

NATIONAL Assessment Centre Services [ver 1.1 Jan 05]			
Date In: 13/08/2019 11:26	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9013952/V	SAS e-filing		
Veh No: SLX 65612	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 10/08/2019 16:30	i-Motor Claim Form	MT105789-001	13/08/2019 14:57
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 / MNC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SJX 9054R	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: (\$	Lodging: \$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	Action

21A/90694		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)		INC (\$80)	
Contact No:		3) TP: Towing Fee		\$40/\$45	
Damaged Portion:		4) FT: Follow-Through Survey		\$120	
QC Checked by (Engg-In-Charge):		5) FT: Follow-Through Survey (Resurvey)		\$20	
Additional Comments:		For claimant's account INC Only (wef 10 Jan 2019)			
Cat. 1:		6) TR: Re-inspection		\$75	
Cat. 2/3:		7) NI: Idm DA + SMRT Survey		\$160	
1/1		8) NTUC Additional Services:			
		9) NI: Idm Mobile		\$20	
		10) NI: Idm Mobile		\$20	
		11) NI: Idm Mobile		\$20	
		12) NI: Idm Mobile		\$20	
		13) NI: Idm Mobile		\$20	
		14) NI: Idm Mobile		\$20	
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		99) NI: Idm Mobile		\$20	
		100) NI: Idm Mobile		\$20	

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	13/08/2019 11:26
Date Of Accident	10/08/2019 16:30
Exact Location Of Accident	JALAN BUKIT HO SWEE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6567Z
Insured/Policyholder	
Name Of Registered Owner	LING SUK HUI MRS LOUNIS LING SUK HUI
NRIC No	S7478388J
Email Address	LOUNIS_WALID@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90618584
Alternative Phone No	OTHERS-90618584

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 HATCHBACK 1.6 AT
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	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	5101279579
Cover Note Number	

Driver

Name of Driver	WALID LOUNIS
NRIC No	S8373956H
Date Of Birth	07/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90618584
Fax Number	
Contact Number	OTHERS-90618584
Email Address	LOUNIS_WALID@YAHOO.COM

Address	BLK 101 HENDERSON CRESCENT #02-04
Postcode	150101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	2
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: : DAUGHTER GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	SJX9054R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR PAY
NRIC/Passport Number	
Contact Number	84989891
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN


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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: 13-9-2019


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

SKETCH PLAN

Lower Delta Road

B
Car 1
met
A

A) SLX 6567Z
B) SJX 9054R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop as there was a car in front of me
as we were at Jalan He saw to move to the lower
Delta Road the car in front of me moved
slowly. I was checking to my right and
move in very slow pace. I didn't notice that
He was in stop He didn't move so bang.

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.:

Claim Handling

Accident MT/1057318

Policy No.	SLX05672	Vehicle No.	SLX05672	GST Registration No.	
Certificate No.					
Policyholder Name	LING SUK HUI MRS LOUIS LING SUK HUI			Policyholder NRIC	S74783867
Product Code	PRIVATE CAR INSURANCE	Cover Type	Other CLASSIC	Leading	C
Contact No.(Mobile)	90618584	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AKF	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	0	Private Hire	No

Accident Details

Report Date	13/08/2019 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	10/08/2019	Time of Accident (hh:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BUKIT MERAH				

Excess

Own damage Excess	100.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 101 #01-04	Address 2	HENDERSON CRESCENT	Address 3	HENDERSONVILLE
Address 4	SINGAPORE 130101	Address Type	Singapore address	Post Code	150001
Unit No.	02-04	Related Policy Number	SLX05672-01		

DI Driver Info

Driver Name	WALID LOUIS	Driver Type	Named Driver	Driver DOB	07/04/1988
Uninsured driver Name		Driver NRIC	S8073558H	Driving Experience	11
Register Date of Driver License	01/01/2008	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	90618584	Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLX05672	Driver/Insurer Company	NFLAC

Declaration					
Insured/owner or Close Tied Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 QD-MX

New

Claim Type *	QD-MX	Insured Name	LING SUK HUI MRS LOUIS LING	Insured NRIC	S74783867
Contact No.(Mobile)	91448452	Contact No.(Home)		Contact No.(Office)	86931136
Email Address	ERICALOUISELING@GMAIL.CO	DI Vehicle Number	SLX05672	TP Vehicle Number	S1780548
Claim Description	SLX05672 / S1780548 ON 10 Aug 2018				
Preferred Workshop	Insured's Choice	Insured's Choice	Insured's Choice	Insured's Choice	Insured's Choice
Finalisation	Yes	Repair Option	Income to assign workshop	GIA report	Received
Date Registered	13/08/2019 14:55	Claim Close Date		Date Received	13/08/2019 14:57
Report Taken By	MOULI RAHAB	Workshop Supervisor		Total Loss but Repaired	

Print Ack letter

Save | Submit

Attachment

Accident No.	MT/1057322	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/08/2019 14:57
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 Choose File No file chosen Message Read		Clear Please Select Clear Please Select Clear Please Select Clear Please Select Clear Please Select Clear Please Select Clear Please Select Clear Please Select	
Category * Confidential Urgency * Description *		Send Message	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 14:57	SAS	Normal	SAS 2018-8-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 14:57	Photos	Normal	Photos 2019-8-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 14:57	Photos	Normal	Photos 2019-8-13	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 13 Aug 2019 14:55

Photos

Normal

Photos 2019-8-13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 13 Aug 2019 14:55

Photos

Normal

Photos 2019-8-13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 13 Aug 2019 14:55

Photos

Normal

Photos 2019-8-13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 13 Aug 2019 14:55

Photos

Normal

Photos 2019-8-13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 13 Aug 2019 14:55

Photos

Normal

Photos 2019-8-13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 13 Aug 2019 14:55

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-8-13

Video List

Uploaded By/Date

Folder Date

File Name

File Size

Source

Action

Display in New Window

Screen are uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (10/09/2019) (DD/MM/YYYY), TIME: (4:30) (HH:MM)

LOCATION: Jalan Bukit He Suipe

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 65672
 b) INSURANCE COMPANY: N+UC
 c) POLICY NUMBER: 5101179579401
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Shinichi 882
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LING SUEK HUI Mrs / Mrs Ling Sui Hui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 87478283 CONTACT:
 c) ADDRESS: Blt 101 Henderson Crescent 02-04

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WALID LOUWIS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59343956H CONTACT: 90618584
 c) ADDRESS: Blt 101 Henderson Crescent 02-04

* d) DATE OF BIRTH: (27/04/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 90544 MODEL: Honda
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: M. PAI CONTACT: 84989891

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = Louwis - wALID@yaloo.FR
 VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8373956H



For LKK/NAC Use Only

Name
WALID LOUNIS

Race

EURASIAN

Date of birth

07-04-1983

Country/Place of birth

TUNISIA

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S8373956H



Name
WALID LOUNIS

For LKK/NAC Use Only

Birth Date: 07 Apr 1983

Issue Date: 30 Aug 2017



002719168F

5720739



NRIC No. S8373956H



For LKK/NAC Use Only

Date of issue

10-03-2017

APT BLK 101 HENDERSON CRESCENT #02-04
SINGAPORE 150101

NRIC No. S8373956H

Date: 08/05/2017

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 30 Aug 2017

For LKK/NAC Use Only

NP 426A



Licence No. S8373956H

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: 5101279579-01

Cover : drive CLASSIC

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : SLX65672 |
| Chassis Number | : JSAGYA21S00340583 |
| 2. Name of Policyholder | : LING SUK HUI MRS LOUNIS LING SUK HUI |
| 3. Effective Date of Insurance | : 13 Aug 2019 |
| 4. Expiry Date of Insurance | : 12 Aug 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: LING SUK HUI MRS LOUNIS LING SUK HUI
NAMED DRIVER (1)	: WALID LOUNIS
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 08 Aug 2019 10:44 hrs
Reprint : 08 Aug 2019 10:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive