

# NATIONAL Assessment Centre Services.

part 1 Jan 09

SN 09211P 0000E

|                           |  |                           |                |
|---------------------------|--|---------------------------|----------------|
| Date In: 25/11/21 16:05   | Job description                          | Date & Time Completed     | Done by        |
| Ref No NA1INC 21001163/h4 | SAS e-filing                             |                           |                |
| Veh No SJN 6762 C         | E-mail (within 3hrs, AIG 2hrs)           |                           |                |
| IP A 23/11/21 12:40       | I-Motor Claim Form                       | MT/1118723 <sup>001</sup> | 26/11/21 09:42 |
| (IP) Reporting Only       | I-Motor W/O (within: OD 2hrs, TP 4hrs)   |                           |                |
| IP Insurer:               | I-Photo Uploaded                         |                           |                |
|                           | Assessment/Survey Report                 |                           |                |
|                           | Ass't Report by Fax / Hand to Owner/Wksn |                           |                |

Professed Wksp / INC Assign Wksp / QW: (

Tel: \*

Fax: \*

TP Particulars: Vch No: SMT 2123 G. INC ( ) / Non-INC ( )

Tel: \*

Owner / Driver: (

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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |  |  |
|---|--|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |  |
| 2) QC Check / Post Repair Inspection ( )                |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |  |

Injury: \*

|           |          |         |
|-----------|----------|---------|
| Date/Time | Location | Done by |
|           |          |         |
|           |          |         |
|           |          |         |
|           |          |         |

NA2101348

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal 1:

2/3:

|   |             |  |
|---|-------------|--|
| 1) AR: Accident Reporting (\$30)                |             |  |
| 2) DA: Damage Assessment (\$100); INC (\$40)    |             |  |
| 3) TP: Towing Fee \$40/\$45                     |             |  |
| 4) FT: Follow-Through Survey \$120              |             |  |
| 5) FT: Follow-Through Survey (Resurvey) \$30    |             |  |
| For claiming against INC Only (wef 10 Jan 2005) |             |  |
| 6) TR: Re-inspection \$75                       |             |  |
| 7) NI: Idao DA + SMRT Survey \$160              |             |  |
| 8) NTUC Additional Services:                    |             |  |
| OD*   |             |  |
| *N5: Courtesy Car / Tpt Allowance \$3           |             |  |
| *N6: Repair Co-ordination \$10                  |             |  |
| *N7: Post Repair Inspection \$25                |             |  |
| *N8: DV / Collect Excess Coordination \$3       |             |  |
| TP (N11): TP (N11 INC) against INC \$20         |             |  |
| 9) N12: Idao 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 ..... 25/01/2021 16:05 (SGT)  
Date of Accident ..... 23/01/2021 12:40 (SGT)  
Exact Location of Accident ..... South Bridge Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJN6762C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... K & M LEASING PTE LTD  
Company Reg No ..... 2XXXXX342C  
Email Address ..... MOTOR@KM.COM.SG  
Mobile Phone No ..... (Phone) +65-97538067  
Alternative Phone No ..... +65-97538067

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5120454225  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIN YONGQIANG  
NRIC No ..... SXXXX427C



|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass .....   | 07/05/2015                      |
| Driving experience .....   | 5 YEARS AND 8 MONTHS            |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-84889869            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | MOTOR@KM.COM.SG                 |
| Address .....  | BLK 694C WOODLANDS DR 62 #09-54 |
| Address complement .....   | -                               |
| Postcode .....   | 733694                          |
| Is the driver the policyholder? .....                              | No                              |
| If No, Relationship of the Driver with the Insured .....           | Hirer                           |
| 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 .....   | Collision - Change/cross lane |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210125/7011 & STATEMENT.

#### 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 ..... | SMT2123G    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| Name of Driver .....              | -           |

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |               |
|---|---------------|
| Name of injured person .....                              | LIN YONGQIANG |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | BODY          |
| Injured person in which vehicle? .....                    | SJN6762C      |
| Were seat belts worn? .....                               | Yes           |
| Was this injured conveyed to hospital by ambulance? ..... | No            |



## **IMPORTANT NOTICE**

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Witnessed by Reporting Centre  
Personnel

A = SJN 676

B = SMT 2123

South bridge Rd



I was travelling along south bridge Rd on the second lane from the right, My lane was going straight or turning right on the road marking arrow. While approaching a traffic Junction, I proceed straight, Suddenly veh B from the left lane abruptly cut into my lane and hit onto my veh left hand side.

We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not you, please print name of driver)



Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210125/7011

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210125/7011

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>25/01/2021 13:59 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>LIN YONGQIANG      |            |                              | Address:<br>694C WOODLANDS DRIVE 62 #09-54 SINGAPORE 733694 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S8618427C |            |                              | Contact No.:<br>Home/Office: Mobile: 84889869               |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>LEON_LIN_86@HOTMAIL.COM                           |  |                            |
| Sex:<br>Male                             | Age:<br>34 | Date of Birth:<br>29/06/1986 | Type of Informant:<br>Driver                                |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English  |  | Institution / School Name: |
| Occupation:<br>Driver                    |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:    |  |                            |

**General Information of the Accident**

|   |                  |   |   |  |
|---|------------------|---|---|--|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>23/01/2021 12:40 | Type of Location:<br>T-Junction        |
| Location:<br><br>UPPER PICKERING STREET                                     |                  |   |   |  |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry                        |   | Road Speed Limit:<br>60 Km/h           |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SMT2123G    | Car  |      |       |       |          | 0     |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20210125/7011

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210125/7011

**CONTINUATION OF REPORT**

| Driver                            |                          |    |  |
|-----------------------------------|--------------------------|----|--|
| Name                              | LIN YONGQIANG            |    | ID No. S8618427C   |
| Related Vehicle                   | SMT2123G (Car)           |    | Contact No. 84889869   |
| Hospital/Clinic                   | ADMIRALTY MEDICAL CLINIC |    | Class of Driving Licence & Expiry<br>Class: 3<br>Date of Expiry: NIL |
| Date                              | 24/01/2021               |    | Date 24/01/2021  |
| No. of Days granted Medical Leave |                          | 03 | Degree of Slight   |

Brief Details.

I have video and picture

After 3 Upper Pickering St, Singapore 058289

Park loyal collection hotel





**SINGAPORE  
POLICE FORCE**



T/20210125/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210125/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp

NP160

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/01/2021 13:59

Classification Of Case:

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="23/01/2021 14:33"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJN6762C"/> | Certificate Number | <input type="text"/>                          |

| Select                | Policy No. | Certificate Number | Policyholder Name           | Policyholder NRIC | Product | Cover Type  | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-----------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5120454225 |                    | K & M<br>LEASING PTE<br>LTD | 201634342C        | GPC     | Third Party | SJN6762C    | SJN6762C       | 13/01/2021    | 24/02/2022  |



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 23 / 1 / 21 ) (DD/MM/YYYY), TIME: ( 12 : 40 ) (HH:MM)

LOCATION: South bridge Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 6762C  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai Avante 1.6  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
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: K & M Leasing Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97538067  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Lin Yong Qiang (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 84889869  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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

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

6. WAS ANYBODY INJURED (YES / NO) driver

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

IF YES, PLEASE STATE WHICH POLICE STATION: Pending

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM T2123 G MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = motor@km.com.sg

Fax = \_\_\_\_\_

VIDEO = Yes