

NATIONAL Assessment Centre Services [wef 1 Jan 2018] **MNA118038693**

Date In: 21/3/18-17:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005334/24	SAS e-filing		
Veh No: SLJ5826G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/3/18-17:10	i-Motor Claim Form	MT/0986875-001	
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: **SG1137X** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1801800	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		for Bill	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2018)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	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	21/03/2018 17:44
Date Of Accident	17/03/2018 17:10
Exact Location Of Accident	ALONG YISHUN CENTRAL 1 BESIDE L/P:4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5826G
Insured/Policyholder	
Name Of Registered Owner	JA'UDIN B TALIB
NRIC No	S1285863I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82826015
Alternative Phone No	OFFICE-82826015

Vehicle Particulars

Manufacturer	SEAT
Model	IBIZA 5DR 1.0 ECOTSI 110 STYLE 7AT
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	5086967898-01
Cover Note Number	

Driver

Name of Driver	JA'UDIN B TALIB
NRIC No	S1285863I
Date Of Birth	23/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82826015
Fax Number	
Contact Number	OFFICE-82826015
Email Address	NOEMAIL

Address	BLK 366 YISHUN RING ROAD #02-1506
Postcode	760366
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	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)	2
Passenger 1	NAME: : - 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

ON STATED DATE AND TIME, I WAS SIGNALLED MY VEHICLE AND MERGING FROM LANE 2 TO LANE 1 ALONG YISHUN CENTRAL 1. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT 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	SG1137X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	RAJENDRAN S/O LETCHUMANAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

SKETCH PLAN

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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.

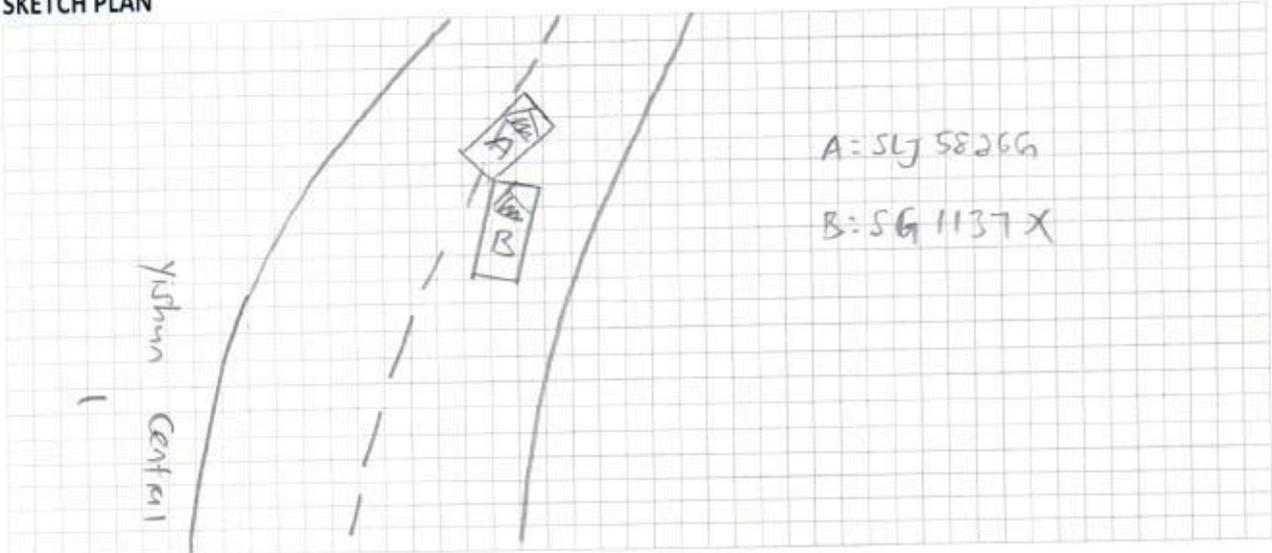

Policyholder's Signature
Date & Time: 18:45/17

21/3/18

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

refer to statement.

DECLARATION

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


Policyholder's Signature
Date & Time: 18/5/18

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

License Number: **S12858631**

Name: **JA'UDIN BIN TALIB**

Birth Date: **23 Oct 1958**

Issue Date: **03 Feb 2018**

002770096H




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S12858631**



Name: **JA'UDIN BIN TALIB**

Race: **MALAY**

Date of birth: **23-10-1958** Sex: **M**

Country of birth: **SINGAPORE**





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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	29 Apr 1978
Class 2A	Motorcycles between 201 cc and 400 cc	29 Apr 1978
Class 2	Motorcycles > 400 cc	29 Apr 1978
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	20 Jan 1979
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	28 Mar 1980
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	07 Nov 1992
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	



NP 428A

4872543



NRIC No. **S12858631**



Date of issue: **30-07-2012**

Address: **APT BLK 366 YISHUN RING ROAD
#02-1506
SINGAPORE 760366**

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"/>	5086967898-01	JA'UDIN B TALIB	S1285863I	GPC	drive PREMIUM	SLJ5826G	SLJ5826G	16/12/2017	15/12/2018

Continue

Policy Information

Policy No.	5086967898-01	Policyholder Name	JA'UDIN B TALIB	Policyholder NRIC	S12858631
Address	BLK 366 #02-1506 YISHUN RING ROAD SINGAPORE 760366				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/12/2017	Effective Date	16/12/2017 00:00	Expiry Date	15/12/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	LIAN FONG CREDIT & TRADING	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 366 #02-1506	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760366
Address 4		Address Type	Singapore address	Post Code	760366
Unit No.		Related Policy Number	5086967898-01		

Insured Object: SLJ5826G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

LKK Paya Ubi

From: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Sent: Thursday, 22 March 2018 7:57 AM
To: LKK Paya Ubi; ODsupport
Cc: Teng Ken Leong; Theresa Vimala
Subject: RE: CLAIMS NUMBER MT/0986875-001 VEH NO SLJ 5826G

Hi Jackson

Please quote the subject reference when you submit your invoice.

There is no need to create the case file.

Regards

Clarence Anthony
Manager
Motor Insurance
T +65 6430 7877
www.income.com.sg



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: 21 March, 2018 6:16 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>; Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: CLAIMS NUMBER MT/0986875 VEH NO SLJ 5826G

Hi Hazalysa

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Best Regards,

Jackson Ho | 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)

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