

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

MMA 118095077.

Date In: 23/17/18 16:51	Job description	Date & Time Completed	Done by
Ref No: NMA/INC 18013749/14	SAS e-filing		
Veh No: SLS 9017 B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 16/14/18 00:00	i-Motor Claim Form	M7/120 8086-002	23/17/18 17:48.
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:

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 :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QI:		
	*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 \$0		
	Invoice date	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1:

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	23/07/2018 16:51
Date Of Accident	16/04/2018 00:00
Exact Location Of Accident	BLK 546A SERANGOON N AVE 3 MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS9017B
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094228784
Cover Note Number	-
Driver	
Name of Driver	LING WAI PING
NRIC No	S1268254I
Date Of Birth	07/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820968
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 469C SENGKANG WEST WAY #12-630
Postcode	793469
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	NO 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

Unable
to
provide
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



**SINGAPORE
POLICE FORCE**



F/20180711/2100

1 of 2

POLICE REPORT (NP299)

Report No. F/20180711/2100

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 11/07/2018 15:32	Vide Report No.	Station Diary No. 68
Name Of Informant LING WAI PING	Address APT BLK 469C SENGKANG WEST WAY #12-630 SINGAPORE 793469	
ID Type / ID No. NRIC NO / S1268254I	Contact No. Home/Office Mobile 91820968	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 61
	Date of Birth 07/01/1957	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 16/04/2018 00:00	Location Of Incident 546A SERANGOON NORTH AVENUE 3 MULTI STOREY CAR PARK SINGAPORE 551546 Barrier	

Brief details.

On 11/06/2018, I received a letter from NTUC Income Insurance stating that I was involved in an accident with a barrier at Blk 546A Multi-Storey Car Park on 16/04/2018. I was told to make a police report regarding the matter.

I wish to state that on 16/04/2018, I was driving my rented vehicle SLS9017B but I can remember clearly

Signature Of Officer Recording The Report: F / Sgt 3 ASHLEY TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2018 15:32
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 JARRYL SUNG Contact No.: 64880999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20180711/2100

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180711/2100

that I did not hit onto any barriers from any multi-storey car parks. Currently, the rented vehicle SLS9017B has already been scrapped.

Signature Of Officer Recording The Report:

F / Sgt 3 ASHLEY TOH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Serangoon N.P.C /
Sgt 2 JARRYL SUNG
Contact No.: 64880999

Authentication Stamp

Signature Of Informant:

Date/Time:
11/07/2018 15:32

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S12682541



Name
LING WAI PING

Race
CHINESE

Date of birth
07-01-1957

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S12682541
Name
LING WAI PING

Birth Date 07 Jan 1957
Issue Date 20 Mar 2003



5540033



NRIC No. S12682541



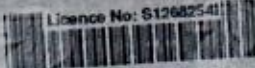
Date of issue
14-12-2015

Address
APT BLK 469C SENGKANG WEST WAY
#12-630
SINGAPORE 793469

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	10 Aug 1977
Class 2A Motorcycles between 201 cc and 400 cc	10 Aug 1977
Class 2 Motorcycles exceeding 400 cc	10 Aug 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Jun 1976

Licence No: S12682541



NP 428A



SCL AUTO CREDIT & LEASING PTE LTD

2 Jalan Sindor Singapore 808358 (Off Seletar Hill Estate)

Tel / Fax : 6481 7817 HP : 9646 9646

Company Reg. No.: 201807150E

P/A No. 0474

DATE: 16/11/18

PURCHASE AGREEMENT

I / We Forte Auto Leasing Pte Ltd NRIC No: 1486C

Address: _____ Postal Code: _____

Contact No: (Res) _____ (H/P) _____ (O) _____ D.O.B. _____

hereby agree to sell the undermentioned vehicle to **SCL AUTO CREDIT & LEASING PTE LTD** for the sum of

S\$ _____ (_____)

Particulars of vehicle as detailed in the schedule below:

Make & Model: Toyota Hilion 1.5H Regn No: 213 Q017B

Year of Manufacture: 2008 Colour: _____ No. of Transfer: _____

Regn Date: 6/5/2008 Road Tax Expiry Date: _____ OMV/PARF: \$ _____

Chassis No: _____ C.O.E. \$ _____

Engine No: _____ Engine Capacity: _____

Price Agreed : \$ 7,783.00 Outstanding H.P. Co: _____

Outstanding H.P. Amount : \$ _____ Full Settlement Due Date: _____

Deposit Amount : \$ _____ Cash / Cheque No: 000042

Balance : \$ _____

Deliver By : _____ Time: _____

* It's agreed that the buyer will be fully responsible for the vehicle for any illegal acts which may arise from the use thereof including traffic offences as from 17/04/18 at 5pm am/pm.

Authorised Signature



Name: _____

Seller's Signature

Agreement: I/We hereby agree to sell the above mentioned vehicle and accept the conditions printed on the back.

OFFICIAL RECEIPT

I / We _____ NRIC No: _____

(Received from / Pay to) **SCL AUTO CREDIT & LEASING PTE LTD** Name: _____

Amount of S\$ _____ (_____)

Being payment for vehicle No: _____ Cash / Cheque: _____

Remark: _____

Seller's Signature

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/04/2018 16:50"/>						
Vehicle No.(For Motor)	<input type="text" value="SLS9017B"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094228784	FORTE AUTO LEASING PTE LTD	201631486C	GFT	Third Party, Fire & Theft	SLS9017B	SLS9017B	24/10/2017	05/05/2018
<input type="button" value="Continue"/>									

Claim Handling

The premium on this policy has not been collected.

Accident MT/0998086

Policy No.	5094228784	Vehicle No.	SLS9017B	GST Registration No.	
Policyholder Name	FORTE AUTO LEASING PTE LTD			Policyholder NRIC	201631486C
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
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	Not available

▼ Accident Details

Report Date	11/06/2018 11:17	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	16/04/2018	Time of Accident hh:mm	11:13	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	546A SERANGOON NORTH AVE 3 MSCP				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	05-44	Related Policy Number	5097558305		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX ▼	Insured Name	FORTE AUTO LEASING PTE LTD	Insured NRIC	201631486C
Contact No.(Mobile)	97984296	Contact No.(Home)		Contact No.(Office)	#
Email Address		OT Vehicle Number	SLS9017B	TP Vehicle Number	
Claim Description	SLS9017B ON 16 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault ▼		
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received
Date Registered	23/07/2018 17:48	Claim Close Date		Date Received	23/07/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/0998086	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2018 17:48

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

Category *	Confidential	Urgency *	Descr
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	

Message Read

☐ Sen

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:48	NRJC/ Driving License		Normal	NRJC/ Driving License 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:48	SAS		Normal	SAS 2018-7-23

Video List

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

Scan and uploading