

NATIONAL Assessment Centre Services		[Ref: J2102]		SN0921100004	
Date In: 02/01/2020 17:34	Job description	Date & Time Completed	Done by		
Ref No: NA/C92100000714	SAS e-filing				
Veh No: SXC 1904P	E-mail (within 4hrs, A/C 2hrs)				
D.O.A: 01/01/2020 01:00	I-Motor Claim Form	01/01/2020 17:49			
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	I-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SMC 0266 R	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:	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

NA2100527		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:				Inc Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:		3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30			
Cat. 1:		For claimant against INC Only (wef 10 Jan 2005)			
Cat. 2/3:		6) TR: Re-inspection \$75			
		7) NI: Icao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		OD:			
		*N5: Courtesy Car / Tp 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: Idno Mobile \$0			
		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 Submission	02/01/2021 17:34 (SGT)
Date of Accident	01/01/2021 01:00 (SGT)
Exact Location of Accident	2 Park Lane Singapore 798386 Park Ln, Singapore 798386
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1904P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN KOK KEONG
NRIC No	SXXXX306D
Email Address	les-amies2001@yahoo.com.sg
Mobile Phone No	(Phone) +65-94758618
Alternative Phone No	+65-83820648

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111021576-01
Cover Note Number	-

DRIVER

Name of Driver	DEXTER LIN TIM WENG (LIAN TIANRONG)
NRIC No	SXXXX914J
Date Of Birth	12/02/1999
Occupation	Indoor

Date Of Driving Pass	08/01/2019
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-83820648
Alt. Phone Number	-
Email Address	dexterlin7418@gmail.com
Address	34 TANAH MERAH KECHIL ROAD #12-25
Address complement	-
Postcode	465560
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6266R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

SKETCH PLAN

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. 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 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.

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:

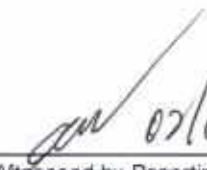
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.


Policyholder's Signature / Date &
Time


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

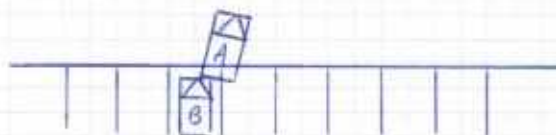
 02/01/2021
Witnessed by Reporting Centre
Personnel

Sketch Plan

WHEELCLIC ESTATE CARPARK

Veh A: SKC1404P

Veh B: SMC6266R





Describe Circumstances of the Accident


I was reversing my car in the carpark lot and misjudge and knock onto the blue Lancer. Upon alighting, the damage was minor. I offered to repair his front bumper but he requested 3k for the repair. I decided to file a report and let the insurance to settle. I have accident scene photo captured.

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

 02/01/2021
Witnessed by Reporting Centre Personnel

VEHICLE NO : SKC1904P		MAKE/MODEL : Toyota Vios		CC : 1500	
Date of Accident	01/01/2021	Time: 01.00 a.m	Foreign Veh Involved	YES / NO	
Location of Accident	Wheelock Estate Carpark		Foreign Veh No		
Transmission	Auto / Manual				
Usage Purpose	Private / Employment / Private Hire		No. of Veh Involved :	2	
Claim Type	OD / TP / REPORTING		Was There Any Witness	YES / NO	
INSURANCE CO	NFC Income		Name of Witness :		
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :		
Policy No	511021576-01				
Fleet Policy	YES / NO				
			OTHER VEHICLES		
OWNER / CO. NAME	Lee Kok Keong		VEHICLE B	: SMC6266R	
NRIC / Co's Reg No.	S62713061D		Category :		
Address	34 Tanah Merah Kechil Road #12-25 S(465560)		Driver's Name :		
Contact / Mobile No	9495 8618		NRIC No :		
Email Address	1es-amies2001@yahoo.com.sg		Contact No :		
Date of Birth	12/11/1968		No. of Passenger :		
Gender	M / F		VEHICLE C	:	
DRIVER'S NAME	Defer Lin Tim Weng (Lian Tianrong)		Category :		
NRIC No	S4403914J		Driver's Name :		
Address	175 ABOVE		NRIC No :		
Contact / Mobile No	8382 0648		Contact No :		
Email Address	deferlin748@gmail.com		No. of Passenger :		
Date of Birth	12/02/1999		VEHICLE D	:	
Gender	M / F		Category :		
LICENSE PASSED DATE	03/01/2019		Driver's Name :		
Occupation	Indoor / Outdoor		NRIC No :		
Relation with Owner	SON		Contact No :		
			No. of Passenger :		
Does Driver Own Any Other Veh ? YES / NO					
Vehicle Reg No					
Insurance Co					
Weather Condition	Clear / Raining / Others		Video Captured : Yes / NO		
Road Surface	Dry / Wet / Others				
INJURED : YES / NO					
Name of Injured :		Police Report : YES / NO			
Convey To Hospital by Ambulance : YES / NO		If YES, Where :			
NO. OF PASSENGERS :					
Name of Passenger :		M / F	INJURED?	YES/NO	
Name of Passenger :		M / F	INJURED?	YES/NO	
Name of Passenger :		M / F	INJURED?	YES/NO	
Name of Passenger :		M / F	INJURED?	YES/NO	
REMARKS :					
Name of Workshop :		Contact No :			
Address :		Email :			

Claim Handling

Accident MT/1115829

Policy No.	5111021576-01	Vehicle No.	SKC1904P	GST Registration No.	
Certificate No.					
Policyholder Name	LIN KOK KEONG	Cover Type	drive CLASSIC	Policyholder NRIC	55471308D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94758618	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	02/01/2021 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parke
Date of Accident	01/01/2021	Time of Accident hh:mm	01:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WHEELLOCK ESTATE CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	34 TANAH MERAH KECIL RD41	Address 2	#12-25 EAST MEADOWS	Address 3	SINGAPORE 46551
Address 4		Address Type	Singapore address	Post Code	465580
Unit No.	12-25	Related Policy Number	5111021576-01		

▼ OI Driver Info

Driver Name	LIN TIM WENG DEXTER	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S99039141	Driver DOB	12/02/1999
Register Date of Driver License	01/01/2019	Driver Age	21	Driving Experience	2
Contact No.(Mobile)	83820648	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		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.	SKC1904P	Driver Insurer Company	NTUC

Declaration

Breathalyzer 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	LIN KOK KEONG	Insured NRIC	
Contact No.(Mobile)	94758618	Contact No.(Home)		Contact No.(Office)	
Email Address	LES_AMIES2001@YAHOO.COM	Vehicle Number	SKC1904P	TP	
Claim Description	SKC1904P / SMC6266R ON 1 Jan 2021				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Repair	Preferred Workshop, Name unknown			
Date Registered	02/01/2021 17:35	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1115829	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes ☐ No

Upload Date

52/01/2021 17:49

Pathy •

The screenshot shows a web browser window with a file upload interface. The interface consists of a table with two columns: 'Choose File' and 'No file chosen'. There are six rows of this table. Below the table is a 'Remove All' button.

Clear
Clear
Clear
Clear
Clear
Clear

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	NRIC/ Driving License	Y	NRIC/ Driving License 2021-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2021 17:49	SAS	Normal	SAS 2021-1-2

 Video List

Uploaded By/Date	Folder Data	File Name	Source
		<div>Display in New Window</div> <div>Scan and uploading</div>	

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111021576-01		LIN KOK KEONG	S6871306D	GPC	drive CLASSIC	SKC1904P	SKC1904P	10/09/2020	09/09/2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : _____ Vehicle Registration No: SEC 1904P
Name (as shown in NRIC) : DEXTER LIN TIM MEANG NRIC/FIN/Passport No. : SXXXX914J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 83820668
Email Address : _____
Date of Accident : 01/01/2020 Time of Accident : 01:00
Place of Accident : WILMAR'S RESIDENCE PARK LANE
Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

PLACE OF ACCIDENT TO WILMAR'S RESIDENCE PARK LANE

Policyholder / Driver's Signature
Date: _____

02/01/2020
Reporting Centre Personnel's Signature
Name: Ref: Lin Meang
NRIC/FIN No.: _____
Date: _____