

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 10/05/2018 14:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18008573/K4	SAS e-filing		
Veh No: SJT 38515	E-mail (within 8hrs, AIC 2hrs)		
DOA: 09/05/2018 14:25	i-Motor Claim Form	MT/0993915-001	11/5/18 10:37
OD (TP) 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: (

Tel:

Fax:

TP Particulars:

Veh No: FBF 2383B 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

NA1802984

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2 / 3:

## Invoice Preparation Checklist

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) 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	

Am't (\$)

1st Bill

Am't (\$)

Add Bill

Invoice dated  
Invoice dated

Fee Charged  
Fee Charged

18/5/18



## 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	10/05/2018 14:53
Date Of Accident	09/05/2018 14:25
Exact Location Of Accident	TANJONG KLING ( NEAR ROUNDABOUT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3851S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRK TRANSPORT
Co Reg No	53356346A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92352339
Alternative Phone No	OFFICE-92352339

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094561088
Cover Note Number	

### Driver

Name of Driver	NEO KIM LENG ( LIANG JINLONG )
NRIC No	S7639284F
Date Of Birth	26/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92352339
Fax Number	
Contact Number	OTHERS-92352339
Email Address	NOEMAIL

Address	8C LORONG K TELOK KURAU
Postcode	425608
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : NIL 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF2383B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ISKANDAR BIN RAHMAT
NRIC/Passport Number	S9018034G
Contact Number	90463431
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	NEO KIM LENG ( LIANG JINLONG )
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJT3851S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## 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.

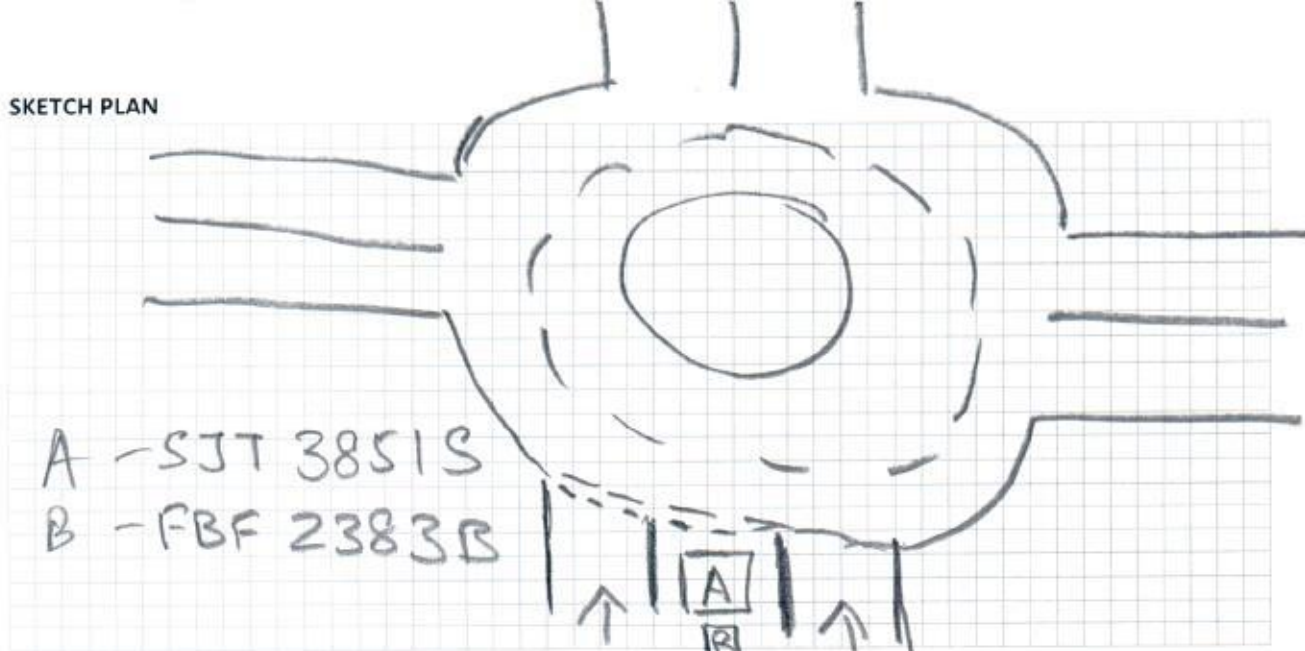


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tanjong Kling near round about.

I was driving along Tanjong Kling <sup>(SJT 3851S)</sup> and before entering the round about, vehicle B (FBF 2383B) bang me from the back and the back of my vehicle SJT 3851S was damage.

## 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.:

Land Transport Authority



**VOCATIONAL LICENCE**

Licence No. **S7639284F**

Name **NEO KIM LENG**

Issue Date **15/8/2014**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	28/04/2014
03	BUS VL	15/08/2014
04	BUS ATTENDANT	15/08/2014





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7639284F



Name

NEO KIM LENG  
(LIANG JINLONG)

梁錦龍

Race

CHINESE

Date of birth

26-11-1976

Sex

M

Country/Place of birth

SINGAPORE

5336243



NRIC No. S7639284F



Date of issue

05-08-2014

Address

BC LORONG K TELOK KURAU  
SINGAPORE 425608

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7639284F

Name

NEO KIM LENG (LIANG  
JINLONG)

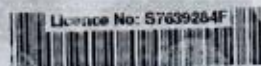
Birth Date 26 Nov 1976

Issue Date 28 Feb 2003



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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	05 Feb 1997
Class 2A Motorcycles between 201 cc and 400 cc	31 Mar 1998
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Aug 1998
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Mar 1999
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	10 May 1999



License No: S7639284F

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094561088	IRK TRANSPORT	53356346A	GPC	drive CLASSIC	SJT3851S	SJT3851S	06/10/2017	05/10/2018

## ▼ Policy Information

Policy No.	5094561088	Policyholder Name	IRK TRANSPORT	Policyholder NRIC	53356346A
Address	8 #04-00 LORONG K TELOK KURAU SINGAPORE 425608				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/10/2017	Effective Date	06/10/2017 00:00	Expiry Date	05/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	8 #04-00 LORONG K TELOK KURAU	Address 2	SINGAPORE 425608	Address 3	
Address 4		Address Type	Singapore address	Post Code	425608
Unit No.	04-00	Related Policy Number	5094561088		

## ► Insured Object: SJT3851S

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/0993915

Policy No.	5094561088	Vehicle No.	SJT3851S	GST Registration No.	
Policyholder Name	IRK TRANSPORT			Policyholder NRIC	5331
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92352339	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	11/05/2018 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	09/05/2018	Time of Accident hh:mm	14:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KLING ( NEAR ROUNDABOUT)				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	8 #04-00 LORONG K TELOK KUI	Address 2	SINGAPORE 425608	Address 3	
Address 4		Address Type	Singapore address	Post Code	4256
Unit No.	04-00	Related Policy Number	5094561088		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO KIM LENG ( LIANG JINLONG)	Driver NRIC	S7639284F	Driver DOB	26/1
Register Date of Driver License	17/08/1998	Driver Age	41	Driving Experience	19
Contact No.(Mobile)	92352339	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	8 # LORONG K TELOK KURAU	Address 2	SINGAPORE 425608	Address 3	
Address 4		Address Type	Singapore address	Post Code	4256
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## 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 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	IRK TRANSPORT	Insured NRIC	5331
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJT3851S	TP Vehicle Number	FBF
Claim Description	SJT3851S / FBF2383B ON 9 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Please Select	GIA report	Rec
Date Registered	11/05/2018 10:40	Claim Close Date		Date Received	11/0
Report Taken By		Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

## Attachment



5/11/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0993915

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

11/05/2018 10:35

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May 2018 10:37	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May 2018 10:36	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May 2018 10:35	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May 2018 10:35	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May 2018 10:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May 2018 10:33	Photos	Normal	Photos 20: