

NATIONAL Assessment Centre Services. [wef 1 Jan'05] NA18/0574

| | | | |
|---------------------------------|---|-----------------------|----------------------|
| Date In: <u>15/8/18-15:33</u> | Job description | Date & Time Completed | Done by |
| Ref No: <u>AA/INC 604891/24</u> | SAS e-filing | | |
| Veh No: <u>SLV 48717</u> | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: <u>4/8/18-06:30</u> | i-Motor Claim Form | <u>MT/1007367-001</u> | <u>15/8/18-19:15</u> |
| OD: <u>TP</u> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 73624514 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars:- | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | In Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| Cat. 2 / 3: | 8) NTUC Additional Services:- | | | |
| | 9) N12: Idac Mobile 30 | | | |
| | QP*: | | | |
| | *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 | | |
| | 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 | 15/08/2018 15:33 |
| Date Of Accident | 14/08/2018 08:30 |
| Exact Location Of Accident | ALONG KPE (MCE) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV4871T |
| Insured/Policyholder | |
| Name Of Registered Owner | ESSENTIALLY SERVICES |
| Co Reg No | 53373982M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | SIENTA HYBRID 1.5G 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 | NO |
| Policy Number | 5096739968 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | LING LIANG CHYE, PETER (LIN LIANGCAI, PETER) |
| NRIC No | S8224117E |
| Date Of Birth | 01/08/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/10/2007 |
| Driving Experience | 10 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97267891 |
| Fax Number | |
| Contact Number | OFFICE-97267891 |
| EMail Address | NOEMAIL |

Address BLK 139 POTONG PASIR AVENUE 3
#03-122

Postcode 350139

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 2

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: : -
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

ON STATED DATE AND TIME, MY VEHICLE SLOWING DOWN ALONG LANE 2 KPE (MCE) AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 FBG2451H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | LING LIANG CHYE, PETER (LIN LIANGCAI, PETER) |
| Approximate Age | |
| Injuries Sustain | WRIST |
| Injured person in which vehicle? | SLV4871T |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| 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.

**ESSENTIALLY
SERVICES**

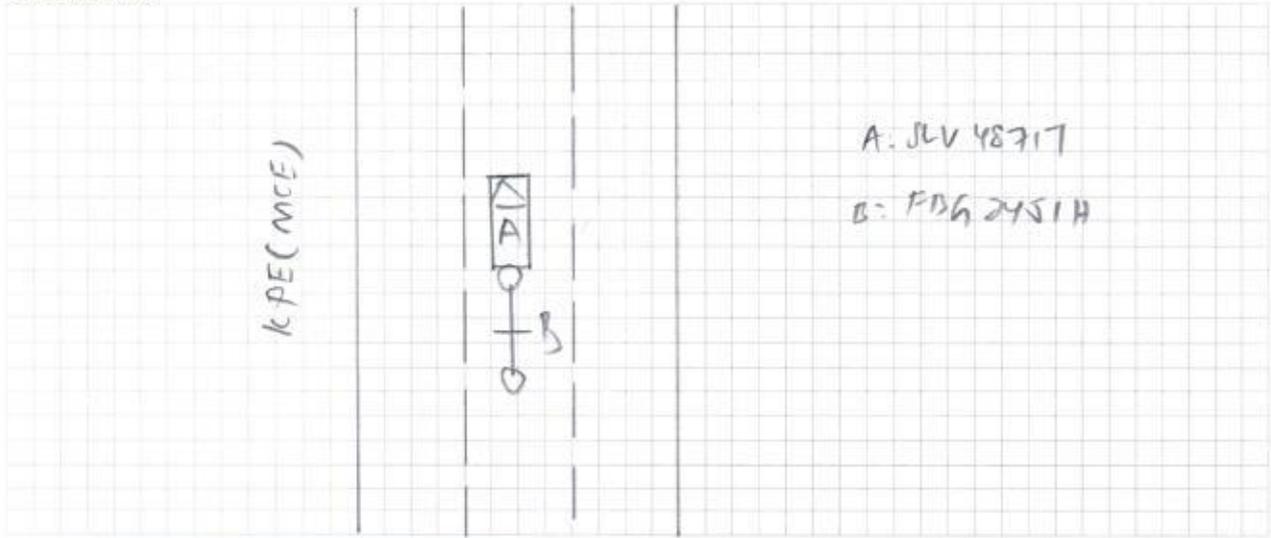
Policyholder's Signature
Date & Time:



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

Refer to statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature]
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



BAN KOK CLINIC & SURGERY

Blk 146, Potong Pasir Avenue 1, #01-141
Singapore 350146
Tel : 6286 9955

K No. 4733

MEDICAL CERTIFICATE

Date: 15/8/18

This is to certify that Mr/Ms/Mdm King Liap Chye Nee

is unfit for duty/to attend school for two day(s),
on/from 15/8/18 to 16/8/18 inclusive.

unfit for PE for _____ days/weeks

left my clinic at _____ am/pm after treatment.

Remarks: Corticosteroids

DR. TAN BAN KOK
M.B.B.S. S'PORE
MCP 028417

DR. TAN BAN KOK
M.B., B.S. (S'pore)

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8224117E**

Name: **LING LIANG CHYE, PETER (LIN LIANGCAI, PETER)**

Birth Date: **01 Aug 1982**

Issue Date: **27 Feb 2003**

ASP

1000245903G

Use no one else

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8224117E**



Name: **LING LIANG CHYE, PETER (LIN LIANGCAI, PETER)**
林良才

Race: **CHINESE**

Date of birth: **01-08-1982** Sex: **M**

Country of birth: **SINGAPORE**




潘發私人有限公司 FOLLOWING CLASS(S)

A. S. PHOON PTE LTD

27 Feb 2003

Head Office: 399 Changi Road Singapore 419546 Tel: (65) 6747 0770 Fax: (65) 6841 1263

Serangoon: 1450, 1009 Serangoon Road Singapore 550149 Tel: (65) 6298 0770 Fax: (65) 6298 9924

Ubi: Blk 997 #01-436 Ubi Place Singapore 408981 Tel: (65) 6744 0770 Fax: (65) 6742 0250

Toh Guan: Blk 36 Toh Guan Road East #01-35 Singapore 608599 Tel: (65) 6515 0770 Fax: (65) 6515 0770

Website: www.asphoon.com Email: Enquiry@asphoon.com

S / No: **000080457**

4864390




NRIC No: **S8224117E**



Date of issue: **01-08-2012**

Address: **APT BLK 139 POTONG PASIR AVENUE 3 #03-122 SINGAPORE 350139**

Face/c1/81

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) Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5096739968 | | ESSENTIALLY SERVICES | 53373982M | GPC | drive CLASSIC | SLV4871T | SLV4871T | 29/12/2017 | 28/12/2018 |

Continue

 Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|----------------------|----------------------------------|------------------|
| Policy No. | 5096739968 | Policyholder Name | ESSENTIALLY SERVICES | Policyholder NRIC | 53373982M |
| Certificate No. | | | | | |
| Address | BLK 139 #03-122 POTONG PASIR AVENUE 3 SINGAPORE 350139 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | Group Policy Flag N | | |
| Policy Issue Date | 29/12/2017 | Effective Date | 29/12/2017 00:00 | Expiry Date | 28/12/2018 23:59 |
| Excess Type | All Claims Excess | | | | |
| 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 | Young/Inexperience Driver Excess | |
| Agent | VINCAR PTE LTD | Agent Tel. | 64741119 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

 Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | BLK 139 #03-122 | Address 2 | POTONG PASIR AVENUE 3 | Address 3 | SINGAPORE 350139 |
| Address 4 | | Address Type | Singapore address | Post Code | 350139 |
| Unit No. | 03-122 | Related Policy Number | 5096739968 | | |

 Insured Object: SLV4871T

 Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 29/12/2017 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 29 Dec 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLV4871T |

Claim Handling

[Exit](#)

Accident HT/1007367

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|--------------------------|
| Policy No. | 5096739968 | Vehicle No. | SLV4871T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ESSENTIALLY SERVICES | | | Policyholder NRIC | 53373982M |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| 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 |
| Accident Details | | | | | |
| Report Date | 15/08/2018 19:13 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 14/08/2018 | Time of Accident (h:mm) | 08:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG KPE (MCE) | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| 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 | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | No | | |
| Modification History | | | | | |

| | | | | | |
|---|---|-----------------------|-----------------------|------------------------|------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 139 #03-122 | Address 2 | POTONG PASIR AVENUE 3 | Address 3 | SINGAPORE 350139 |
| Address 4 | Singapore address | Address Type | Singapore address | Post Code | 350139 |
| Unit No. | 03-122 | Related Policy Number | 5096739968 | | |
| DI Driver Info | | | | | |
| Driver Name | LING LIANG CHYE, PETER | Driver Type | Named Driver | Driver DOB | 01/08/1982 |
| Unnamed driver Name | | Driver NRIC | S822417E | Driving Experience | 10 |
| Register Date of Driver License | 18/10/2007 | Driver Age | 36 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97267891 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 350139 |
| Address 1 | BLK 139 | Address 2 | POTONG PASIR AVENUE 3 | Post Code | 350139 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 03-122 | | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 New

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MK | Insured Name | ESSENTIALLY SERVICES | Insured NRIC | 53373982M |
| Contact No.(Mobile) | 97267891 | Contact No.(Home) | | Contact No.(Office) | NIL |
| Email Address | | DI Vehicle Number | SLV4871T | TP Vehicle Number | FBG2451H |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claim Description | SLV4871T / FBG2451H ON 14 Aug 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 15/08/2018 19:15 | Claim Close Date | | Date Received | 15/08/2018 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

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

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | HT/1007367 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 15/08/2018 19:16 |
| Path * | Browse... Clear | Category * | Please Select |
| | Browse... Clear | Confidential | NO |
| | Browse... Clear | Urgency * | Normal |
| | Browse... Clear | Description * | |
| | Browse... Clear | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:16 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-15 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:16 | SAS | Normal | SAS 2018-8-15 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:16 | Photos | Normal | Photos 2018-8-15 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:16 | Photos | Normal | Photos 2018-8-15 | | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:15 | Photos | Normal | Photos 2018-8-15 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|