

NATIONAL Assessment Centre Services (wef 1 Jan 2009) MMA 118038048

Date In: 2013/18 16:57	Job description	Date & Time Completed	Done by
Ref No: MA11MC18005197164	SAS e-filing		
Veh No: SGH 9054K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 1913118 18:40	i-Motor Claim Form	MT10986851	21/3/18 11:37.
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 / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLK 6332C	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: 90-100%]	
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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
QP* *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	20/03/2018 16:57
Date Of Accident	19/03/2018 18:40
Exact Location Of Accident	ANSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH9054K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LING KIONG MING
NRIC No	S16384871
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96249685
Alternative Phone No	OFFICE-96249685

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096466782
Cover Note Number	-

### Driver

Name of Driver	LING KIONG MING
NRIC No	S16384871
Date Of Birth	02/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1972
Driving Experience	45 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96249685
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 448 BRIGHT HILL DR #03-129
Postcode	570448
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 - CHANGE/CROSS LANE
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?	
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: : UNKNOWN GENDER: : MALE

#### 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

PLEASE REFER TO 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	SLK6332C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LI JUN
NRIC/Passport Number	
Contact Number	96345654
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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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.



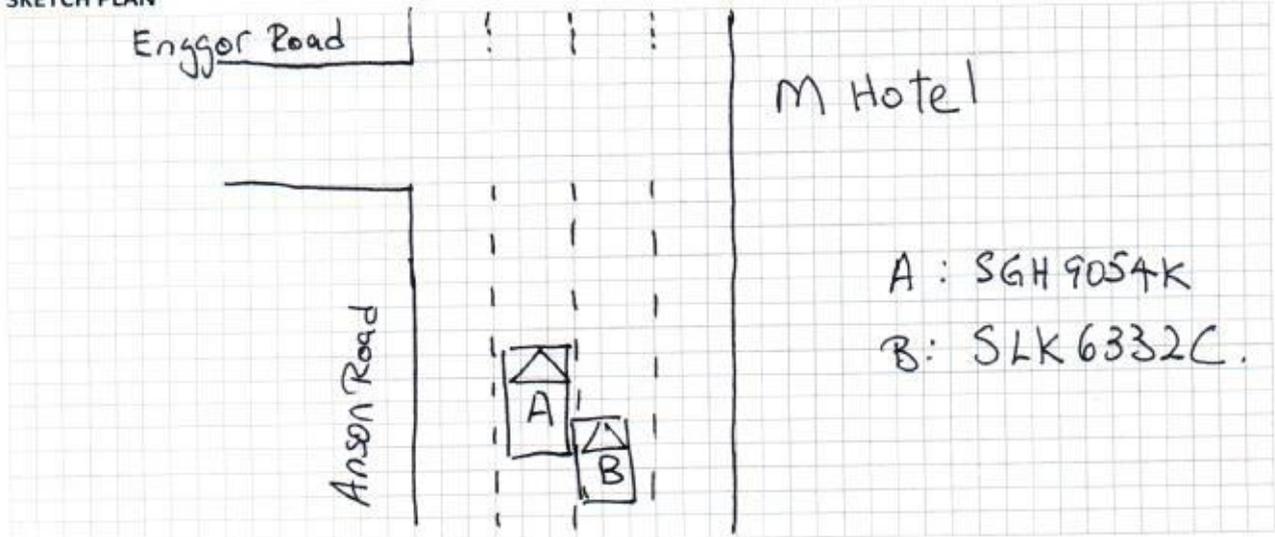
Policyholder's Signature  
Date & Time:

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 the 19<sup>th</sup> of March 2018 at about 6:40pm, I was driving along Anson Road when I felt a very slight contact on the rear right portion of my vehicle.

I realised that

When I got down of my vehicle, there was a slight collision between my vehicle and vehicle B (SLK 6332C)

We then exchanged particulars and went off.

DECLARATION

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

 20/03/18  
 Policyholder's Signature  
 Date & Time: 1630 hrs.

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 03 / 2018) (DD/MM/YYYY), TIME: (18 : 40) (HH:MM)

LOCATION: Anson Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGH 905TK
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5096466782
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Hyundai Verano
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
- 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: Ling King Mihy (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1638487I CONTACT: 96249685
- c) ADDRESS: 81K 448 Bright Hill Drive #03-129  
S(570448)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As Above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (02 / 04 / 1949) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 46 years

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

- 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: SLK6332C MODEL: Honda
- b) DRIVER'S NAME: Tan Li Jun
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96345654

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(Including driver)  
(2)

male

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

Email =

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S16384871




Name  
**LING KIONG MING**

Race  
**CHINESE**

Date of birth  
**02-04-1949**

Country/Place of birth  
**MALAYSIA**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S16384871**

Name  
**LING KIONG MING**

Birth Date: **02 Apr 1949**  
Issue Date: **14 Apr 2003**



5509605




NRIC No. **S16384871**

Date of issue  
**11-08-2015**

Address  
**APT BLK 448 BRIGHT HILL DRIVE  
#03-129  
SINGAPORE 570448**

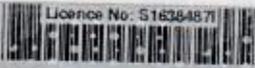
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	P./SC DATE
Class 2B Motorcycles $\leq$ 200 CC	09 Oct 1972
Class 2A Motorcycles between 201 CC and 400 CC	09 Oct 1972
Class 2 Motorcycles $>$ 400 CC	09 Oct 1972
Class 3 Motor cars $\leq$ 2000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	09 Oct 1972

S16384871

S / No. 9000265031

NP 428A



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096466782	LING KIONG MING	S1638487I	GPC	Third Party, Fire & Theft	SGH9054K	SGH9054K	08/12/2017	07/12/2018

Continue

**Claim Handling**

Accident MT/0986851

Policy No.	5096466782	Vehicle No.	SGH9054K	GST Registration No.	
Policyholder Name	LING KJONG MING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S16384871
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	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(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Not available

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**Accident Details**

Report Date	20/03/2018 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/03/2018	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ROBINSON ROAD				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 448 #03-129	Address 2	BRIGHT HILL DRIVE	Address 3	SINGAPORE 570448
Address 4		Address Type	Singapore address	Post Code	570448
Unit No.		Related Policy Number	5096466782		

**OI Driver Info**

Driver Name	LING KJONG MING	Driver Type	Main Driver	Driver DOB	02/04/1949
Unnamed driver Name		Driver NRIC	S16384871	Driving Experience	45
Register Date of Driver License	09/10/1972	Driver Age	68	Contact No.(Home)	
Contact No.(Mobile)	90249685	Contact No.(Office)		Address 3	SINGAPORE 570448
Address 1	BLK 448 #03-129	Address 2	BRIGHT HILL DRIVE	Post Code	570448
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" 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 checked="" type="radio"/> No
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Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LING KJONG MING	Insured NRIC	S16384871
Contact No.(Mobile)	95249685	Contact No.(Home)	64526335	Contact No.(Office)	64555011
Email Address		OI Vehicle Number	SGH9054K	TP Vehicle Number	SLK6332C
Claim Description	SGH9054K / SLK6332C ON 19 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	21/03/2018 00:00
Date Registered	21/03/2018 11:36	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/0986851	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2018 11:37

Path \*

Category *	Confidential	Urgency *	Descr
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	

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 21 Mar 2018 11:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:37	SAS	Normal	SAS 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:37	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:37	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:36	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:36	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:36	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:36	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:36	Photos	Normal	Photos 2018-3-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 11:36	Photos	Normal	Photos 2018-3-21

Video List

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