

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MMA 118032867

| | | | |
|------------------------------|--|-----------------------|--------------|
| Date In: 913118 09:49 | Job description | Date & Time Completed | Done by |
| Ref No: NA1/INC18024531164 | SAS e-filing | | |
| Veh No: SLA 1009Y | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 913118 08:45 | i-Motor Claim Form | MT10985360 | 913/18 11:27 |
| OD: <u>TP</u> 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: SKK 3612B . | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|---------------------------------|--|---|--|-------------|-----------|
| MMA1801575 | | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| | | | | 1st Bill | Add. Bill |
| Claimant's Particulars:- | | 1) AR: Accident Reporting (\$30); | | 30.00 | |
| 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 | | | |
| QC Checked by (Engr-In-Charge): | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments:- | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat. 1: | | 6) TR: Re-inspection \$75 | | | |
| Cat. 2 / 3: | | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | | 8) NTUC Additional Services:- | | | |
| | | QD: | | | |
| | | *N5: Courtesy Car / Tpl 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 | 09/03/2018 09:48 |
| Date Of Accident | 09/03/2018 08:45 |
| Exact Location Of Accident | AYE TWDS CHANGI AFTER CLEMENTI EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA1009Y |
| Insured/Policyholder | |
| Name Of Registered Owner | LOH WHY KIT |
| NRIC No | S7681569J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91159298 |
| Alternative Phone No | OFFICE-91159298 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | B 160 |
| 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 | 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 | 5077132869-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOH WHY KIT |
| NRIC No | S7681569J |
| Date Of Birth | 29/10/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/12/2006 |
| Driving Experience | 11 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91159298 |
| Fax Number | |
| Contact Number | OFFICE-91159298 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 347 WOODLANDS AVE 3 #07-109 |
| Postcode | 730347 |
| 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 | 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 | |
| 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) | 2 |
| Passenger 1 | NAME: : CINDY TAN CHEOW WEI GENDER: : FEMALE |

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 AYE TWDS CHANGI AFTER CLEMENTI EXIT, WHEN I NOTICED VEH INFRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP MY VEH COMPLETELY. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKK3612B) FROM BEHIND COLLIDED ONTO MY VEH 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 | SKK3612B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIN QINGQI |
| NRIC/Passport Number | S7166279I |
| Contact Number | |
| 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.



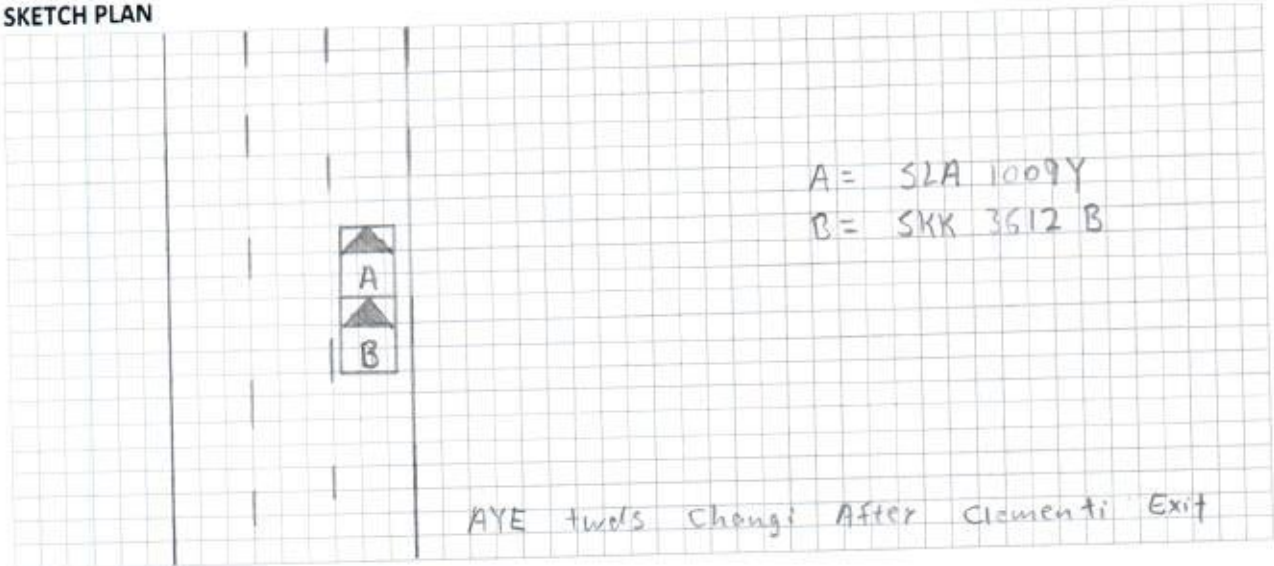
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = SLA 1009Y
B = SKK 3612 B

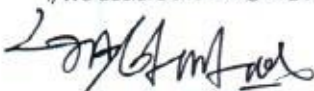
AYE twos Changi After Clementi Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7681569J**

Name: **LOH WHY KIT**

Birth Date: **29 Oct 1976**

Issue Date: **06 Dec 2006**

1001463552F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7681569J**

Name: **LOH WHY KIT**

罗伟介

Race: **CHINESE**

Date of Birth: **29-10-1976**

Country of Birth: **MALAYSIA**

Sex: **M**

S7681569J




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

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: **06 Dec 2006**

NP 42CA

Licence No: **S7681569J**

8473794

NRIC No: **S7681569J**

Nationality: **MALAYSIAN**



Blood Group: **AB+**

Date of issue: **10-09-2002**

APT BLK 347 WOODLANDS AVENUE 3 #07-109
SINGAPORE 730347

NRIC No: **S7681569J**

Date: **23/04/2015**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

09/03/2018 09:46

Vehicle No.(For Motor)

SLA1009Y

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|--------------------------|---------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="checkbox"/> | 5077132869-01 | LOH WHY KIT | S7681569J | GPC | drive CLASSIC | SLA1009Y | SLA1009Y | 21/04/2017 | 20/04/2018 |

Claim Handling

Accident MT/0985360

| | | | | | |
|---|--|-------------------------------|--|------------------------|--------------------------|
| Policy No. | 5077132869-01 | Vehicle No. | SLA1009Y | GST Registration No. | |
| Policyholder Name | LOH WHY KIT | Cover Type | drive CLASSIC | Policyholder NRIC | 57681569J |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 91159298 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 09/03/2018 11:20 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 09/03/2018 | Time of Accident hh:mm | 08:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | AYE TWDS CHANGI AFTER CLEMENTI EXIT | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | 1 |
| 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 Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 347 #07-109 | Address 2 | WOODLANDS AVENUE 3 | Address 3 | WOODLANDS VIBES |
| Address 4 | SINGAPORE 730347 | Address Type | Singapore address | Post Code | 730347 |
| Unit No. | 07-109 | Related Policy Number | 5077132869-01 | | |
| OI Driver Info | | | | | |
| Driver Name | LOH WHY KIT | Driver Type | Main Driver | Driver DOB | 29/10/1976 |
| Unnamed driver Name | | Driver NRIC | 57681569J | Driving Experience | 11 |
| Register Date of Driver License | 06/12/2006 | Driver Age | 41 | Contact No.(Home) | |
| Contact No.(Mobile) | 91159298 | Contact No.(Office) | | Address 3 | WOODLANDS VIBES |
| Address 1 | BLK 347 #07-109 | Address 2 | WOODLANDS AVENUE 3 | Post Code | 730347 |
| Address 4 | SINGAPORE 730347 | Address Type | Singapore address | | |
| Unit No. | 07-109 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | <input type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001

New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | LOH WHY KIT | Insured NRIC | 57681569J |
| Contact No.(Mobile) | 91159298 | Contact No.(Home) | | Contact No.(Office) | 65322275 |
| Email Address | lghwk@orientalford.com.sg | O1 Vehicle Number | SLA1009Y | TP Vehicle Number | SKK36128 |
| Claim Description | SLA1009Y / SKK36128 ON 9 Mar 2018 | | | | |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | Name of Preferred Workshop | 0 |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 09/03/2018 11:22 | Claim Close Date | | Date Received | 09/03/2018 00:00 |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | | | |
|--------------------|---|---------------------|------------------|-----------|-------|
| Accident No. | MT/0985360 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 09/03/2018 11:23 | | |
| Path * | | | | | |
| Choose File | No file chosen | Category * | Confidential | Urgency * | Descr |
| Choose File | No file chosen | Clear Please Select | NO | Normal | |
| Choose File | No file chosen | Clear Please Select | NO | Normal | |
| Choose File | No file chosen | Clear Please Select | NO | Normal | |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

| | | | | |
|-------|---------------|----|--------|--|
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|--------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:23 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-3-9 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:23 | SAS | Normal | SAS 2018-3-9 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:23 | Photos | Normal | Photos 2018-3-9 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:23 | Photos | Normal | Photos 2018-3-9 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:23 | Photos | Normal | Photos 2018-3-9 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:22 | Photos | Normal | Photos 2018-3-9 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading