

# NATIONAL Assessment Centre Services

(v11.1.2008)

MANA 418015406

Date In: 31/01/2018 15:47	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8001941/Y	SAS e-illing		
Veh No: SLR 9638P	E-mail (vehicle sheet, A/C sheet)		
D.O.A: 31/01/2018 08:05	I-Motor Claim Form	MT10980343	31/01/2018 16:50
OD / TP: Reporting Only	I-Motor W/O (vehicle sheet, TP sheet)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yeh No: GX 4180	INC ( ) / Non-INC ( )	
Owner / Drivers: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: ESL 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:

( ) Walk-In Customer: Customer's 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: ( )

Removals: ( )	INC? ( )	Online? ( )	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

NA1800698	Invoice Preparation Checklist	Amount	Amount
Human's Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	3) TP: Towing Fee (\$40/45)		
Damaged Portion:	4) FT: Follow-Through Survey (\$120)		
	5) PT: Follow-Through Survey (Resurvey) (\$20)		
	6) TR: Re-inspection (\$15)		
	7) NT: New DA + SMRT Survey (\$160)		
	8) NTUC Additional Services		
	9) NTUC		
C Checked by (Ungr-In-Charge):	10) NTUC		
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## 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 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	31/01/2018 15:47
Date Of Accident	31/01/2018 08:05
Exact Location Of Accident	SLIP RD OF ANG MO KIO AVE 1 INTO BISHAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9638P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEW LEE
NRIC No	S7732650B
Email Address	JONATHAN1LIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93800485
Alternative Phone No	OTHERS-93800485

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 G (A)
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	5093883736
Cover Note Number	

### Driver

Name of Driver	LIM YEW LEE
NRIC No	S7732650B
Date Of Birth	04/11/1977
Occupation	INDOOR
Date Of Driving Pass	22/11/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93800485
Fax Number	
Contact Number	OTHERS-93800485
Email Address	JONATHAN1LIM@HOTMAIL.COM



Address	BLK 471 ANG MO KIO AVENUE 10 #10-758
Postcode	560471
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)	2
Passenger 1	NAME: ; MS LIM KIAH BOON 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

#### 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	GX418U
Vehicle Make/Model/Colour	TOYOTA LITEACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PHEH WAI LIAM
NRIC/Passport Number	F8432127M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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.

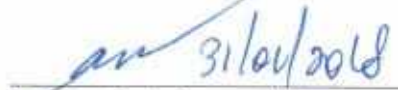


31 JAN 2018

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.:



Roshni W

SKETCH PLAN SLIP ROAD OF ANG MO KIO AVENUE INTO BUSHAW ROAD

SKETCH PLAN SLIP ROAD OF ANG MO KIO AVENUE INTO BUSHAW ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The vehicle, GX418U suddenly braked and stopped.

My vehicle front left portion hit the rear right portion of the vehicle, GX418U.

There is no bodily injury.

Police & ambulance did not attend to the scene.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

31 JAN 2018

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

31/01/2018  
Reporting Centre Personnel's Signature  
Name: Kesli Wattoo  
NRIC/FIN No.:



## Claim Handling

Accident MT/0980343

Policy No.	5093883736	Vehicle No.	SLR9638P	GST Registration No.	
Policyholder Name	LIM YEW LEE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	93800485	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	No

**Accident Details**

Report Date	31/01/2018 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	31/01/2018	Time of Accident hh:mm	08:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD OF ANG MO KIO AVE 1 INTO BISHAN RD				

**Benefit**

**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 534 #11-06	Address 2	BUKIT BATOK STREET 51	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	10-135	Related Policy Number	5093883736		

**Q1 Driver Info**

Driver Name	LIM YEW LEE	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	577326508	Driving Experience	
Register Date of Driver License	22/11/1996	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 534 #11-06	Address 2	BUKIT BATOK STREET 51	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	10-135				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLR9638P	Driver Insurer Company	

**Declaration**

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIM YEW LEE	Insured NRIC		
Contact No.(Mobile)	93800485	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	Jonathanlim@hotmail.com	Q1 Vehicle Number	SLR9638P	TP Vehicle Number		
Claim Description	SLR9638P / GX418U ON 31 Jan 2018				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	31/01/2018 16:48	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0980343	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2018 16:58
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select

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

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 16:50	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 16:50	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 16:50	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 16:49	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 16:49	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 16:48	SAS		Normal	SAS

## 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"/>	

# ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 01 / 2018) (DD/MM/YYYY). TIME: (08 : 04) (HH:MM)

LOCATION: Slip road of Ang Mo Kio Avenue 1 towards Bishan Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR963BP  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA SIENTA HYBRID G  
 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 YEW LEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7732650B CONTACT: 93800485  
 c) ADDRESS: 471 ANG MO KIO AVENUE 10 #10-756 SINGAPORE 560471

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

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

d) DATE OF BIRTH: (22 / 11 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/11/1996

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: GX418U MODEL: TOYOTA LITE ACE  
 b) DRIVER'S NAME: PHEH WAI LIAM  
 c) NRIC/FIN/PASSPORT: F8432127M CONTACT:

## 9. THIRD PARTY VEHICLE

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

email = jonathan11m@hotmail.com

fax =

V1060

No of passenger  
(including driver)

(2)

Ms LIM KIAH BOON

No of passenger  
(including driver)

(2)

No of passenger  
(including driver)

( )



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7732650B



Name

LIM YEW LEE

林友利

Race

CHINESE

Date of birth

04-11-1977

Sex

M

Country of birth

SINGAPORE

S7732650B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensee's Name: S7732650B

Name

LIM YEW LEE (LIN YEW LEE)

Birth Date: 04 Nov 1977

Issue Date: 28 Feb 2003



NRIC No: S7732650B



Date of issue

03-03-2008

APT BLK 471 ANG MO KIO AVENUE 10 #10-758  
SINGAPORE 560471

NRIC No: S7732650B

Date: 05/07/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	09 Feb 1998
Class 2A	Motorcycles between 201 CC and 400 CC	01 Sep 1998
Class 2	Motorcycles > 400 CC	14 Dec 2004
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	23 Nov 1996
Class 4	Heavy motor cars and motor tractors > 2500 kg	20 Dec 2004
Class 5	Motor vehicles > 7500 kg and constructed to carry any load	20 Aug 2005

S / No: 9000037447

S7732650B

NP 429A



eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

[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="31/01/2018 15:38"/>						
Vehicle No.(For Motor)	<input type="text" value="SLR9638P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092883736	LIM YEW LEE	S77326508	GPC	drive CLASSIC	SLR9638P	SLR9638P	31/08/2017	30/08/2018
<input type="button" value="Continue"/>									