

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA 118061508

Date In: 11/5/18-15:05	Job description	Date & Time Completed	Done by
Ref No: NIA/INC18008693/24	SAS e-filing		
Veh No: SKU1163R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/5/18-08:15	i-Motor Claim Form	MT/0994025-001	11/5/18 19:50
OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKB8531U	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:**

( ) 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:	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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR : Accident Reporting (\$30);		1st Bill	Add. Bill
	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 : Idac 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: Idac 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 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	11/05/2018 15:05
Date Of Accident	11/05/2018 08:15
Exact Location Of Accident	SLIP RD BAYFRONT AVE TWDS RAFFLES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1163R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S L LIMOUSINE SERVICE
Co Reg No	53282241B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86864208
Alternative Phone No	OFFICE-86864208

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5 CVT ELEGANCE S/R
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072330730-02
Cover Note Number	

### Driver

Name of Driver	LIM CHEE PENG (LIN ZHIPING)
NRIC No	S7908680J
Date Of Birth	19/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92280838
Fax Number	
Contact Number	OFFICE-92280838
Email Address	NOEMAIL

Address	BLK 522 ANG MO KIO AVENUE 5 #07-4194
Postcode	560522
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	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?	YES
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG THE SLIP RD BAYFRONT AVE TWDS RAFFLES AVE AS THERE WAS INCOMING VEHICLES ALONG RAFFLES AVE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB8521U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	LIM CHEE PENG (LIN ZHIPING)
Approximate Age	
Injuries Sustain	NECK & HEAD
Injured person in which vehicle?	SKU1163R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:

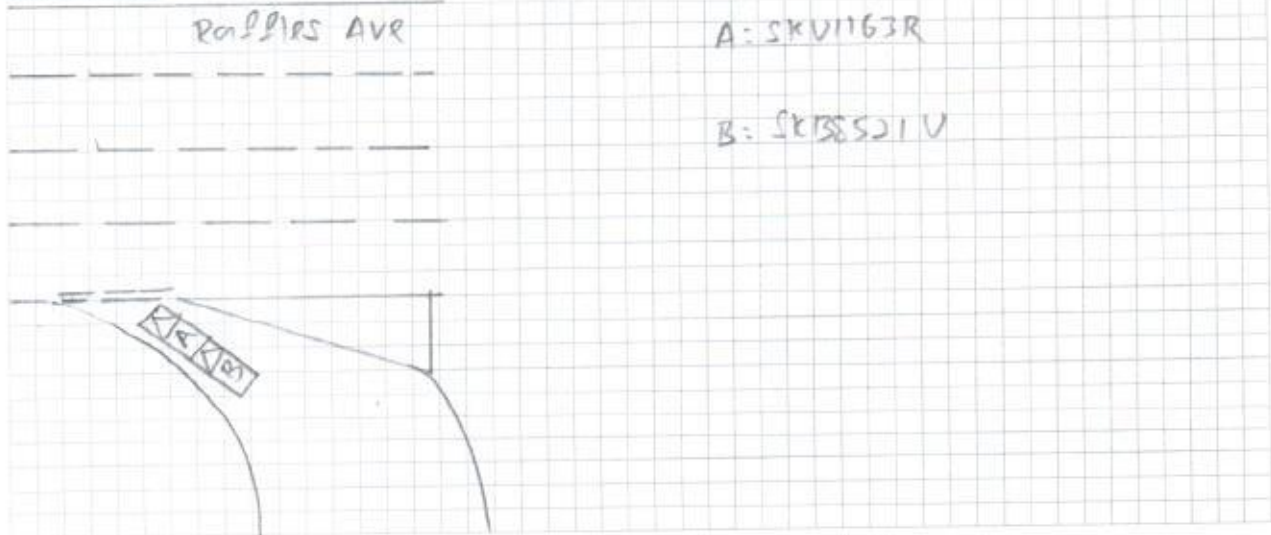
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

S L ENGINE SERVICE  
Blk 153 Housong / Vantage 1  
#10-1413 Singapore 530103  
Tel: 6844 2058, 9767 9993



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7908680J



Name  
**LIM CHEE PENG**  
**(LIN ZHIPING)**  
**林志平**

Race  
**CHINESE**

Date of birth  
**19-03-1979**

Sex  
**M**

Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7908680J**

Name  
**LIM CHEE PENG**  
**(LIN ZHIPING)**

Birth Date: **19 Mar 1979**  
Issue Date: **08 Sep 2003**



4379614



NRIC No. **S7908680J**



Date of issue  
**01-04-2009**

Address  
**APT BLK 522 ANG MO KIO AVENUE 5**  
**#07-4194**  
**SINGAPORE 560522**


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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE  
**27 Sep 1999**

NP 428A

Licence No. **S7908680J**



eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

11/05/2018 08:15

Vehicle No. (For Motor)

SKU1163R

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072330730-02	S L LIMOUSINE SERVICE	53282241B	GPC	drive PREMIUM	SKU1163R	SKU1163R	30/06/2017	29/06/2018



## Policy Information

Policy No.	5072330730-02	Policyholder Name	S L LIMOUSINE SERVICE	Policyholder NRIC	53282241B
Address	BLK 168 #10-1413 HOUGANG AVENUE 1 SINGAPORE 530168				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/06/2017	Effective Date	30/06/2017 00:00	Expiry Date	29/06/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 168 #10-1413	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530168
Address 4		Address Type	Singapore address	Post Code	530168
Unit No.	06-71	Related Policy Number	5089240223-01		

## Insured Object: SKU1163R

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Exit

## Claim Handling

Accident MT/0994025

Policy No.	5072330730-02	Vehicle No.	SKU1163R	GST Registration No.	
Policyholder Name	S L LIMOUSINE SERVICE	Cover Type	drive PREMIUM	Policyholder NRIC	53282241B
Product Code	PRIVATE CAR (INSURANCE)	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	86864208	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD (Entitlement)(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Yes

<b>Accident Details</b>		Accident Report Within 24 hrs		Yes	Accident Type	Collision - Head to Rear
Report Date	11/05/2018 19:47	Time of Accident hh:mm	08:15		Country of Accident	Singapore
Date of Accident	11/05/2018	Orange Force			ICM No.	
Reporting Centre						
Accident Location	SLIP RD BAYFRONT AVE TWOS RAFFLES AVE					

<b>Benefits</b>		Additional Excess		0	Windscreen Excess	100.00
Own Damage Excess	2,000.00	Outside Singapore OD Excess		2,000.00		
Unnamed Driver Excess		Outside Singapore TP Excess		1,500.00		
Third Party Excess	1,500.00					

<b>GST Registered Information</b>		GST Registration Date			GST Status Verified	Yes
GST Registered	No					
GST Registration No.						
Modification History						

<b>Policyholder Mailing Address</b>		Address 2		HOUGANG AVENUE 1	Address 3	SINGAPORE 530168
Address 1	BLK 168 #10-1413	Address Type		Singapore address	Post Code	530168
Address 4		Related Policy Number		5089240223-01		
Unit No.	06-71					

<b>01 Driver Info</b>		Driver Type		Unnamed Driver	Driver DOB	19/03/1979
Driver Name	Unnamed Driver	Driver NRIC		S79086803	Driving Experience	18
Unnamed driver Name	LIM CHEE PENG (LIN ZHIPENG)	Driver Age		39	Contact No. (Home)	0
Register Date of Driver License	27/09/1999	Contact No. (Office)		0	Address 1	SINGAPORE 560522
Contact No. (Mobile)	92280838	Address 2		ANG MO KIO AVENUE 5	Post Code	560522
Address 1	BLK 522	Address Type		Singapore address		
Address 4						
Unit No.	07-4194	Driver Vehicle No.			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No					

<b>Declaration</b>		Any injury?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Breathalyzer or Blood Test Reading?	0 mg			

Modification History	
----------------------	--

Claim 001 New

Claim Type *	DD-MX	Insured Name	S L LIMOUSINE SERVICE	Insured NRIC	53282241B
Contact No. (Mobile)	97879993	Contact No. (Home)		Contact No. (Office)	68442058
Email Address	slimousineservice@gmail.com	01 Vehicle Number	SKU1163R	TP Vehicle Number	SKB8521U
Claim Description	SKU1163R / SKB8521U ON 11 May 2018				
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	Received
Date Registered	11/05/2018 19:50	Claim Close Date		Date Received	11/05/2018 00:00
Report Taken By	Jackson				

Save Submit

## Attachment

Accident No.	MT/0994025	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/05/2018 19:52

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	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	

☐ Send Message

Attachment List



