

NATIONAL Assessment Centre Services

Date In: 08/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/2008402/13	SAS e-filing		
Veh No: 54V5558B	E-mail (w/duc 8hrs, M/T 2hrs)		
DOA: 08/05/18 1005	i-Motor Claim Form	MT/0993533-001	
OD: (1) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (HUP 500N)	Tel:	Fax:
TP Particulars:	Veh No: SLA6493Z	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Lat 1: Lat 2/3:	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Q11: * 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: _____				

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	08/05/2018 14:49
Date Of Accident	08/05/2018 10:05
Exact Location Of Accident	TANJONG KATONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV5558B
Insured/Policyholder	
Name Of Registered Owner	LIN YILI
NRIC No	S7761980A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96792599
Alternative Phone No	OTHERS-96792599

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5091935193
Cover Note Number	

Driver

Name of Driver	LIN YILI
NRIC No	S7761980A
Date Of Birth	23/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96792599
Fax Number	
Contact Number	OTHERS-96792599
Email Address	NOEMAIL

Address	BLK 2 BEDOK SOUTH AVENUE #10-875
Postcode	460002
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	SIDE SWIPE
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: : KOK KIT THENG 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

PLS REFER TO THE 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	SLA6493Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

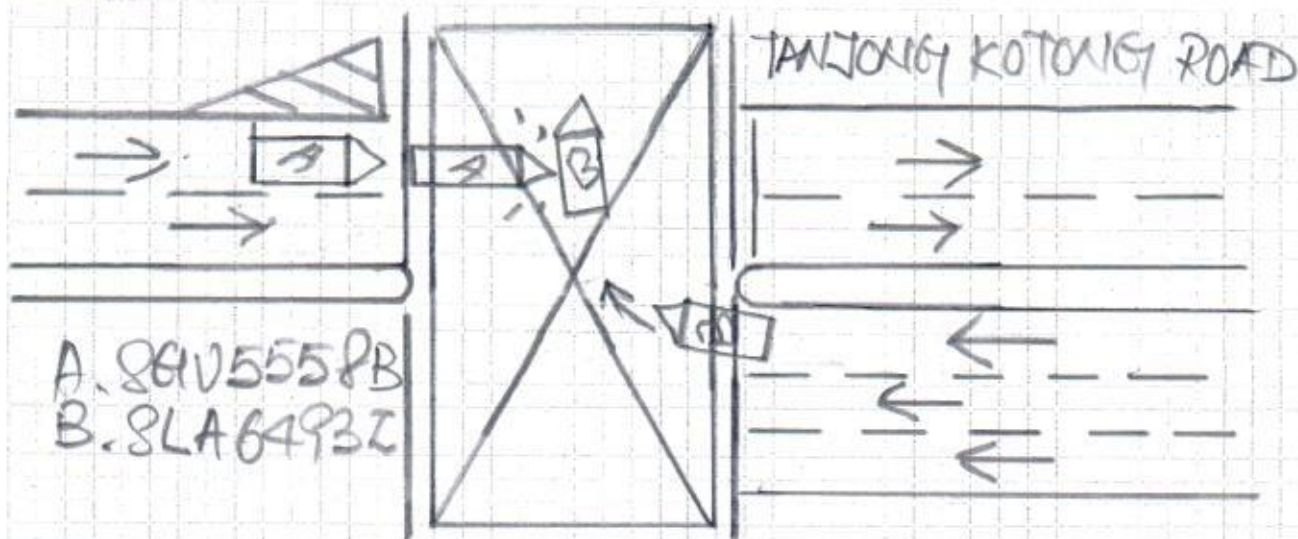
Policyholder's Signature
Date & Time:

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

08/05/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING TOWARDS TANJONG KATONG RD.

WHEN I WAS APPROACHING THE JUNCTION AT CITY PLAZA,

VEHICLE B SUDDENLY MADE A RIGHT TURN FROM OPPOSITE,

AND I COULDN'T STOP MY CAR IN TIME & COLLIDED ONTO

VEHICLE B'S LEFT HAND PORTION.

THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 08/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotives@yahoo.com

VEHICLE NO: 88U5558B

MAKE/MODEL: TOYOTA VIOS

DATE OF ACCIDENT 08/05 2018
DAY/MONTH/YEAR

TIME 10 HR 07 MIN AM PM

LOCATION OF ACCIDENT TANJONG KATONG ROAD

EXACT PURPOSE USE DURING ACCIDENT WORKING

CAR OWNER

NAME OF CAR OWNER LIN YI LI

CONTACT NO 96792599

NRIC 87761980A

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY N7UC

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER LIN YI LI

NRIC 87761980A

DATE OF BIRTH 23-11-1977

OCCUPATION

DATE OF DRIVING PASS 27 Jun 2011

GENDER

CONTACT NO 96792599

ADDRESS BCK 2 B200K SOUTH AVE 1 #10-875(D) 460002

NO OF PASSENGER/S 1 KOK KIT HENG
82435648K(F)

☒ OUTDOOR ☐ INDOOR

☒ MALE ☐ FEMALE

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO 8LA6493Z

NO OF PASSENGER/S ☐

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S ☐

VEHICLE D NO

NO OF PASSENGER/S ☐

VEHICLE E NO

NO OF PASSENGER/S ☐

VEHICLE F NO

NO OF PASSENGER/S ☐

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7761980A



Name
LIN YILI
林以立

Race
CHINESE

Date of birth
23-11-1977

Sex
M

Country of birth
CHINA




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7761980A

Name
LIN YILI


Birth Date: 23 Nov 1977

Valid Date: 27 Jun 2011






8927742



NRIC No. S7761980A



Nat. natlty
CHINESE

Date of issue
23-01-2007

APT BLK 2 BEDOK SOUTH AVENUE 1 #10-875
SINGAPORE 460002
NRIC No: S7761980A

Date: 21/05/2012

No: 6994553


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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 27 Jun 2011

NP 428A

Licence No: S7761980A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091935193	LIN YILI	S7761980A	GPC	drive CLASSIC	SGV5558B	SGV5558B	14/06/2017	19/06/2018

Claim Handling

Accident MT/0993533

Policy No.	5091935193	Vehicle No.	SGV55588	GST Registration No.	
Policyholder Name	LIN YILI			Policyholder NRIC	57761980A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96792599	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/05/2018 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/05/2018	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KATONG RD.				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 2 #10-875	Address 2	BEDOK SOUTH AVENUE 1	Address 3	SINGAPORE 460002
Address 4		Address Type	Singapore address	Post Code	460002
Unit No.	10-875	Related Policy Number	5091935193		

OI Driver Info

Driver Name	LIN YILI	Driver Type	Main Driver	Driver DOB	23/11/1977
Unnamed driver Name		Driver NRIC	57761980A	Driving Experience	6
Register Date of Driver License	27/06/2011	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	96792599	Contact No.(Office)	0	Address 3	SINGAPORE 460002
Address 1	BLK 2	Address 2	BEDOK SOUTH AVENUE 1	Post Code	460002
Address 4		Address Type	Singapore address		
Unit No.	#10-875			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LIN YILI	Insured NRIC	57761980A
Contact No.(Mobile)	92379595	Contact No.(Home)		Contact No.(Office)	
Email Address	dennis@amcoweld.com.sg	OI Vehicle Number	SGV55588	TP Vehicle Number	SLA6493Z
Claim Description	SGV55588 / SLA6493Z ON 8 May 2018			Name of Preferred Workshop	HUP SOON
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	08/05/2018 00:00
Date Registered	08/05/2018 18:09	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0993533	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/05/2018 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
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

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NO

Normal

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	SAS	Normal	SAS 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	Photos	Normal	Photos 2018-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 18:07	Photos	Normal	Photos 2018-5-8

Video List

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