

NATIONAL Assessment Centre Services

Date In: 21/06/2019 15:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010999/k4	E-mail (within 8hrs, At: 2hrs)		
Veh No: SJN6762C	i-Motor Claim Form	MT/1050336-001 24/6/19 19:30	
TP: 21/06/2019 13:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: Reporting Only	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: SMJ7923J INC () / Non-INC ()	
Owner / Driver (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Notc-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 :-	NA1904721	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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) 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:-			
		OD*			
		*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 \$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	21/06/2019 15:00
Date Of Accident	21/06/2019 13:10
Exact Location Of Accident	11.9KM ECP TO MCE LANE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6762C
Insured/Policyholder	
Name Of Registered Owner	K & M LEASING PTE LTD
Co Reg No	201634342C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84889869
Alternative Phone No	OFFICE-84889869

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095123617-02
Cover Note Number	

Driver

Name of Driver	LIN YONGQIANG
NRIC No	S8618427C
Date Of Birth	29/06/1986
Occupation	INDOOR
Date Of Driving Pass	07/05/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84889869
Fax Number	
Contact Number	OTHERS-84889869
Email Address	NOEMAIL

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.**
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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.:

A - SJN6762C
B - SM579235

LANE 4
LANE 3
11.9 km ECP TO MCE LANE 4

VEC. A TOWARD ECP TO MCE, VEC. B JAM BRAKE TILL
TO A LORRY ^{IN FRONT} SUDDENTLY STOP AT 777 MARKING FILTER, THAN VEC. B
SUDDENTLY JAM BRAKE, VEC A UNABLE TO STOP IN TIME.

MINOR DAMAGE VEC A ~~REAR~~, DAMAGE ~~AREA~~ AREA FRONT
VEC. B DAMAGE AREA BACK CENTRE.

Co. Reg. No. 201634342C

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

21/6/2019

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8618427C**



Name
LIN YONGQIANG
林永强

Race
CHINESE

Date of birth
29-06-1986

Country/Place of birth
SINGAPORE

Sex
M

5654925

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No: **S8618427C**

Name
LIN YONGQIANG

Birth Date: **29 Jun 1986**

Issue Date: **07 May 2015**

0024240958

For LKK/NAC Use Only

5654925



NRIC No: **S8618427C**



Date of issue
29-09-2016

APT BLK 694C WOODLANDS DRIVE 62 #09-54
SINGAPORE 733694

NRIC No: **S8618427C** Date: **31/10/2018**

For LKK/NAC Use Only

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

EFFECTIVE DATE
07 May 2015

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

NP 428A

Licence No: **S8618427C**

For LKK/NAC Use Only

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095123617-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN6762C**
Chassis Number : **KMHOU41BR9U665527**
2. Name of Policyholder : **K & M LEASING PTE LTD**
3. Effective Date of Insurance : **23 Feb 2019**
4. Expiry Date of Insurance : **22 Feb 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 08 Jan 2019 10:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="21/06/2019 13:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJN6762C"/>	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"/>	5095123617-02		K & M LEASING PTE LTD	201634342C	GFT	drivo CLASSIC	SJN6762C	SJN6762C	23/02/2019	

▼ Policy Information

Policy No.	5095123617-02	Policyholder Name	K & M LEASING PTE LTD	Policyholder NRIC	201634342C
Certificate No.					
Address	2 YISHUN INDUSTRIAL STREET 1 #08-10 NORTH POINT BIZHUB SINGAPORE 768159				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/01/2019	Effective Date	13/01/2019 00:00	Expiry Date	12/01/2020 23:59
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#08-10 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	08-10	Related Policy Number	5107740246		

► Insured Object: SJN6762C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/02/2019 00:00	Basic Information Endorsement	000001287013232	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN6762C 23-02-2019 \$1,115.55 In view of this amendment, an additional premium of \$1,115.55 (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 or NETS.

Claim Handling

Accident MT/1050336

Policy No.	5095123617-02	Vehicle No.	SJN6762C	GST Registration No.	
Certificate No.					
Policyholder Name	K & M LEASING PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	84889869	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFX	<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	24/06/2019 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	21/06/2019	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	84889869				
Excess					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
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	2 YISHUN INDUSTRIAL STREET	Address 2	#08-10 NORTH POINT BIZHUB	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	08-10	Related Policy Number	5107740246		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LIN YONGQIANG	Driver NRIC	S8618427C	Driving Experience	
Register Date of Driver License	07/05/2015	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	84889869	Contact No.(Office)	0	Address 3	
Address 1	BLK 694C #	Address 2	WOODLANDS DRIVE 62	Post Code	
Address 4	SINGAPORE 733694	Address Type	Singapore 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	
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	K & M LEASING PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJN6762C	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJN6762C / SMJ7923J ON 21 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/06/2019 19:36	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter



















Save Submit

Attachment

Accident No.	MT/1050330	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/06/2019 19:30

Path *	Category *	Confidential	Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:35	SAS	Normal	SAS 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:34	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:34	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:34	Photos	Normal	Photos 2019-6-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:33	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:33	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:33	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:33	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:32	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:32	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:32	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:32	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:32	Photos	Normal	Photos 2019-6-24

Video List

Uploaded By/Date	Folder Date	File Name	Source
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