

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

Date In: 03/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021660/13	SAS e-filing		
Veh No: SJV1698X	E-mail (Within 3hrs, AIC 2hrs)		
DA: 03/12/18 0925	i-Motor Claim Form	07/1022326-	001
TP: (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Estimated Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
Particulars:	Veh No: SXB897JB	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 repaler.		
) Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

Attachments: (INC Hotline: 6788 6616)	Date & Time Completed	Done by
) Apply for Transport Allowance () / Courtesy Car ()		
) QC Check / Post Repair Inspection ()		
) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	
Date/Time	Actions

NA/1808080	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Adj Bill
Particulars:	1) AR: Accident Reporting (\$30);		
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao Mobile \$0		
Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Editors' Comments:			

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	03/12/2018 12:18
Date Of Accident	03/12/2018 09:25
Exact Location Of Accident	ESPLANADE DRIVE TWDS FULLERTON BAY HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1698X
Insured/Policyholder	
Name Of Registered Owner	LINDA KOH TRADING
Co Reg No	53335336W
Email Address	JICA184@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88665535
Alternative Phone No	OFFICE-88665535

Vehicle Particulars

Manufacturer	KIA
Model	FORTE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092248037-01
Cover Note Number	

Driver

Name of Driver	SNG JI CAI
NRIC No	S8401778G
Date Of Birth	15/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88665535
Fax Number	
Contact Number	
Email Address	JICA184@GMAIL.COM

Address	BLK 102 ALJUNIED CRESCENT #06-257
Postcode	380102
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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	
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)	2
Passenger 1	
	NAME: : UNKNOWN
	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

I WAS TRAVELLING STRAIGHT ALONG ESPLANADE DRIVE TWDS FULLERTON BAY HOTEL ON THE 3RD LANE OF A4-LANES RD. SUDDENLY INFRT OF MY VEH E-BRAKE. I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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	SKB8972B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU CHI WENG
NRIC/Passport Number	S7307046E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

03/11/18

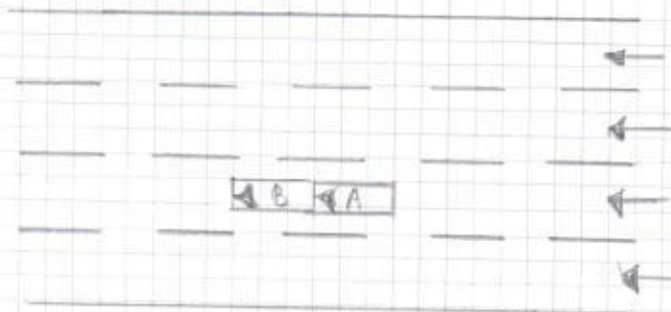
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ESPLANADE DRIVE

A - SJV 1698X

B - SKB 8972B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 05/11/18

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8401778G**

Name: **SNG JI CAI**

Birth Date: **15 Jan 1984**

Issue Date: **20 Sep 2010**

001007908A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8401778G**

Name: **SNG JI CAI**

孙 集 财

Race: **CHINESE**

Date of birth: **15-01-1984**

Sex: **M**

Country of birth: **SINGAPORE**




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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 04 Jun 2003

Licence No: S8401778G



NP 420A

4633683

NRIC No. **S8401778G**

Date of issue: **13-09-2010**

Address: **APT BLK 102 ALJUNIED CRESCENT #06-257 SINGAPORE 380102**






VOCATIONAL LICENCE

Licence No : S8401778G

Name : SNG JI CAI

Card Issue Date : 26/04/2018

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	26/04/2018



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="03/12/2018 09:25"/>
Vehicle No. (For Motor)	<input type="text" value="SJV1698X"/>	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="checkbox"/>	5092248037-01		LINDA KOH TRADING	53335336W	GPC	drivo CLASSIC	SJV1698X	SJV1698X	14/07/2018	13/07/2019

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of LINDA KOH TRADING (53335336W)

Date: 12/06/2016

The Following Are The Brief Particulars of :

Name of Business	LINDA KOH TRADING
Former Name(s) if any	
Date of Change of Name	
Registration No.	53335336W
Registration Date	22/04/2016
Commencement Date	22/04/2016
Status of Business	Live
Status Date	22/04/2016
Renewal Date	
Expiry Date	22/04/2017
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	102 ALJUNIED CRESCENT #06-257 SINGAPORE (380102)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)
Description	

Activities (II)

Description

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
------	----	-------------	---------	----------------	---------------------

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
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Business Profile (Business) of LINDA KOH TRADING (53335336W)

Date: 12/06/2016

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
SNG JI CAI	S8401778G	SINGAPORE CITIZEN	102 ALJUNIED CRESCENT #06-257 SINGAPORE (380102)	ACRA	28/05/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
KOH MUI NEE	S0777358G	SINGAPORE CITIZEN	102 ALJUNIED CRESCENT #06-257 SINGAPORE (380102)	ACRA	22/04/2016 Owner	28/05/2016

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA160612100218

DATE : 12/06/2016

This is computer generated. Hence no signature required.

Claim Handling

Accident MT/1022386

Policy No.	S092248037-01	Vehicle No.	SJV1698X	GST Registration No.
Certificate No.				
Policyholder Name	LINDA KOH TRADING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	88665535	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	03/12/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2018	Time of Accident hh:mm	09:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ESPLANADE DRIVE TWDS FULLERTON BAY HOTEL			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

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 102 #06-257	Address 2	ALJUNIED CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-257	Related Policy Number	S092248037-01	

OI Driver Info

Driver Name	SNG JI CAI	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8401778G	Driving Experience
Register Date of Driver License	02/02/2003	Driver Age	34	Contact No.(Home)
Contact No.(Mobile)	88665535	Contact No.(Office)	0	Address 3
Address 1	BLK 102	Address 2	ALJUNIED CRESCENT	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#06-257			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	LINDA I
88665535	Contact No.	
	(Home)	
	OI	
	Vehicle Number	SJV169
SJV1698X / SKB8972B ON 3 Dec 2018		
03/12/2018 18:10	Claim Close Date	
ROSLINDA	Workshop Repairer	

GIA report

Received

Insured Liability Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

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

Attachment

Accident No. MT/1022386 Claim No. 001
Last Doc. Received: * Yes ☐ No ☐ Upload Date 03/12/2018 00:00

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[Message Read](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)

Category *

Confidential

[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:10	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:09	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
Display in New Window Scan and uploading		

