

# NATIONAL Assessment Centre Services

Date In: 27/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007819/13	SAS e-filing		
Veh No: SJT1933C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/04/18 1350	i-Motor Claim Form	NT/0992171-001	
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: ( TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: GBE686X	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: 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

NA1800653	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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:-		
	OD*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	27/04/2018 16:46
Date Of Accident	27/04/2018 13:30
Exact Location Of Accident	BUANGKOK GREEN TWDS SENGKANG EAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1933C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91009353

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5097341677-01
Cover Note Number	

### Driver

Name of Driver	LIN KANGMING,EDWIN
NRIC No	S8925978I
Date Of Birth	30/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91009353
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 602 WOODLANDS DRIVE 42 #12-57
Postcode	730602
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	
Was any body injured in the Accident?	YES
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)	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

I WAS DRIVING ALONG BUANGKOK GREEN TWDS SENGKANG EAST RD ON LANE 2 OF 4 LANES CARRIAGEWAY. WHEN REACHING HOUGANG AVE 4 JUNCTION, I SLOWED DOWN AND STOPPED COMPLETELY DUE TO THE TRAFFIC LIGHT. SUDDENLY VEH B FROM THE REAR COLIDED ONTO MY REAR PORTION. DUE TO THE IMPACT, MY VEH SURGE FORWARD BEYOND THE STOP LINE. THEREFORE I ALIGHTED AND EXCHANGED PARTICULARS WITH VEH B DRIVER.

#### 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	GBE686X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	81204598
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.
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.



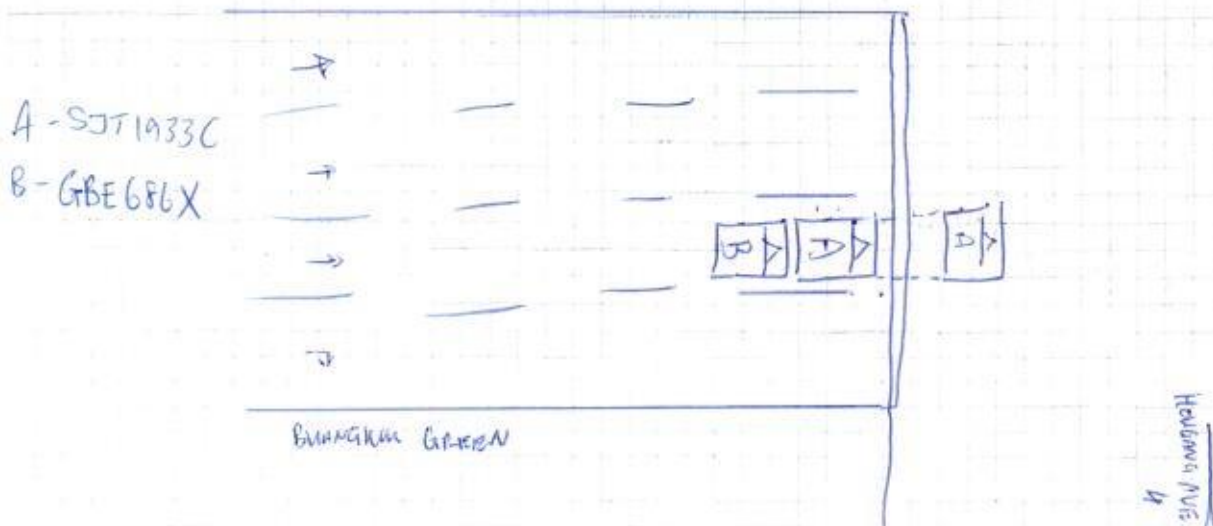
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Buangkok Green Towards Senawang East LD A7 Hangang Ave 4 Junction.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along buangkok green towards senawang east rd on lane 2 of 4 lanes carriageway. When reaching hangang ave 4 junction, I slowed down and stopped completely due to traffic light. Suddenly, veh(B) from the rear collided onto my rear partition. Due to the impact, my vehicle surge forward beyond the stop line. Therefore, I alighted and exchanged particulars with veh(B) driver.

## 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)

Reporting Centre Personnel's Signature  
Name:



<b>Vehicle No.</b>	551 1933 C	<b>Model / Make</b>	NISSAN SYLPHY
<b>Date of Accident</b>	27/04/18		
<b>Time of Accident</b>	01:30 P.M.	<b>HRS</b>	
<b>Location of Accident</b>	BLIMAHON GREEN TOWARDS SENGKANG EAST RD AT HOUGANG AVE 4 JUNCTION		
<b>Exact purpose use during accident</b>	Personal		
<b>Name of Owner</b>	PG MOTORLAND		
<b>Telephone No.</b>	H/P: DUNGLAS 9727 1329	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>			
<b>Address</b>			
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	509734 1677 - 01		
<b>Name of Driver</b>	As Above If No, LIN KANG MING, EDWIN		
<b>NRIC</b>	589259781	<b>Any Passengers:</b>	NZL
<b>Date of birth</b>	30/07/1989		
<b>Occupation</b>	<u>Outdoor</u>	/	Indoor
<b>Driving License Pass Date</b>	23/02/2015		
<b>Gender</b>	<u>Male</u>	/	Female
<b>Contact No.</b>	H/P: 9100 9353	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	APT BLK 602 WOODLANDS DRIVE 42 #12-57 S(730602)		
<b>Driver have any own vehicle</b>	<u>No</u>	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state HZRR	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	LIN KANG MING, EDWIN		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u>	If Yes, Where?	
<b>Vehicle B No.</b>	GBE 686 X	<b>Any Passengers:</b>	1 (MALE)
<b>Name of Driver</b>	PIAE PHYU KHAU	<b>Contact No.:</b>	8120 4598
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>		<b>Witness Contact:</b>	
<b>Accident Portion</b>	REAR PORTION		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MING.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	SALES@N51.COM.SG		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S89259781



Name

LIN KANGMING, EDWIN

林 慷 明

Race  
CHINESE

Date of birth 30-07-1989 Sex M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S89259781

Name:

LIN KANGMING, EDWIN

Birth Date: 30 Jul 1989

Issue Date: 23 Feb 2015



SG  
50



NRIC No. S89259781



Date of issue:

10-08-2004

Address

APT BLK 502 WOODLANDS DRIVE 42  
#12-57  
SINGAPORE 730602

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 Feb 2015



NP 428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5097341677-01

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJT1933C**  
Chassis Number : **JN1BAAG11Z0110336**
2. Name of Policyholder : **PG MOTORING**
3. Effective Date of Insurance : **05 Apr 2018**
4. Expiry Date of Insurance : **04 Apr 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 03 Apr 2018 15:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0992177

Policy No.	5097341677-01	Vehicle No.	SJT1933C	GST Registration No.	
Policyholder Name	PG MOTORING			Policyholder NRIC	53213875M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91009353	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	27/04/2018 18:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/04/2018	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUANGKOK GREEN TWDS SENGKANG EAST RD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	509788808-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/07/1989
Unnamed driver Name	LIN KANGMING,EDWIN	Driver NRIC	S89259781	Driving Experience	3
Register Date of Driver License	23/02/2015	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	91009353	Contact No.(Office)	0	Address 3	SINGAPORE 730602
Address 1	BLK 602	Address 2	WOODLANDS DRIVE 42	Post Code	730602
Address 4		Address Type	Singapore address		
Unit No.	#12-57				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	PG MOTORING	Insured NRIC	53213875M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJT1933C	TP Vehicle Number	GBE686X
Claim Description	SJT1933C / GBE686X ON 27 Apr 2018			Name of Preferred Workshop	TWINCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	27/04/2018 00:00
Date Registered	27/04/2018 18:36	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

Print AK letter

Save Submit

## Attachment

Accident No.	MT/0992177	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/04/2018 00:00
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
		Clear	

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Message Read

Please Select	NO	Normal	
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Send

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	SAS	Normal	SAS 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:36	Photos	Normal	Photos 2018-4-27

## Video List

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