

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA118065896

Date In: 21/5/18-14:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009222/24	SAS e-filing		
Veh No: 5JK8296J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 20/5/18-13:45	i-Motor Claim Form	M/099528-001	21/5/18 19:41
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: Vch No: JHD6916C 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)

Remarks:-	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

NA 1803191	Invoice Preparation Checklist	Amt (\$) Est. Bill	Amt (\$) Add. Bill
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	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*		
Auditors' Comments :- Dat 1: Dat 2 / 3:	*N5: Courtesy Car / Tpl 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	21/05/2018 14:21
Date Of Accident	20/05/2018 13:45
Exact Location Of Accident	JUNC GRANGE RD & ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8296J
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.5L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5071881765-02
Cover Note Number	

Driver

Name of Driver	SUSANNE THAM LI LING
NRIC No	S9320725D
Date Of Birth	11/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82188618
Fax Number	
Contact Number	OFFICE-82188618
Email Address	NOEMAIL

Address	BLK 216 MARSILING LANE #08-816
Postcode	730216
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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 STATE DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 GRANGE RD TWDS ORCHARD BLVD. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT 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	SHD6916C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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:

Se

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

[Signature]

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

REPUBLIC OF SINGAPORE
CARD NO. S9320725D



Name
SUSANNE THAM LI LING

Race
CHINESE
Date of birth
11-06-1993
Country of birth
SINGAPORE

Sex
F

S9320725D



4235886



NRIC No. S9320725D



Date of issue
18-06-2008

APT BLK 216 MARSILING LANE #08-818
SINGAPORE 730216

NRIC No: S9320725D Date: 27/12/2010 No: 6713360

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg 16 Jul 2014



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"/>	5071881765-02	OSCARS LEASING PRIVATE LIMITED	201431292N	GFT	Third Party	SJK8296J	SJK8296J	10/05/2018	

Continue

Policy Information

Policy No.	5071881765-02	Policyholder Name	OSCARS LEASING PRIVATE LIM	Policyholder NRIC	201431292N
Address	110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/05/2017	Effective Date	01/06/2017 00:00	Expiry Date	31/05/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess	0	OS Premium	164.04		
Outside Singapore OD Excess		Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881363-02		

Insured Object: SJK8296J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/06/2017 00:00	Basic Information Endorsement	000001286570197	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLK572R 01-06-2017 \$1,158.19 In view of this amendment, a refund of \$1,158.19 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SG27925R 06-06-2017 \$1,142.32 In view of this amendment, an additional premium of \$1,142.32 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	06/06/2017 00:00	Basic Information Endorsement	000001286573888	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle</p>

[Exit](#)

Claim Handling

The premium on this policy has not been collected.

Accident MT/0995281

Policy No.:	5071881765-02	Vehicle No.:	SJK82961	GST Registration No.:	201431292N
Policyholder Name:	OSCAR'S LEASING PRIVATE LIMITED	Cover Type:	Third Party	Policyholder NRIC:	201431292N
Product Code:	FLEET INSURANCE	Contact No. (Office):	0	Loading:	0
Contact No. (Mobile):	0	Special Remark:		Contact No. (Home):	0
Email Address:		TCA:	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode:	
KPK:	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%):	0	eCode Reason:	
NCD Protection:	No			Private Hire:	Yes

Accident Details

Report Date:	21/05/2018 19:39	Accident Report Within 24 hrs:	Yes	Accident Type:	Collision - Change / Cross lane
Date of Accident:	20/05/2018	Time of Accident hh:mm:	13:45	Country of Accident:	Singapore
Reporting Centre:		Orange Force:		ICM No.:	
Accident Location:	JUNC ORANGE RD & ORCHARD LINK				

Benefits

Excess

Own damage Excess:		Additional Excess:	0	Windscreen Excess:	
Unnamed Driver Excess:		Outside Singapore OD Excess:			
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:	110 LORONG 23 GEYLANG	Address 2:	#02-05 VICTORY CENTRE	Address 3:	SINGAPORE 388410
Address 4:		Address Type:	Singapore address	Post Code:	388410
Unit No.:		Related Policy Number:	5071881363-02		

OS Driver Info

Driver Name:	Unnamed Driver	Driver Type:	Unnamed Driver	Driver DOB:	11/06/1993
Unnamed driver Name:	SUSANNE THAM LI LING	Driver NRIC:	S93207250	Driving Experience:	3
Register Date of Driver License:	16/07/2014	Driver Age:	24	Contact No. (Home):	0
Contact No. (Mobile):	82188618	Contact No. (Office):	0	Address 3:	CAUSEWAY VIEW
Address 1:	BLK 216	Address 2:	MARSILING LANE	Post Code:	730216
Address 4:	SINGAPORE 730216	Address Type:	Singapore address		
Unit No.:	DB-816				
Does he own a Singapore Registered car?:	<input type="radio"/> Yes <input checked="" 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

Modification History

Claim 001 [New](#)

Claim Type *	DD-MX	Insured Name:	OSCAR'S LEASING PRIVATE LIM	Insured NRIC:	201431292N
Contact No. (Mobile):		Contact No. (Home):		Contact No. (Office):	61006913
Email Address:		OT Vehicle Number:	SJK82961	TP Vehicle Number:	SHD6916C
Claim Description:	SJK82961 / SHD6916C ON 20 May 2018			Name of Preferred Workshop:	
Preferred Workshop Contact No.:		Insured Liability *	Not at Fault	GIA report:	Received
Require Finalisation:	Yes	Preferred Repair Option:	Preferred Workshop, Name unknown	Date Received:	21/05/2018 00:00
Date Registered:	21/05/2018 19:41	Claim Close Date:			
Report Taken By:	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.:	MT/0995281	Claim No.:	001
Last Doc. Received:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	21/05/2018 19:42

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/>	Normal	

Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CO)	Action
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	SAS	Normal	SAS 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:42	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:41	Photos	Normal	Photos 2018-5-21		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:41	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:41	Photos	Normal	Photos 2018-5-21		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:41	Photos	Normal	Photos 2018-5-21		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)