

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 10/12/2018 14:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022152/14	SAS e-filing		
Veh No: SKT 8957B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/12/2018 15:10	i-Motor Claim Form	MT/1023328-001	11/12/18 09:52
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: SHB8829T	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

NA1808092

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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:-		
	Q1*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Col 1:

Col 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 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	10/12/2018 14:44
Date Of Accident	08/12/2018 15:10
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8957B
Insured/Policyholder	
Name Of Registered Owner	S L LIMOUSINE SERVICE
Co Reg No	53282241B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96557306
Alternative Phone No	OFFICE-96557306

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S300L
Exact Purpose for which vehicle was being used at time of accident	WORK
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089240223-01
Cover Note Number	

Driver

Name of Driver	WONG KOK WAH
NRIC No	S6812971J
Date Of Birth	04/04/1968
Occupation	INDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96557306
Fax Number	
Contact Number	OTHERS-96557306
Email Address	NOEMAIL

Address	BLK 325 BUKIT BATOK STREET 33
	#07-01
Postcode	650325
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	RAINING
Road Surface	WET

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	SHB8829T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	91522254
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

S L LIMOUSINE SERVICE

Blk 188 Hougang Avenue 1
#10-1413 Singapore 530168
Tel: 6844 2058. 9787 9093

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/12/2018 14:50

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

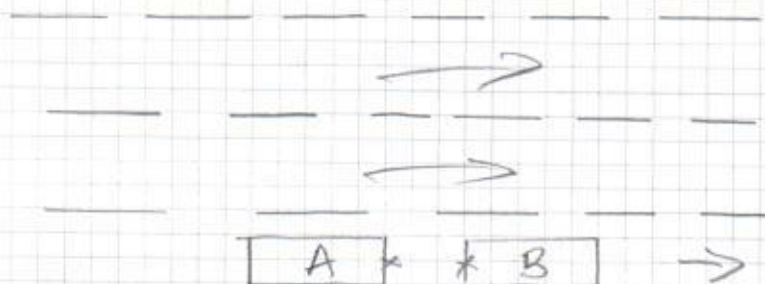
10/12/2018

SKETCH PLAN

PIE towards Changi Airport

A-SKT 8957B

B-SHB 8829T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Vehicle A was moving~~

Vehicle A was driving along PIE towards Changi Airport. When Vehicle B in front of me suddenly brake and stop Vehicle A behind would not have time to stop in time and hit on the rear of Vehicle B and the damages was slightly only.

DECLARATION

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

S L LIMOUSINE SERVICE

Blk 188 Hougang Avenue 1

#10-1413 Singapore 530168

Tel: 6643 2053, 9787 9093

Policyholder's Signature

Date & Time: 10/12/2018 14:50

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/12/2018 14:50

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/12/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6812971J



Name
WONG KOK WAH

黄国华

Race
CHINESE

Date of Birth
04-04-1968

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6812971J

Name
WONG KOK WAH

Birth Date 04 Apr 1968

Issue Date 16 Dec 2002




A6195493



S6812971J



Health Status Date of Issue
B+ 13-08-2002

APT BLK 325 BUKIT BATOK STREET 33 #07-01
SINGAPORE 650325

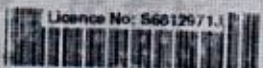
NRIC No: S6812971J Date: 27/11/2010 No: 6667456

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms 0

Licence No: S6812971J



NP 428A

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="08/12/2018 15:10"/>
Vehicle No.(For Motor)	<input type="text" value="SKT8957B"/>	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"/>	5089240223-01		S L LIMOUSINE SERVICE	53282241B	GPC	drivo CLASSIC	SKT8957B	SKT8957B	27/03/2018	27/01/2019

Policy Information

Policy No.	5089240223-01	Policyholder Name	S L LIMOUSINE SERVICE	Policyholder NRIC	53282241B
Certificate No.					
Address	BLK 168 #10-1413 HOUGANG AVENUE 1 SINGAPORE 530168				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/02/2018	Effective Date	27/03/2018 00:00	Expiry Date	27/01/2019 23:59
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		
Agent	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 168 #10-1413	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530168
Address 4		Address Type	Singapore address	Post Code	530168
Unit No.	10-1413	Related Policy Number	5068664938-04		

Insured Object: SKT8957B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1023328

Policy No.	5089240223-01	Vehicle No.	SKT8957B	GST Registration No.
Certificate No.				
Policyholder Name	S L LIMOUSINE SERVICE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96557306	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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
➤ Accident Details				
Report Date	11/12/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/12/2018	Time of Accident hh:mm	15:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI AIRPORT			
➤ 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 168 #10-1413	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-1413	Related Policy Number	S068664938-04	
➤ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	WONG KOK WAH	Driver NRIC	S6812971J	Driving Experience
Register Date of Driver License	16/12/2002	Driver Age	50	Contact No.(Home)
Contact No.(Mobile)	96557306	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 325 #	Address 2	BUKIT BATOK STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	S L LIM
Contact No.(Mobile)	97879993	Contact No. (Home)	
Email Address	slimousineservice@gmail.com	Vehicle Number	SKT895
Claim Description	SKT8957B / SHB8829T ON 8 Dec 2018		
Preferred Workshop	Insured Liability	Partially at Fault	
Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	11/12/2018 09:53	Received	
Report Taken By		Workshop Repairer	
Print AK letter			

Attachment

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

Path •

Claim No. 001

Upload Date 11/12/2018 09:50Category *

Confidential

Clear

Please SelectNO

Clear

Please Select☐ NO

Clear

Please Select ▼NO

Clear

Please SelectNO



















Clear

Please Select ▼NO

Close

Please SelectNO

[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:50	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:50	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:50	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:50	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:49	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:49	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:49	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2018 09:48	Photos	Normal	Photos 2018