

NATIONAL Assessment Centre Services

Date In: 08/10/2018 10:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018/39/K4	SAS e-filing		
Veh No: SJU 6157M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/10/2018 12:30	I-Motor Claim Form	MT/1014831-001 9/10/18 11:05	
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJU 4953U	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:-	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

NA1806390	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpf Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao 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 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. 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	08/10/2018 10:27
Date Of Accident	07/10/2018 12:30
Exact Location Of Accident	TYRWHITT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6157M
Insured/Policyholder	
Name Of Registered Owner	LING WEN HUN
NRIC No	S8123834J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96743565
Alternative Phone No	OTHERS-96743565

Vehicle Particulars

Manufacturer	TOYOTA
Model	FORTUNER 2.7 2WD AUTO FL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096466657
Cover Note Number	

Driver

Name of Driver	LING KAY CHYE
Work Permit No	F0186945X
Date Of Birth	02/07/1958
Occupation	INDOOR
Date Of Driving Pass	14/05/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96743565
Fax Number	
Contact Number	OTHERS-96743565
EMail Address	NOEMAIL

Address	NO:1 JALAN KEMULIAAN 32,TAMAN UNIVERSITI, JOHOR BAHRU, 81300 JOHOR
Postcode	JOHOR
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	1

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU4953U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOMASUNDARAM NACHIAPPAN
NRIC/Passport Number	S6961256C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

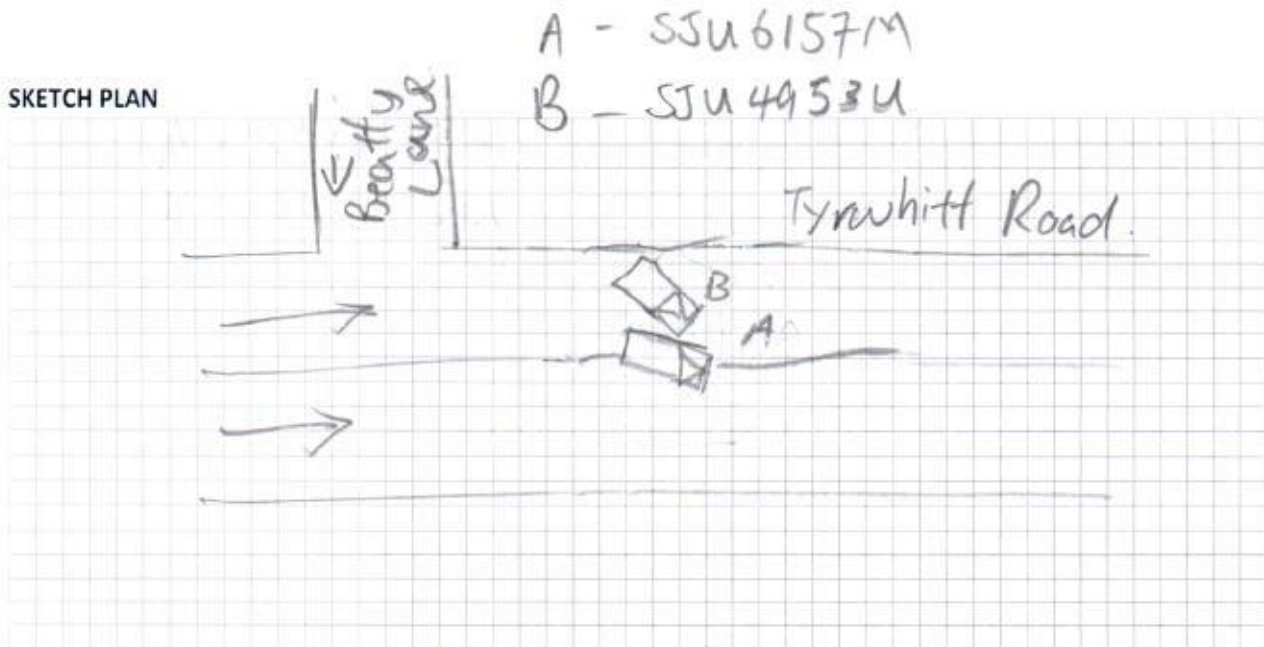
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

I was travelling along Tyrwhitt Road (Vehicle A) behind vehicle B. Vehicle B stopped at the road side after Beatty Lane. I proceed to overtake him when he suddenly turn out and hit my car at the side.

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

FIN F0186945X



Name
LING KAY CHYE

Date of Birth 02-07-1958 Sex M
Nationality MALAYSIAN



LESEN MEMANDU
DRIVING LICENCE

MALAYSIA

LING KAY CHYE

Surat Kelulusan / Nationality No. Pendaftaran / Identity No.
MALAYSIA 580702385069

Kelas / Class
B2 D

Tampanan / Validity
14/05/2015 - 02/07/2020

Alamat / Address
NO. 1 JALAN KEMULIAAN 32,
TAMAN UNIVERSITI,
JOHOR BAHRU,
81300 JOHOR
JOHOR



FA1682085

VISIT PASS
Immigration Regulations

FIN F0186945X



Date of Issue 08-08-2016 Date of Expiry 08-08-2019



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

JPL6

11754396

- | | | | |
|----|---|---|--|
| A | Kenderaan Orang Asli (Molokan) STM tidak melebihi 450 kg
Awak/Carriage/Motor Cycle/vehicle weight not exceeding 450 kg | F | Traktor/Tractor Tersekat/Rogas/Beroda STM tidak melebihi 5000 kg
Tractor/Tractor Machine Light (Wheel) vehicle weight not exceeding 5000 kg |
| A1 | Kenderaan Orang Asli (Molokan) STM tidak melebihi 3500 kg
Awak/Carriage/Motor Car/vehicle weight not exceeding 3500 kg | G | Traktor/Tractor Bersekat/Rogas/Beroda STM tidak melebihi 5000 kg
Tractor/Tractor Machine Light (Tracked) vehicle weight not exceeding 5000 kg |
| B | Motokar/motokar 500 cc
Motor Cycle not exceeding 500 cc | H | Traktor/Tractor Bersekat/Rogas/Beroda STM tidak melebihi 5000 kg
Tractor/Tractor Machine Heavy (Wheel) vehicle weight not exceeding 5000 kg |
| B1 | Motokar tidak melebihi 500 cc
Motor Cycle not exceeding 500 cc | I | Traktor/Tractor Bersekat/Rogas/Beroda STM tidak melebihi 5000 kg
Tractor/Tractor Machine Heavy (Tracked) vehicle weight not exceeding 5000 kg |
| B2 | Motokar tidak melebihi 250 cc
Motor Cycle not exceeding 250 cc | M | Hakisan/Machinist
Court Carver |
| C | Motokar Tiga Roda
Three Wheel Motor Cycle | | 0101011 cDgNpYE |
| D | Motokar STM tidak melebihi 3000 kg
Motor Car vehicle weight not exceeding 3000 kg | | |
| DA | Motokar Tanpa Pedal/Ras STM tidak melebihi 2000 kg
Motor Car Without Clutch Pedal vehicle weight not exceeding 2000 kg | | |
| E | Motokar Berat STM tidak melebihi 7500 kg
Heavy Motor Car vehicle weight not exceeding 7500 kg | | |
| E1 | Motokar Berat STM tidak melebihi 7000 kg
Heavy Motor Car vehicle weight not exceeding 7000 kg | | |
| E2 | Motokar Berat STM tidak melebihi 6000 kg
Heavy Motor Car vehicle weight not exceeding 6000 kg | | |

[Signature]



Ketua Pengarah Pengangkutan Jalan

eBaoTech

GeneralClaim

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="07/10/2018 12:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SJU6157M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096466657		LING WEN HUN	S8123834J	GPC	drive CLASSIC	SJU6157M	SJU6157M	08/12/2017	16/12/2018
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5096466657	Policyholder Name	LING WEN HUN	Policyholder NRIC	S8123834J				
Certificate No.									
Address	BLK 280A #04-641 SENGKANG EAST AVENUE COMPASSVALE ANCILLA SINGAPORE 541280								
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	08/12/2017	Effective Date	08/12/2017 00:00	Expiry Date	16/12/2018 23:59				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0						
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 280A #04-641	Address 2	SENGKANG EAST AVENUE	Address 3	COMPASSVALE ANCILLA
Address 4	SINGAPORE 541280	Address Type	Singapore address	Post Code	541280
Unit No.		Related Policy Number	5096466657		

Insured Object: SJU6157M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/06/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 08 Dec 2017 TO 16 Dec 2018 In view of this amendment, an additional premium of \$27.87 (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, credit card or NETS.</p>

Claim Handling

Accident MT/1014831

Policy No.	5096466657	Vehicle No.	SJU6157M	GST Registration No.
Certificate No.				
Policyholder Name	LING WEN HUN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96743565	Contact No.(Office)	0	Contact No.(Home)
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	Yes	NCD Entitlement(%)	40	Private Hire

▼ Accident Details

Report Date	09/10/2018 10:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/10/2018	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TYRWHITT ROAD			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 280A #04-641	Address 2	SENGKANG EAST AVENUE	Address 3
Address 4	SINGAPORE 541280	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096466657	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LING KAY CHYE	Driver NRIC	F0186945X	Driver DOB
Register Date of Driver License	14/05/2015	Driver Age	60	Driving Experience
Contact No.(Mobile)	96743565	Contact No.(Office)		Contact No.(Home)
Address 1	NO:1 JALAN KEMULIAAN 32,TAM	Address 2	JOHOR BAHRU, 81300 JOHOR	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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	LING W
Contact No.(Mobile)	81984003	Contact No. (Home)	
Email Address	ezero99@yahoo.com	OI Vehicle Number	SJU615
Claim Description	SJU6157M / SJU4953U ON 7 Oct 2018		
Preferred Workshop	Preferred	Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	09/10/2018 11:06	GIA report	Received
Report Taken By		Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Attachment



Accident No.	MT/1014831	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2018 11:05

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:06	NRIC/ Driving License		Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:04	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:03	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:03	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:03	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:03	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:03	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:03	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 11:02	Photos		Normal	Photos