

NATIONAL Assessment Centre Services

(Unit 1/1000)

NA/18060760

Date In: 10/05/2018 11:54
Ref No: NBA/11/180085394
Veh No: SLF 575J
D.O.A: 09/05/2018 16:00
OD: TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
B-roll (with and without)		
Motor Claim Form		
Motor V/O (with and without)		
Photo Uploaded		
Assessment/Summary Report		
Ass'l Report by Box/Hand to Owner/VWsp		

TP Insure:

Preferred Whp/INC Assign Whsp / OW:

TP Participant: Yell No: 86J 5739J INC () / Non-INC ()
Owner/Driver: Tel: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: BIL SLANI (WO): NI 0-20%, PI 21-79%, PI 80-100%)
Year of Registration: () Warranty: YES () / NO ()
Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:
() Work in Question: Customer's information strictly Confidential & Strictly NO later of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In: () / Towed-In: () Invoice: YES () / NO () Towing Co: ()

Remarks	Date/Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check/Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()
Date/Time: ()
Action: ()

NA/1803009	Invoice Preparation Checklist	NA/1803009	NA/1803009
Driver/Owner:	1) AR: Accident Reporting (300)		
Policy No:	2) DA: Damage Assessment (3100)	INC (210)	
Assigned Person:	3) TP: Towing Fee (100/110)		
	4) PT: Follow Through Survey (110)		
	5) PT: Follow Through Survey (Recovery) (110)		
	6) TR: Bill of Lading		
	7) NI: GvDA + SMRT Survey (110)		
	8) NTUC Additional Bill (100)		
	9) NI: Courtesy Car / Tpl Allowance (110)		
	10) NI: Repair Coordination (110)		
	11) NI: Post Repair Inspection (110)		
	12) NI: OY / Collision Course Coordination (110)		
	13) NI: TP (Run INC) Repair INC (110)		
	14) NI: Incident Report (110)		
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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	10/05/2018 09:50
Date Of Accident	09/05/2018 16:00
Exact Location Of Accident	LORNIE ROAD BEFORE JUNCTION OF UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF575J
Insured/Policyholder	
Name Of Registered Owner	LIM TECK SENG
NRIC No	S1254574F
Email Address	K9JOSES@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97215531
Alternative Phone No	OTHERS-97215531

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 GLS (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M492863
Cover Note Number	

Driver

Name of Driver	LIM TECK SENG
NRIC No	S1254574F
Date Of Birth	21/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97215531
Fax Number	
Contact Number	OTHERS-97215531
Email Address	K9JOSES@YAHOO.COM.SG

Address	BLK 730 YISHUN STREET 71 #07-29
Postcode	760730
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	SIDE SWIPE
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

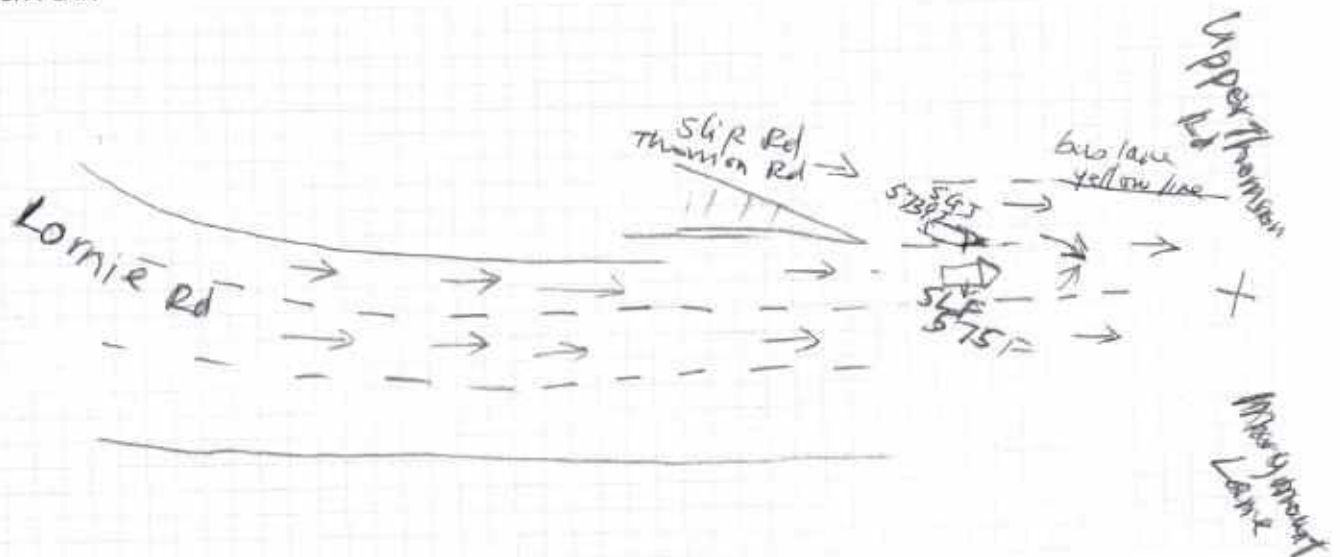
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ5739J
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PEI YI FIONA
NRIC/Passport Number	S9521840G
Contact Number	96344318
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9.5.18 at about 1601 hrs while driving along Lornie Rd towards Upper Thomson Rd near to lamp post no. 20, suddenly a blue car registration number SGJ 5739J hit my left side of my car. As a result caused me to shift my car to the right of the lane and I immediately stopped my car. I looked at the said car to stop, as the driver continue to drive away. Then the driver stop her car at a distance from the collision.

I was coming down from Lornie Rd on the inner most lane before reaching junction of Upper Thomson x Marymount Lane. I slowed down because of the double-decker public bus was filtering from left side to the right lane to towards junction of Marymount Lane.

The accident occurred at the merging Lane, where the said car suddenly swipe my car on the left side. My front tyre was grazed and the mud-guard ~~that's all~~ was grazed too. The car SGJ 5739J right side of the driver door and rear door was smeared with black marks and some scratches. That's all.

DECLARATION

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

Policyholder's Signature
Date & Time:

10.5.18 @ 0937hrs

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/05/2018

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 09 / 05 / 2018 (DD/MM/YYYY), TIME: 16 : 01 (HH:MM)

LOCATION: LORNE RD before junction of Upper Thomson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 575 J
b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE
c) POLICY NUMBER: M 492863
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TL TUCSON 2.0 GLS A(S/R)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private cruise
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 TECK SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1254574 F CONTACT: 97215531
c) ADDRESS: BLK 730 YISHUN ST 1 #07-29 S(760730)

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23.4.1979

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: NA

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGJ 5739 J MODEL: TOYOTA VIOS
b) DRIVER'S NAME: LEE PEI YI FIONA
c) NRIC/FIN/PASSPORT: S9521840 G CONTACT: 96344318

9. THIRD PARTY VEHICLE

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

Email = K9joses@yahoo.com.sg

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1254574F



LIM TECK SENG

林德成

Race
CHINESE

Date of Birth
21-06-1957

Sex
M

Country of Birth
SINGAPORE



2376012



MRC No. S1254574F



Health Grade
A+

Date of issue
12-09-1994

Address
APT BLK 730 YISHUN STREET 71
#07-29
SINGAPORE 2776

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S-1254574F**

Name:

LIM TECK SENG

Birth Date: **21 Jun 1957**

Issue Date: **03 Apr 2003**

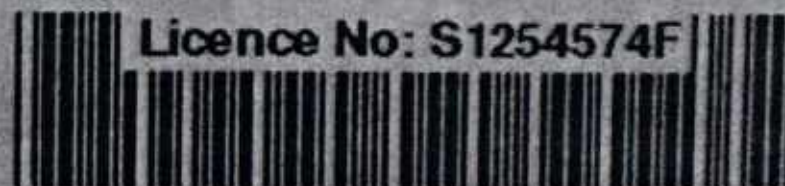


Elegance & Sensual

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	30 Nov 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Apr 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Jun 1979



NP 428A

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K GST Reg. No. M2-0070006K
64 Cecil Street #04 / #05 / #06-02 IOB Building, Singapore 049711
Office (65) 63476100 Email: insure@iil.com.sg
Fax (65) 62244174 Website: www.iil.com.sg

THE SCHEDULE

Agency 15309KE Class of Policy MOTOR POLICY Policy Number M492863
Account 15309KE Issued on 28/07/2017 in SINGAPORE (SIP)
Client 1044781 Acceptance Date 28/07/2017

Period of Insurance from 12/08/2017 to 11/08/2018, both dates inclusive

Insured's Name.... LIM TECK SENG
Address..... BLK 730 YISHUN STREET 71
#07-29
SINGAPORE 760730

Business/Occupn... MANAGER

Premium	BASIC PREMIUM.....	SGD1,498.63	
	No Claim Discount.....50.00%	SGD749.32-	
	Incentive Discount.....	SGD37.47-	
	Endorsement attached.....	SGD71.18	
	Additional Benefits	SGD100.00	
	Total Annual Premium	SGD583.02	Premium Due SGD583.02
			Premium GST SGD61.81
			Total Due SGD944.83

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION(SDIC). COVERAGE FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR MORE INFORMATION ON THE TYPES OF BENEFITS THAT ARE COVERED UNDER THE SCHEME AS WELL AS THE LIMITS OF COVERAGE, WHERE APPLICABLE, PLEASE CONTACT US OR VISIT THE GIA OR SDIC WEBSITES(www.gia.org.sg or www.adic.org.sg)

FOR UNNAMED DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION 1 WILL BE APPLICABLE.

Risk No. 001	Private Car		
1. Registration	SLF575J	Make/Model ..	HYUNDAI TL TUCSON 2.0GLS-SUNROOF
Type of Cover	COMPREHENSIVE (MV)	No. of seats	7
Engine No. ..	G4NAGU23R913	Capacity cc's	1999
Chassis No...	KMHJ3813MHU292863		Year of Manuf... 2016

Certificate Ref. MX1E

SUM INSURED: MARKET VALUE

EXCESS SECTION 1..... SGD750.00

EXCESS SECTION 1..... SGD1,350.00

Named Drivers 1)THE INSURED 2)LIN CHAO KIA
3)LIM XIU YING JOELYN

The following clauses and endorsements apply to this risk

Passenger Risk.....

Additional Endorsements Applicable..... M1, M3A, M7, M8, M11, M12, M19, M20, M21 & MEMO 1

LIMIT \$2000/-SUBJECT TO AN EXCESS OF \$300/-

***** EXCLUSION END *****

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: MIA408060760 Vehicle Registration No: SLF 575J
Name (as shown in NRIC): LIM TECK SENG NRIC/FIN/Passport No: S1254574F
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97215531
Email Address: _____
Date of Accident: 09/05/2018 Time of Accident: 16:00
Place of Accident: LORAIE RD BLF JUNCTION OF UPPER THOMSON ROAD
Insurance Company: INDIA INSURANCE

(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:

INURED NAME: LIM TECK SENG

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: ROSLI WAHAB
NRIC/FIN No.: _____
Date: 10/05/2018