

# NATIONAL Assessment Centre Services. (ver 1.2/2008) **NA/18001017**

Date In: <b>08/01/2018 19:22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC/18000181/Y</b>	SAS e-illing		
Veh No: <b>SJC 5871 K</b>	E-mail (with 3hrs, AIC 3hrs)		
D.O.A: <b>21/12/2017 17:00</b>	I-Motor Claim Form	<b>MIT/0976266</b>	<b>08/01/2018 17:45</b>
OD / TP / Reporting Only	I-Motor W/O (with 100 3hrs, TP 3hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Yeh No: <input checked="" type="checkbox"/> 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%; P: 80-100%)		
Year of Registration: ( ) Warranty: YES ( ) / NO ( )		
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )		

General Remarks: ( ) Work-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeller.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: INC Hotline 6788 0016	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

**NA/1800131**

Customer's Requirements	Invoice Preparation Checklist	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$43	
	4) PT: Follow-Through Survey	\$130	
	5) YT: Follow-Through Survey (Resurvey)	\$30	
	For claim against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection	\$75	
	7) NI: Ideal DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	OT:		
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DY / Collect Unsettled Coordination	\$5	
	TP (Nil) / TP (Non-INC) against INC	\$20	
	*NI: 121 tone Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice Paid	Fee Received	

## 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 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	02/01/2018 19:23
Date Of Accident	31/12/2017 17:00
Exact Location Of Accident	TAMPINES AVENUE 5 TOWARDS PIE TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC5871K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VITRO AUTOMOBILE PTE. LTD.
Co Reg No	201509374E
Email Address	RONNIE1LCH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97570360
Alternative Phone No	OFFICE-97570360

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073467512-02
Cover Note Number	

### Driver

Name of Driver	LIM CHIN HO
NRIC No	S6840970E
Date Of Birth	28/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1993
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97570360
Fax Number	
Contact Number	OTHERS-97570360
Email Address	RONNIE1LCH@GMAIL.COM

Address	BLK 450F TAMPINES STREET 42 #06-386
Postcode	526450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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 (COLLISION TYPE IS SELF SKIDDED)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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 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.

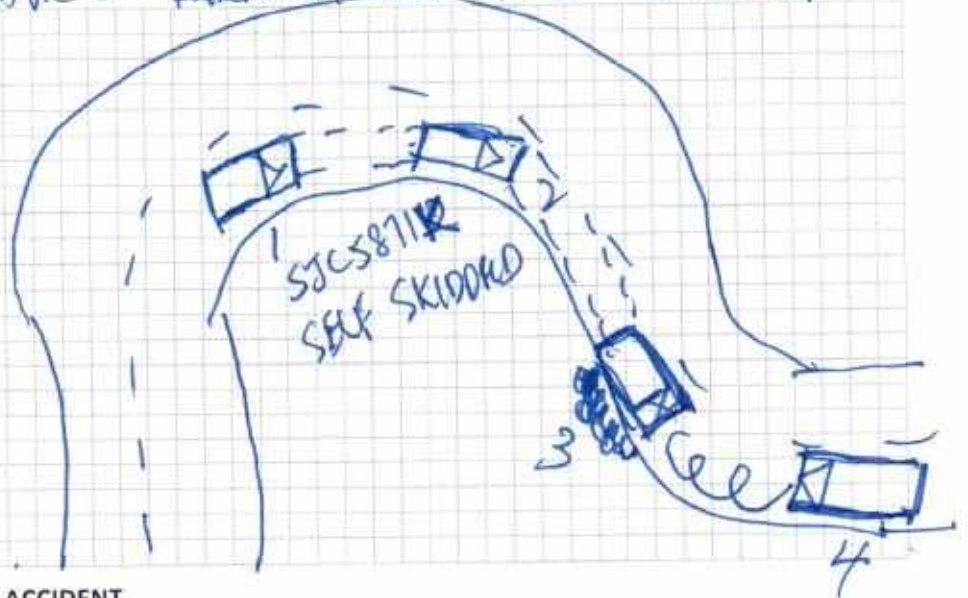
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Tampines Ave 5 Turnings in PIE Jurong



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm a uber DRIVER, During on 31 DEC 2017  
IN THE EVENING around 1800 plus when I was  
to sent passenger to Bedok so I follow GPS WAZE  
to the route so when I Tampines Ave.  
Exit toward PIE Turn, when I drive  
toward the bend my car slip and hit to the  
ROAD SIDE & THE BUSHES. THAT ALL.

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/0976266

Policy No.	5073467512-02	Vehicle No.	SJC5871K	GST Registration No.	
Policyholder Name	VITRO AUTOMOBILE PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97570360	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

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**Accident Details**

Report Date	03/01/2018 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/12/2017	Time of Accident h:mm:ss	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVENUE 5 TOWARDS PIE TUA				

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**Benefits**

<b>Excess</b>				
Own Damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

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**GST Registered Information**

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

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**Policyholder Mailing Address**

Address 1	BLK 195E #13-1552	Address 2	PUNGGOL ROAD	Address 3	
Address 4	SINGAPORE 825195	Address Type	Singapore address	Post Code	
Unit No.	08-04A	Related Policy Number	5073467512-02		

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**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LIM CHIN HO	Driver NRIC	S6B40970E	Driving Experience	
Register Date of Driver License	20/09/1993	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 450F #06-380	Address 2	TAMPINES STREET 42	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	06-380				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJC5871K	Driver Insurer Company	

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**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**









Claim Type *	OD-MX	Insured Name	VITRO AUTOMOBILE PTE. LTD.	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJC5871K	TP Vehicle Number	
Claim Description	SJC5871K / - ON 31 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	03/01/2018 17:44	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

## Attachment

Accident No.	MT/0976266	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2018 17:45
Path *	<div> <div>Browse...</div> <div>Clear</div> <div>Please Select</div> </div>		
Category *	Confidential	Urgency	Normal

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:45	NRIC/ Driving License		Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:45	NRIC/ Driving License		Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:45	NRIC/ Driving License		Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:44	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:44	Photos		Normal	Photo

## Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	

Col's Stamp

# ACCIDENT STATEMENT

ACCIDENT DATE: 31/12/2017 (DD/MM/YYYY), TIME: 18.00 plus (HH:MM)

LOCATION: TAMPINES AVE 5 TOWARD TANG PIG

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 5871 K  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5073467572-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BYD CANARY  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING WORK  
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: VITRO AUTOMOBILE PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201509374 E CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Lim CHIA HO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 6840970 E CONTACT: 97570360  
c) ADDRESS: BUK 450E TAMPINES ST 42 #06-386

d) DATE OF BIRTH: 28/10/1968 (DD/MM/YYYY)

## e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING LICENCE: 20 SEP 1993

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 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: \_\_\_\_\_ 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 = ronnie11ch@gmail.com

fax =

VIDEO

vitroauto@gmail.com (James Lee)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6840970E



Name

LIM CHIN HO

林進和

Race

CHINESE

Date of birth

28-10-1968

Sex

M

Country of birth

SINGAPORE



4803692



NRIC No. S6840970E

Date of issue

21-12-2011

Address

APT BLK 450F TAMPINES STREET 42  
#06-386  
SINGAPORE 526450



REPUBLIC OF SINGAPORE DRIVING LIC

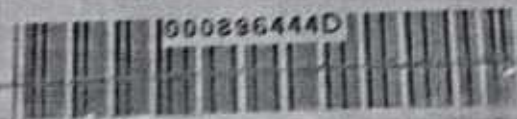
License Number S68409701

Name

LIM CHIN HO

Birth Date 28 Oct 1968

Issue Date 07 Oct 2003



000296444D

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

20 Sep 1993



IP 428A

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073467512-02	VITRO AUTOMOBILE PTE. LTD.	201509374E	GFT	drive CLASSIC	SJC5871K	SJC5871K	28/06/2017	