
Fax Number	
Contact Number	OFFICE-85229224
EEmail Address	NOEMAIL

Address	BLK 179 JALAN LOYANG BESAR #05-08
Postcode	506926
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SLD9750X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

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 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.

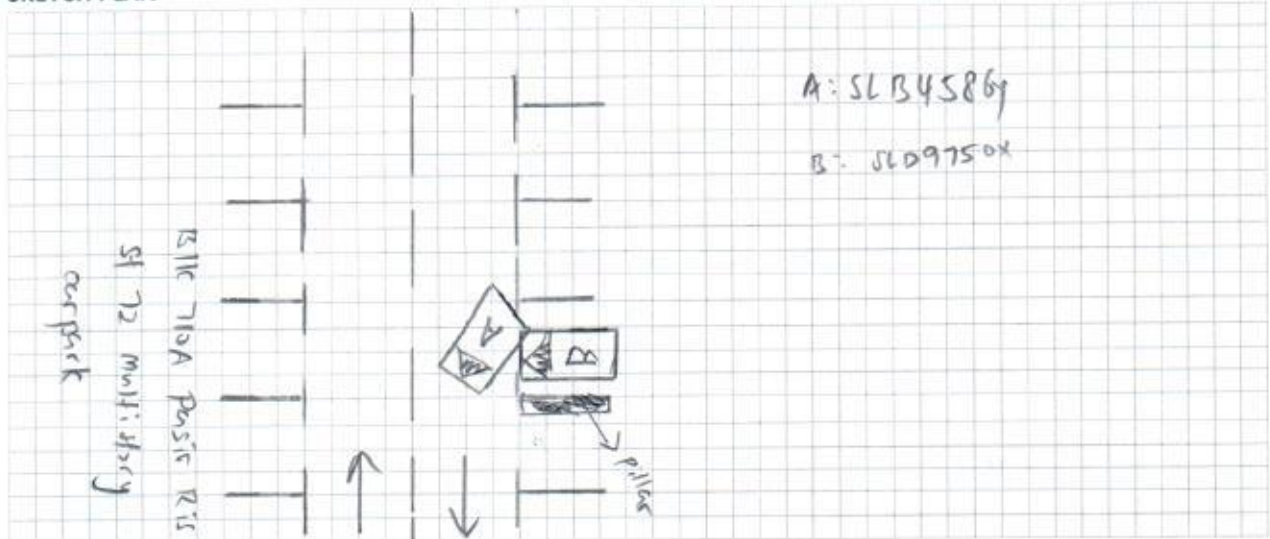


Policyholder's Signature
Date & Time:

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

On stated date and time, I was exiting from multi-story carpark lot
 accidentally
 and hit onto vehicle B front right 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 1 / 18 (DD/MM/YYYY), TIME: 22 : 30 (HH:MM)

LOCATION: Blok 710A Persis Ris 472 Multi-story Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 45864
 b) INSURANCE COMPANY: NJC
 c) POLICY NUMBER: 5091531024
 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: Private use
 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: Urban Leasing Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2025056754 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Lim Hwee Ling Rina (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1934187A CONTACT: 65229224
 c) ADDRESS: Blok 179 Jalan Layang Perker 265-08 (506926)

*d) DATE OF BIRTH: 29 / 4 / 1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5/8/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hires

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

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: SLD9750X MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger (including d) (1)

* No of passenger (including d) (1)

* No of passenger (including d) (1)

Email = rinalim_5@yahoo.com.sg

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1734187A



Name
LIM HWEE LING RINA

林慧玲

Race
CHINESE

Date of Birth
29-04-1966

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1734187A**

Name
LIM HWEE LING RINA

Birth Date: **29 Apr 1966**

Issue Date: **02 Aug 2004**




001267573F

A0062382



SPIC No: **S1734187A**



SPIC No: **S1734187A**

Blood Group: **O+** Date of issue: **14-09-2001**


BLK 179 JALAN LOYANG BESAR #05-08
SINGAPORE 506926
IC No: **S1734187A** Date: **27/03/2017**

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
05 Aug 1986

Licence No: S1734187A



NP 428A

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

29/01/2018 22:30

Vehicle No. (For Motor)

SLB4586Y

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091531024	URBAN LEASING PTE LTD	201505675N	GFT	drive CLASSIC	SLB4586Y	SLB4586Y	30/05/2017	

Policy Information

Policy No.	5091531024	Policyholder Name	URBAN LEASING PTE LTD	Policyholder NRIC	201505675N
Address	15 #01-47 COMMONWEALTH LANE SINGAPORE 149554				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/06/2017	Effective Date	30/05/2017 00:00	Expiry Date	29/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	15 #01-47 COMMONWEALTH LA	Address 2	SINGAPORE 149554	Address 3	
Address 4		Address Type	Singapore address	Post Code	149554
Unit No.	01-47	Related Policy Number	*5091531024		

Insured Object: SLB4586Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/05/2017 00:00	Basic Information Endorsement	000001286577426	Endorsement Take Effective	amend veh reg Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER
2	16/11/2017 00:00	Basic Information Endorsement	000001286699364	Endorsement Take Effective	CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKX5852T 16-11-2017 \$999.23 In view of this amendment, a refund of \$999.23 (inclusive of GST) will be adjusted against the outstanding premium. Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy
3	07/12/2017 00:00	Basic Information Endorsement	000001286707398	Endorsement Take Effective	VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKX6272K 22-11-2017 \$968.49 In view of this amendment, a refund of \$968.49 (inclusive of GST) will be adjusted against the outstanding premium. Thank you for giving us the

Claim Handling

+ Exit.

Accident HT/0900310

Policy No.	S091531024	Vehicle No.	SLB4588Y	GST Registration No.	
Policyholder Name	URBAN LEASING PTE LTD			Policyholder NRIC	201505675N
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div>T</div></div>
KPK	<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
<div>🔍 Accident Details</div>					
Report Date	31/01/2018 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked vehicle
Date of Accident	29/01/2018	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 710A PASIR RIS ST 72 MULTISTORY CARPARK				
<div>🔍 Benefits</div>					
<div>🔍 Excess</div>					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<div>🔍 GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification history					

Policyholder Mailing Address

Address 1		Address 2		Address 3	
15 #01-47 COMMONWEALTH L...		SINGAPORE 149554		SINGAPORE 149554	
Address 4		Address Type		Post Code	
		Singapore address		149554	
Unit No.		Related Policy Number			
01-47		S091531024			
☞ OT Driver Info.					
Driver Name		Driver Type		Driver DOB	
Unnamed Driver		Unnamed Driver		29/04/1986	
Unnamed driver Name		Driver NRIC		Driving Experience	
LIM HWEE LING RINA		S1734187A		31	
Register Date of Driver License		Driver Age		Contact No.(Home)	
05/08/1986		51		0	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
85229224		0		SINGAPORE 506926	
Address 1		Address 2		Post Code	
179 JALAN LOYANG BESAR		COASTAL VIEW RESIDENCES		506926	
Address 4		Address Type			
		Singapore address			
Unit No.					
05-08					
Does he own a Singapore Registered car?		Driver Vehicle No.		Driver Insurer Company	
<input type="radio"/> Yes <input checked="" type="radio"/> No					
Declaration					
Breathalyser or Blood Test Reading?		Any injury?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
0 mg					
Modification History					

Claim 001 New

Claim Type *	<input type="text" value="OD-MK"/>	Insured Name	<input type="text" value="URBAN LEASING PTE LTD"/>	Insured NRIC	<input type="text" value="201505673N"/>
Contact No.(Mobile)	<input type="text"/>	Contact No.(Home)	<input type="text"/>	Contact No.(Office)	<input type="text" value="68411110"/>
Email Address	<input type="text"/>	Of Vehicle Number	<input type="text" value="SLB4586Y"/>	TP Vehicle Number	<input type="text" value="SLD9750X"/>
Claim Description	<input type="text" value="SLB4586Y / SLD9750X ON 29 Jan 2018"/>			Name of Preferred Workshop	
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	<input type="text" value="Fully at Fault"/>		
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
Date Registered	<input type="text" value="31/01/2018 15:04"/>	Claim Close Date	<input type="text"/>	Date Received	<input type="text" value="31/01/2018 00:00"/>
Report Taken By	<input type="text" value="Jackson"/>				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0980318	Claim No.	001
Left Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2018 15:05

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal <input type="button" value="Clear"/>	<input type="text"/>

[illegible]