

NATIONAL Assessment Centre Services: [wef 1 Jan 05] **MLA118024235**

|                                  |  |                       |                      |
|----------------------------------|--|-----------------------|----------------------|
| Date In: <b>20/2/18-10:36</b>    | Job description  | Date & Time Completed | Done by              |
| Ref No: <b>NA/INC18002260/24</b> | SAS e-filing   |                       |                      |
| Veh No: <b>6K 631914</b>         | E-mail (within 5hrs, AIC 2hrs)                         |                       |                      |
| D.O.A: <b>15/2/18-07:15</b>      | i-Motor Claim Form                                     | <b>MT/0982950</b>     | <b>20/2/18 22:24</b> |
| 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 <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |                      |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: <b>4L3868Y</b>                                   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                      |                      |
|--|---|----------------------|----------------------|
| <b>NA1801053</b>                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>Net Bill | Amt (\$)<br>Add Bill |
| <b>Claimant's Particulars:-</b>        | 1) AR: Accident Reporting (\$30);               |                      |                      |
| <b>Driver/Owner:</b>                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| <b>Contact No:</b>                     | 3) TP: Towing Fee \$40/\$45                     |                      |                      |
| <b>Damaged Portion:</b>                | 4) FT: Follow-Through Survey \$120              |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| <b>Auditors' Comments:-</b>            | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| <b>Dat. 1:</b>                         | 6) TR: Re-inspection \$75                       |                      |                      |
| <b>Dat. 2 / 3:</b>                     | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|  | 8) NTUC Additional Services:-                   |                      |                      |
|  | Q1)*  |                      |                      |
|  | *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                          |                      |                      |
|  | 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 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             | 20/02/2018 10:36                       |
| Date Of Accident           | 15/02/2018 07:15                       |
| Exact Location Of Accident | SLIP RD UPPER CHANGI RD TWDS SIMEI AVE |
| Country/State of Loss      | SINGAPORE                              |

#### DETAILS OF OWN VEHICLE

|                             |                     |
|-----------------------------|---------------------|
| Vehicle Registration Number | GX6319H             |
| <b>Insured/Policyholder</b> |                     |
| Name Of Registered Owner    | UKA LEASING PTE LTD |
| Co Reg No                   | 201105072Z          |
| Email Address               | NOEMAIL             |
| Mobile Phone No             |                     |
| Alternative Phone No        | OFFICE-67450881     |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MITSUBISHI         |
| Model  | L300 HR M          |
| 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          | THIRD PARTY                            |
| Fleet Policy              | YES                                    |
| Policy Number             | 5061870376-04                          |
| Cover Note Number         |  |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | ANG LIJIE            |
| NRIC No              | S8851525J            |
| Date Of Birth        | 24/12/1988           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 02/07/2009           |
| Driving Experience   | 8 YEARS AND 7 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-88008215 |
| Fax Number           |                      |
| Contact Number       | OFFICE-88008215      |
| E-Mail Address       | NOEMAIL              |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 879 TAMPINES AVENUE 8<br>#08-258 |
| Postcode  | 520879                               |
| 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   | COLLISION - HEAD TO REAR |
| 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD UPPER CHANGI RD TWDS SIMEI RD. VEHICLE B WAS MOVING FORWARD AND SUDDENLY BRAKE. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

### 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         | SGL3868Y              |
| Vehicle Make/Model/Colour           |                       |
| Details Of Properties               |                       |
| Vehicle Category                    | PRIVATE CAR           |
| Name of Driver                      | MOHD YUSOFF BIN BAKRI |
| NRIC/Passport Number                | S1356880D             |
| Contact Number                      | 91590854              |
| Address                             |                       |
| Postcode                            |                       |
| Insurance Company Name              |                       |
| Nature Of Damage                    |                       |
| No. Of Passenger (Including Driver) | 1                     |

## 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.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait of a woman.

Licence Number: **S8851525J**

Name: **ANG LIJIE**

Sex: **M**

Date of Birth: **24 Dec 1988**

Issue Date: **12 May 2016**

Barcode: 002566550A

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8851525J**

Portrait of a man.

Name: **ANG LIJIE**

Handwritten: **8800 5215**

Chinese Name: **洪梨傑**

Race: **CHINESE**

Date of Birth: **24-12-1988**

Sex: **M**

Country/Place of Birth: **SINGAPORE**

Portrait of a man.

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

| Class   | Description  | Effective Date |
|---------|--|----------------|
| Class 3 | Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg  | 02 Jul 2009    |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg<br>Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg | 01 Mar 2010    |

NP 428A

Licence No: S8851525J

5299534

Barcode

NRIC No: **S8851525J**

Fingerprint

Date of Issue: **28-04-2014**

Address: **APT BLK 879 TAMPINES AVENUE 8 #08-258 SINGAPORE 520879**

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

**Policy Query**

Policy No.  Date of Accident

Vehicle No. (For Motor)

Search

| Select                | Policy No.    | Policyholder Name   | Policyholder NRIC | Product | Cover Type  | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|---------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5061870376-04 | UKA LEASING PTE LTD | 201105072Z        | GFT     | Third Party | GX6319H     | GX6319H        | 26/09/2017    |             |

Continue

**Policy Information**

|                             |  |                             |                     |                   |                  |
|-----------------------------|--|-----------------------------|---------------------|-------------------|------------------|
| Policy No.                  | 5061870376-04                            | Policyholder Name           | UKA LEASING PTE LTD | Policyholder NRIC | 201105072Z       |
| Address                     | 3018A UBI ROAD 1 #01-23 SINGAPORE 408711 |                             |                     |                   |                  |
| Product Name                | FLEET INSURANCE                          | Plan                        |                     | Group Policy Flag | N                |
| Policy Issue Date           | 13/09/2017                               | Effective Date              | 26/09/2017 00:00    | Expiry Date       | 25/09/2018 23:59 |
| Third Party Excess          | 1000.00                                  | Own damage Excess           | 0.00                | Windscreen Excess | 0.00             |
| Additional Excess           |  | OS Premium                  | 491.02              |                   |                  |
| Outside Singapore OD Excess |  | Outside Singapore TP Excess |                     |                   |                  |
| Agent                       | VICOM LTD                                | Agent Tel.                  | 66975210            | GST Flag          | Y                |
| Co-insurance Flag           | No                                       |                             |                     |                   |                  |
| Open Policy Info            |  |                             |                     |                   |                  |
| Certificate Info            |  |                             |                     |                   |                  |

**Policyholder Mailing Address**

|           |                  |                       |                   |           |                  |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 3018A UBI ROAD 1 | Address 2             | #01-23            | Address 3 | SINGAPORE 408711 |
| Address 4 |                  | Address Type          | Singapore address | Post Code | 408711           |
| Unit No.  | 01-122           | Related Policy Number | 5078291250-02     |           |                  |

**Insured Object: GX6319H**

**Endorsements**

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---|
| 1        | 26/09/2017 00:00    | Basic Information Endorsement | 000001286660395    | Endorsement Take Effective | <p>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 CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. GV9129E 26-09-2017 \$756.22 In view of this amendment, a refund of \$756.22 (inclusive of GST) will be adjusted against the outstanding premium.</p>   |
| 2        | 26/09/2017 00:00    | Basic Information Endorsement | 000001286661045    | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GY903E 26-09-2017 \$756.22 In view of this amendment, an additional premium of \$756.22 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days</p> |



Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description                     | Mag. Size? Action (CO) |
|---|--|-----------------------|---------|---------------------------------|------------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:25 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-2-20 | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:25 | SAS                   | Normal  | SAS 2018-2-20                   | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:24 | Photos                | Normal  | Photos 2018-2-20                | <a href="#">Edit</a>   |

Video List

| uploaded By/Date | Folder Date | File Name | Source | Action |
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