NATIONAL Assessment Centre Services

MNA 117160787

	Job description	Date & Time Completed	Done by
Date In 6/12/17 14:02	SAS e-filing		
Ref No NA/ INC 170 23 150 /h4	E-mail (within 8hrs, AIC 2hrs)		
Veh No SKM 62 Y	i-Motor Claim Form	MTl 0972619	6/12/17 16:10
D.O.A 5/12/17 18:55	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: | SLT 9756 X | 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

MA1707570

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($39);		30.00	
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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) N1 : [dae DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:*			
*N5: Courtesy Car / Tpt 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: Idae 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 witholding of material facts may allow insurance companies to repudiate policy ability.
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 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	06/12/2017 14:02
Date Of Accident	05/12/2017 18:55
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM62Y
Insured/Policyholder	
Name Of Registered Owner	LIM PEK KEONG
NRIC No	S7344092J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87166262
Alternative Phone No	OFFICE-87166262
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
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	5095668273
Cover Note Number	-
Driver	
Name of Driver	LIM PEK KEONG
NRIC No	S7344092J
Date Of Birth	07/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87166262
Fax Number	
Contact Number	OFFICE-87166262
EMail Address	NOEMAIL

Address	BLK 204A PUNGGOL FIELD #13-286
Postcode	821204
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Was any body injured in the Accident?	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

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT9756X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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

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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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

Please

Refer

to

sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please   Refer   to   statement

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.:

2

streetdirectory.com

Paya Ubi Industrial Park, 53 Ubi Avenue 1 408934

Paya Ubi Industrial Park
53 Ubi Avenue 1
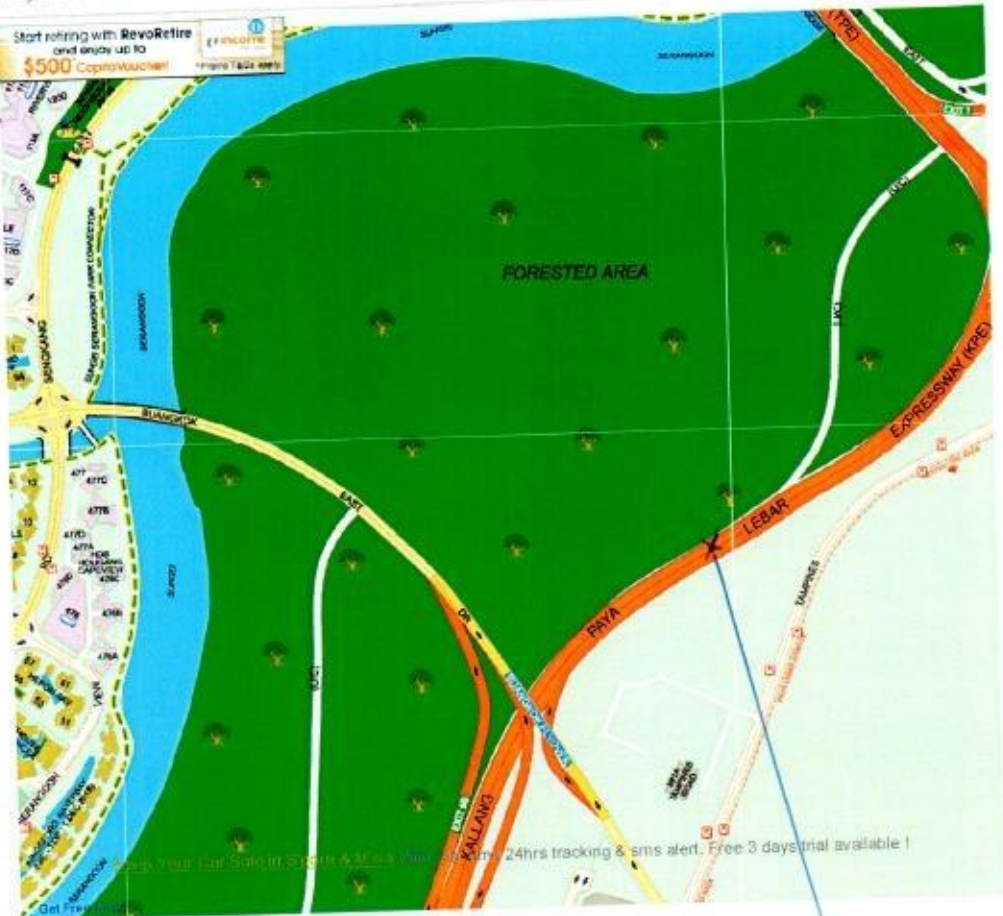(S)408934

Map   Directions

Map

Building Directory

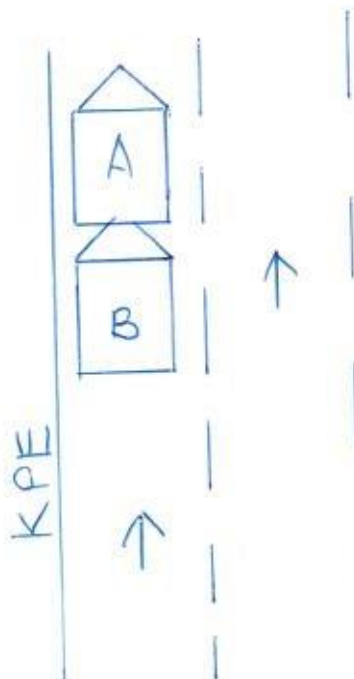Photos

What's Nearby

Get Tips

Getting Here

5 Things You Shouldnt Do
If Hes Cheating On You

FORESTED AREA

Accident site

A - SKM 62Y

B - SLT 9756X

Accident Report

On 5th of December 2017 at around 1855hrs , I was driving my vehicle (SKM62Y) along KPE(Kallang Paya Expressway) towards TPE. Suddenly, a vehicle (SLT9756X) hit onto the rear of my vehicle. I'm making a third party claim.

Name : Lim Pek Keong

NRIC : S7344092J

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

10 Nov 2017

Our ref 1011170203N057010231

LIM PEK KEONG
APT BLK 204A PUNGGOL FIELD
#13-286
SINGAPORE 821204

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SGY4147U WITH VEHICLE REGISTRATION NO. SKM62Y

You may be pleased to know that your application of 10 Nov 2017 for replacement of registration number is approved.

2.   The details of the vehicle after the transaction are as follows:

Vehicle Registration No.   : SKM62Y (Previously SGY4147U)
Vehicle Make   : TOYOTA
Vehicle Model   : VIOS E AUTO
Chassis No.   : MR053HY9305020350
Engine No./ Motor No.   : 1NZX596662 / -

3.   Please change the number plates on your existing vehicle (ie. Chassis No. : MR053HY9305020350, Engine No./ Motor No. : 1NZX596662 / -) to display the new/ replacement registration number, SKM62Y by 13 Nov 2017. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than $1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than $2,000 or imprisonment of not more than 6 months.

4.   Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20171110115439004074 or the vehicle registration number when making your enquiry.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7344092J

Name
LIM PEK KEONG

林 泌 强

Race
CHINESE

Date of birth   Sex
07-11-1973   M

Country of birth
SINGAPORE

NRIC no. S7344092J

Date of issue

BLK 204A PUNGGOL FIELD #13 388
SINGAPORE 821204
S7344092J

11-02-2007

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 7 3 4 4 0 9 2 J**

Name

LIM PEK KEONG

Birth Date 07 Nov 1973

Issue Date 13 Nov 2013

002244933E

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg   13 Nov 2013
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

Licence No: S7344092J

NP 428A

income
made different

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: 5095668273

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKM62Y
   Chassis Number : MR053HY9305020350
2. Name of Policyholder : LIM PEK KEONG
3. Effective Date of Insurance : 07 Nov 2017
4. Expiry Date of Insurance : 06 Nov 2018
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	: LIM PEK KEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 07 Nov 2017 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Insure Link Pte Ltd
2 Kallang #06-16
CT H
Off : 6444 4644
Countersigned By: Fax: 6444 0040

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0972619

Policy No.	5095668273	Vehicle No.	SKM62Y	GST Registration No.	
Policyholder Name	LIM PEK KEONG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	87166262	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	⦿ No ○ Yes	TCA	⦿ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

⬦ Accident Details

Report Date	06/12/2017 16:06	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	05/12/2017	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS TPE				

▽ Benefits

▽ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▽ GST Registered Information

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

▽ Policyholder Mailing Address

Address 1	BLK 204A #13-286	Address 2	PUNGGOL FIELD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5095668273		

▽ OI Driver Info

Driver Name	LIM PEK KEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7344092J	Driver DOB	
Register Date of Driver License	13/11/2013	Driver Age	44	Driving Experience	
Contact No.(Mobile)	87166262	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 204A #13-286	Address 2	PUNGGOL FIELD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ⦿ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ⦿ No		

Modification History

Claim 001   New

Claim Type *	OD-MX ▾	Insured Name	LIM PEK KEONG	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKM62Y	TP Vehicle Number	
Claim Description	SKM62Y / SLT9756X ON 5 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▾		
Require Finalisation	Yes ▾	Preferered Repair Option	Preferred Workshop, Name unknown ▾	GIA report	
Date Registered	06/12/2017 16:09	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				

☑ Print AK letter

Save   Submit

Attachment

▽

Accident No.	MT/0972619	Claim No.	001
Last Doc. Received	⦿ Yes ○ No	Upload Date	06/12/2017 16:10

Path *		Category *	Confidential	Urgency
	Browse... Clear	Please Select ▾	NO ▾	Normal

					Browse...	Clear	Please Select	▼	NO	▼	Normal
					Browse...	Clear	Please Select	▼	NO	▼	Normal
					Browse...	Clear	Please Select	▼	NO	▼	Normal
					Browse...	Clear	Please Select	▼	NO	▼	Normal
					Browse...	Clear	Please Select	▼	NO	▼	Normal

Message Send

▽ **Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:10	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:10	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:10	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 16:09	Photos	Normal	Photo:

▽ **Video List**

Uploaded By/Date	Folder Date	File Name		Sour

Display in New Window   Scan and uploading