

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118075741

Date In: 11/6/18 - 11:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010642/24	SAS e-filing		
Veh No: SLR 24490	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/6/18 - 00:45	i-Motor Claim Form	M7/0998227-001	11/6/18 19:35
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: SLR 38312	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:- (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

NA1803671	<b>Invoice Preparation Checklist</b>	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao 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		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idao Mobile \$0		
Dat 2 / 3:	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	11/06/2018 11:48
Date Of Accident	09/06/2018 00:45
Exact Location Of Accident	BLK 148 GANGSA RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2449U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087560017-01
Cover Note Number	

### Driver

Name of Driver	LUM WAI KHUAN DORAN (LIN WEIKUN)
NRIC No	S82401671
Date Of Birth	24/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81265771
Fax Number	
Contact Number	OFFICE-81265771
Email Address	NOEMAIL

Address	BLK 148 GANGSA ROAD #10-303
Postcode	670148
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 ON COLLISION
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)	0

#### 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, MY VEHICLE WAS STATIONARY PARKED ON A PARKING LOT BESIDE HDB BLK 148. THERE WAS NOBODY INSIDE MY VEHICLE. NEXT MORNING, WHEN I GOT UP I REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION AND I FOUND THAT MY REAR PORTION OF MY VEHICLE WAS ON THE CURB.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC3831R
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)	1



## 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

Blk 118 Gongsu Rd  
open space carpark

A=SLQ2449U  
B=SLC3831R

## 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:

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S82401671



Name  
LUM WAI KHUAN DORAN  
(LIN WEIKUN)  
林伟坤

Race  
CHINESE

Date of birth  
24-11-1982

Sex  
M

Country of birth  
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number  
Name  
S82401671

LUM WAI KHUAN  
(LIN WEIKUN)

Birth Date 24 Nov 1982

Issue Date 20 May 2003

000496887J

4915713




NRIC No. S82401671

Date of issue  
20-12-2012

APT BLK 148 GANGSA ROAD #10-303  
SINGAPORE 670148

NRIC No. S82401671 Date: 14/06/2017


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

PASS DATE 20 May 2003

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

NP 422A

License No: S82401671





eBaoTech

GeneralClaim

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"/>	5087560017-01	TW AUTOMOBILE	53333500X	GFT	drive CLASSIC	SLQ2449U	SLQ2449U	16/01/2018	

## ▼ Policy Information

Policy No.	5087560017-01	Policyholder Name	TW AUTOMOBILE	Policyholder NRIC	53333500X
Address	9 TAGORE LANE #02-01 9 @ TAGORE SINGAPORE 787472				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/01/2018	Effective Date	16/01/2018 00:00	Expiry Date	15/01/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	TAN WEI AUTO PTE. LTD.	Agent Tel.	64535535	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5099407589		

## ► Insured Object: SLQ2449U

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/01/2018 00:00	Basic Information Endorsement	000001286743738	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJB9846M 24-01-2018 \$1,640.47 In view of this amendment, a refund of \$1,640.47 (inclusive of GST) will be adjusted against the outstanding premium.
2	06/02/2018 00:00	Basic Information Endorsement	000001286751065	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJC2936C 06-02-2018 \$1,322.06 In view of this amendment, a refund of \$1,322.06 (inclusive of GST) will be adjusted against the outstanding premium.
3	08/05/2018 00:00	Basic Information Endorsement	000001286812149	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK81201490 10-05-2018 \$964.64 In view of this amendment, an additional premium of \$964.64 (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



### Claim Handling

- Exit

Accident HT/0998227

Policy No.	S087560017-01	Vehicle No.	SLQ2449U	GST Registration No.	
Policyholder Name	TW AUTOMOBILE			Policyholder NRIC	53333500X
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88669174	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div><div></div></div>
KfK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<div><div></div> Accident Details</div>					
Report Date	11/09/2018 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	09/08/2018	Time of Accident hh:mm	00:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 148 GANGSA RD OPEN SPACE CARPARK				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<div><div></div> Policyholder Mailing Address</div>					
Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	SC99407589		
<div><div></div> DI Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM WAI KHUAN DORAN (LIN Y	Driver NRIC	S8240167I	Driver DOB	24/11/1982
Register Date of Driver License	20/05/2003	Driver Age	35	Driving Experience	15
Contact No.(Mobile)	81265771	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 148	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670148
Address 4		Address Type	Singapore address	Post Code	670148
Unit No.	10-303				
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 *	DO-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	S3333500X
Contact No.(Mobile)	86865535	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLQ2449U	IP Vehicle Number	SLC3831R
Claim Description	SLQ2449U / SLC3831R ON 9 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/06/2018 19:35	Claim Close Date		Date Received	11/06/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

**Attachment**

Accident No.	MT/095822?	Claim No.	003			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2018 19:36			

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y/N"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y/N"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y/N"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y/N"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y/N"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y/N"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

☐ Send Message

Attachment List

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