NATIONAL Assessment Centre Services. (wef 1 Jan 06) MNA4777 70950

	Job description	Date & Time Completed	Done by
Date In: 29/12/2017 17:09			
Ref No: NBA/MC17024733/4	SAS e-filing		
Veh No: SKA 3552 A	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 28/12/2017 16:35	i-Motor Claim Form	M1109756617	29/12/2017 17:45
OD / TP / Reporting Only	i-Motor W/O (Within: OD 3hrs, TP 1hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: GBG 9262R INC ( ) / Non-INC ( ) Tel: Fax:)

Owner / Driver: (

Policy No: ( ) Period: ( ) Tel:)

Confirmed by : (Cover Type: ( )

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] *Date: Time:*)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-in Customer : Customers 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: 6789 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

NA1800103

Claimant's Particulars
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditor's Comments
1
2 / 3

Invoice Preparation Checklist		Bill	Add Bill
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($50)		
3) TP: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$130		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-Inspection	$75		
7) N1: Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$33		
*N8: DY / Collect Excess Coordination	$3		
TP (N11): TP (Non INC) against INC	$30		
9) N13: Idea Mobile	10		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA417170950 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 29/12/2017 16:27
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	29/12/2017 16:27
Date Of Accident	28/12/2017 16:35
Exact Location Of Accident	JURONG WEST AVE 4 SLIP ROAD INTO JALAN BAHAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA2552A
Insured/Policyholder	
Name Of Registered Owner	LIM BEE LIAN CHRISTINA
NRIC No	S1571747E
Email Address	SILAS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96983513
Alternative Phone No	OFFICE-96983513
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	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	5087487460
Cover Note Number	
Driver	
Name of Driver	LIM BEE LIAN CHRISTINA
NRIC No	S1571747E
Date Of Birth	05/05/1963
Occupation	INDOOR
Date Of Driving Pass	17/12/1981
Driving Experience	36 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96983513
Fax Number	
Contact Number	OFFICE-96983513
EMail Address	SILAS@SINGNET.COM.SG

Address	BLK 649B JURONG WEST STREET 61 #13-304
Postcode	642649
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
Number of vehicles 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)	1

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	GBG9262
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH ENG HUA
NRIC/Passport Number	S1446683E
Contact Number	90621686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Christian Lim

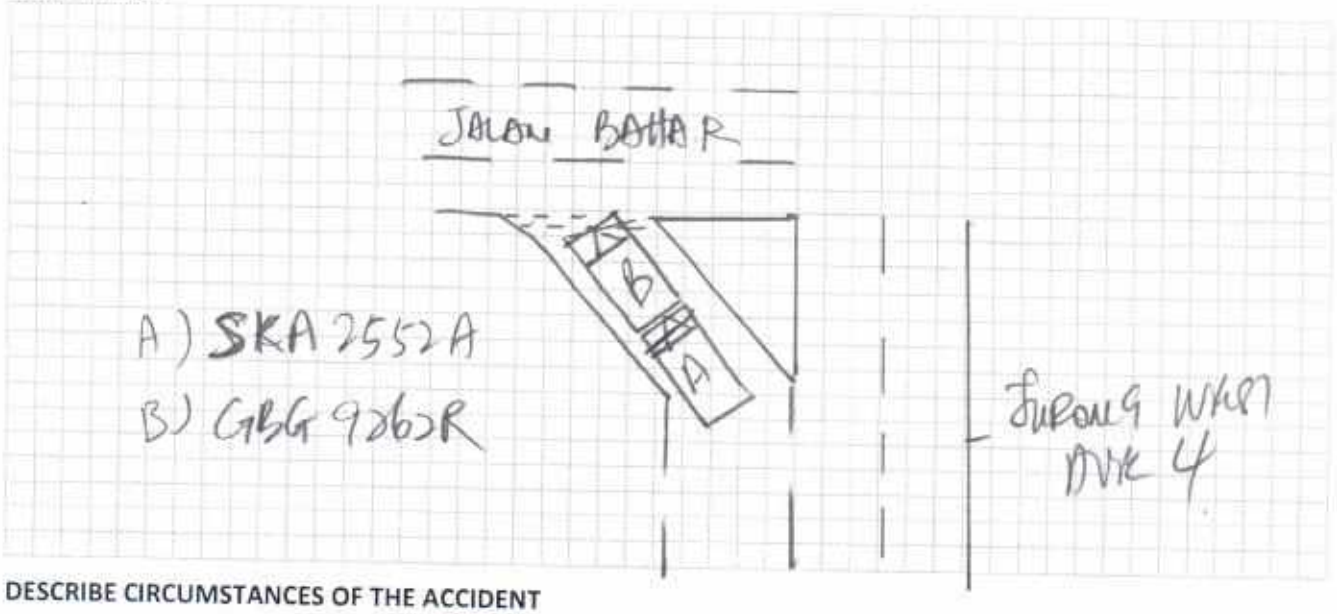
Policyholder's Signature
Date & Time: 29/12/17. 2.08 pm.

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

29/12/2017

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 28th Dec 2017 at 4.35pm, I was driving along Jurong West Ave 4 turning left to Jalan Bahar.
There was a Nissan Lorry GBG 9262R in front of me.
I saw there was no cars on the right and intend to merge into Jalan Bahar. But the Nissan ~~ter~~ lorry GBG 9262R did not move.
I assume it will move but it didn't. Thus resulted the accident. I knocked onto its right rear. Only his right rear was damaged.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 29/12/17. 2.35pm.

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

29/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/0975667

Policy No.	5087487460	Vehicle No.	SKA2552A	GST Registration No.	
Policyholder Name	LIM BEE LIAN CHRISTINA			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	96983513	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	Private Hire	Not available

Accident Details

Report Date	29/12/2017 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	28/12/2017	Time of Accident hh:mm	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST AVE 4 SLIP ROAD INTO JALAN BAHAR				

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 649B #13-304	Address 2	JURONG WEST STREET 61	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5087487460		

OI Driver Info

Driver Name	LIM BEE LIAN CHRISTINA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1571747E	Driver DOB	
Register Date of Driver License	12/12/2009	Driver Age	54	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 649B #13-304	Address 2	JURONG WEST STREET 61	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SKA2552A	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIM BEE LIAN CHRISTINA	Insured NRIC	
Contact No.(Mobile)	96983513	Contact No.(Home)	62758186	Contact No.(Office)	
Email Address	silas@singnet.com.sg	OI Vehicle Number	SKA2552A	TP Vehicle Number	
Claim Description	SKA2552A / GBG9262R ON 28 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	29/12/2017 17:43	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0975667	Claim No.	001			
Last Doc. Received	◉ Yes ○ No	Upload Date	29/12/2017 17:45			
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

▿ **Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:45	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:36	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:04	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Dec 2017 17:03	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Dec 2017 17:02	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Dec 2017 17:02	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name		Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 12 / 2017 (DD/MM/YYYY), TIME: 16 : 35 (HH:MM)

LOCATION: Jurong West AVE 4 SLIP ROAD To - JURONG EAST AB

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKA 2552A
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA VIOS.
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY (PRIVATE) / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
   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: LIM BEE LIAN. CHRISTINA. (MALE / FEMALE)
   b) (NRIC) FIN/PASSPORT: S1571747E CONTACT: 96983513
   c) ADDRESS: 649B JURONG WEST ST. 61, #13-304 S(642649)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (Including driver) (__)

3. DRIVER
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

   *d) DATE OF BIRTH: 05 / 05 / 1963 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR) / OUTDOOR)
   f) DATE OF DRIVING LICENCE 17 DEC. 1981
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) (NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER.
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

\# No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: GBG 9262R MODEL: LORRY.
   b) DRIVER'S NAME: SOH ENG HUA
   c) (NRIC) FIN/PASSPORT: S1446683E CONTACT: 90621686
9. THIRD PARTY VEHICLE

\# No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

email = silas@singnet.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1571747E

LIM BEE LIAN CHRISTINA

林美莲

Race
CHINESE

Date of Birth
05-05-1963

Sex
F

Country of Birth
SINGAPORE

2045571

NRIC No. S1571747E

Blood Group
A+

Date of issue
22-05-1984

APT BLK 649B JURONG WEST STREET 61 #13-304
SINGAPORE 642649

NRIC No: S1571747E Date: 05/10/2010 No: 6631935

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

		PASS DATE
Class 3	**Motor Cars** and **Motor Tractors the weight of which unladen** does not exceed 2500 kilograms	17 Dec 1981

NP 428A

Licence No: S1571747E

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

• Change Language • Change Password • Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKA2552A

Date of Accident 28/12/2017 14:03

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087487460	LIM BEE LIAN CHRISTINA	S1571747E	GPC	drivo CLASSIC	SKA2552A	SKA2552A	13/01/2017	25/05/2018

Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

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 : MUA4171709S0 Vehicle Registration No: SKA2552A

Name(as shown in NRIC) : LIM BEE LIAN CHRISTINA NRIC/FIN/Passport No : S1571797E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address :

Singapore( )

Contact (Tel) : Mobile No. : 96983573

Email Address :

Date of Accident : 28/12/2017 Time of Accident : 16.35

Place of Accident : JURONG WEST AVE 4 SLIP ROAD INTO JLN BATOK

Insurance Company : NTUC

(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:

To INSERT SKETCH PLAN.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kadir Wahab
NRIC/FIN No.:
Date: 29/12/2017