

# NATIONAL Assessment Centre Services

Ref: **NA180348**

Date In: **01/06/2018** 14:32  
 Ref No: **NA180348**  
 Veh No: **SH 1137V**  
 DOA: **3/05/2018** 17:00  
 CO: **1** / Rejoining Only

Job description	Date & Time Completed	Done by
SAS calling		
E-mail (with 2hrs, 10/10/17)		
Motor Claim Form	<b>01/06/2018</b>	<b>18:53</b>
Motor W/O (with 2hrs, 10/10/17)		
Photo Uploaded		
Assessment/Survey Report		
Ass Report by Fax/Hand to Owner/VW		

Professional Wasp / INC Assign Wasp / OWI ( )  
 TP Particulars: Yes No **SLG 9778 B** INC ( ) / Non-INC ( )  
 Owner / Driver ( ) Tell ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: Bil. Surt (WO): Nil 0-20% Pi 21-79% Pi 80-100%)  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Excess (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

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

Remarks: ( )  
 1) Apply for Towing Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )  
 Date/TIME: ( )  
 Location: ( )  
 Description: ( )  
 Witness: ( )  
 Notes: ( )

**NA180348** V1.1

Invoice Preparation Checklist	Yes	No
1) AR (Accident Report) (300)		
2) DA (Damage Assessment) (300)		
3) TP (Towing Fee)		
4) PT (Post-Tow Through Survey)		
5) PT (Post-Tow Through Survey (Recovery))		
6) TR (Towing Fee)		
7) H (HIV DA + SMRT Survey)		
8) NTUC Additional Survey		
9) H (HIV DA + SMRT Survey)		
10) NTUC Additional Survey		
11) H (HIV DA + SMRT Survey)		
12) NTUC Additional Survey		
13) H (HIV DA + SMRT Survey)		
14) NTUC Additional Survey		
15) H (HIV DA + SMRT Survey)		
16) NTUC Additional Survey		
17) H (HIV DA + SMRT Survey)		
18) NTUC Additional Survey		
19) H (HIV DA + SMRT Survey)		
20) NTUC Additional Survey		

Checked by (Engr-In-Charge): ( )  
 Date: ( )  
 Signature: ( )

## 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	01/06/2018 14:32
Date Of Accident	31/05/2018 17:00
Exact Location Of Accident	JUNCTION OF BOUNDARY ROAD/UPPER PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1137Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RUDI MASLI BIN HADI LIM
NRIC No	S7609403I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88189775
Alternative Phone No	OTHERS-88189775

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 R AWD (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092755224
Cover Note Number	

### Driver

Name of Driver	RUDI MASLI BIN HADI LIM
NRIC No	S7609403I
Date Of Birth	28/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88189775
Fax Number	
Contact Number	OTHERS-88189775
EMail Address	NOEMAIL



Address	BLK 633 HOUGANG AVENUE 8 #02-11
Postcode	530633
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLRASE REFER TO POLICE REPORT T/20180531/2177

#### 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	SLG9778B
Vehicle Make/Model/Colour	MERCEDES C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH MOH CHUAN
NRIC/Passport Number	S0179867G
Contact Number	92377182
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number: GBE1101K  
Vehicle Make/Model/Colour: HYUNDAI H1 STAREX BUS 2.5  
Details Of Properties  
Vehicle Category: COMMERCIAL VEHICLE  
Name of Driver: GOH CHEN KWANG  
NRIC/Passport Number: G6870467M  
Contact Number: 82233622  
Address:  
Postcode:  
Insurance Company Name:  
Nature Of Damage:  
No. Of Passenger (Including Driver): 1

#### DETAILS OF INJURED PERSON 1

Name: RUDI MASLI BIN HADI LIM  
Approximate Age:  
Injuries Sustain: SLIGHT INJURY  
Injured person in which vehicle?: SJH1137Y  
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.

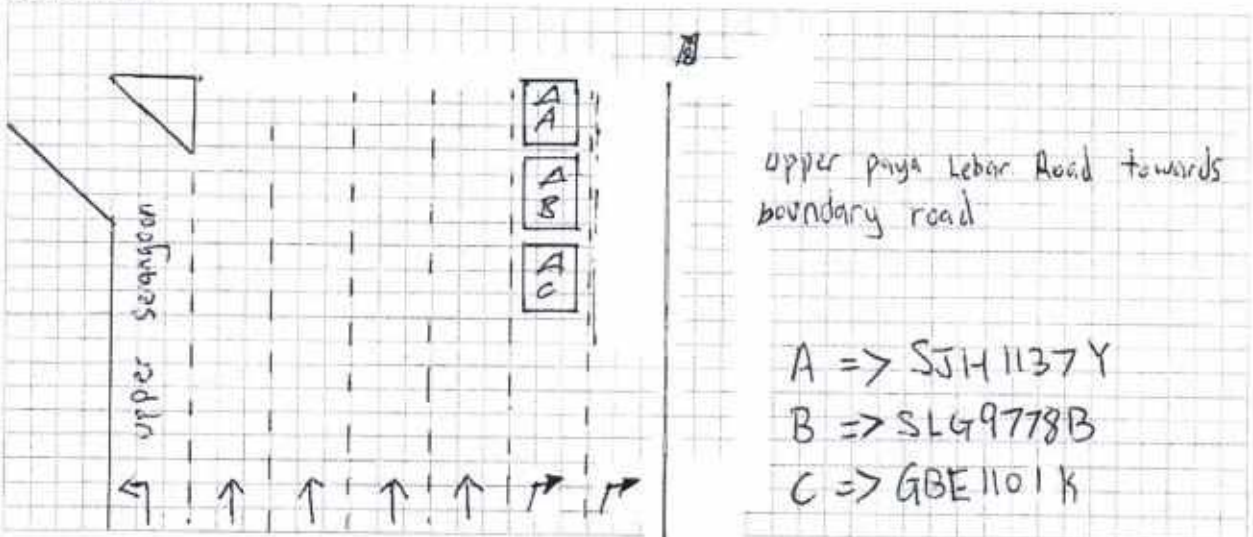
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Paul  
NRIC/FIN No.: 9001 000000



# SKETCH PLAN



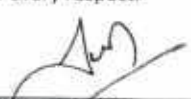
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report. 7/20180531/2177

## 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:

 01/06/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180531/2177

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20180531/2177

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2018 21:54	Vide Report No.:	Station Diary No.: 170
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**Informant's Particulars**

Name of Informant: RUDI MASLI BIN HADI LIM			Address: APT BLK 633 HOUGANG AVENUE 8 #02-11 SINGAPORE 530633		
ID Type / ID No.: NRIC NO / S76094031			Contact No.: Home/Office: Mobile: 88189775		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 28/03/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION EXECUTIVE			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2018 17:05	Type of Location: X-Junction
Location: Along Road 1 UPPER PAYA LEBAR ROAD BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1101K	Van	HYUNDAI	H1 STAREX BUS 2.5	White		0
SJH1137Y	Car	SUBARU	IMPREZA 5D 1.5R AWD AT	Blue	Slightly Damaged	0
SLG9778B	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Silver		1



**SINGAPORE  
POLICE FORCE**



T/20180531/2177

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20180531/2177

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH1137Y	NTUC Income Insurance Co-Operative Limited	5092755224	21/07/2017	25/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	GOH CHEN KWANG		ID No.	G6870467M
Related Vehicle	GBE1101K (Van)		Contact No.	82233622
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	RUDI MASLI BIN HADI LIM		ID No.	S7609403I
Related Vehicle	SJH1137Y (Car)		Contact No.	88189775
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	31/05/2018		Date Discharge	31/05/2018
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Name	GOH MOH CHUAN		ID No.	S0179867G
Related Vehicle	SLG9778B (Car)		Contact No.	92377182
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20180531/2177

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 4

Report No. T/20180531/2177

**CONTINUATION OF REPORT**

**Brief Details.**

On 31/5/2018 at about 5.03pm, I was driving along junction of Upper Paya Lebar Road. As the traffic light was red, I was in stationary position on the 5th lane of the 6 lane road. I also notice the vehicle behind me SLG9778B stops. When suddenly, I felt a hard impact coming from the rear. I made a check and realized that there is a van, GBE1101K failed to stopped and hit onto the vehicle, SLG9778B behind me.

There is no traffic police or ambulance at scene. No one was injured badly at the point time. I do not have any passenger with me. However, vehicle, SLG9778B was with one female passenger. All the drivers, exchange particulars and left scene.

As I was not feeling unwell after the accident, I consult medical assistance and was issued 5 days MC.

I wish to add that there is a crack and scratches on my rear bumper, cause by the impact.



**SINGAPORE  
POLICE FORCE**



T/20180531/2177

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

4 of 4

Report No. T/20180531/2177

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 SITI NUR 'AFINA BINTE ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

31/05/2018 21:54

Classification Of Case:

SN 06

Authentication Stamp

NP168



POLICE FORCE

SIGNATURE



## Claim Handling

Accident MT/0996828

Policy No.	5092755224	Vehicle No.	SJH1137Y	GST Registration No.	
Policyholder Name	RUDI MASLI BIN HADI LIM	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S76094031
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	88189775	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KPK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	01/06/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	31/05/2018	Time of Accident (hh:mm)	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BOUNDARY ROAD/UPPER PAYA LEBAR ROAD				

## Benefits

## Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 633 #02-11	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530633
Address 4		Address Type	Singapore address	Post Code	530633
Unit No.	02-11	Related Policy Number	5092755224		

## OI Driver Info

Driver Name	RUDI MASLI BIN HADI LIM	Driver Type	Main Driver	Driver DOB	28/03/1978
Unnamed driver Name		Driver NRIC	S76094031	Driving Experience	0
Register Date of Driver License	04/07/2017	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	88189775	Contact No.(Office)		Address 1	SINGAPORE 530633
Address 1	BLK 633 #02-11	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530633
Address 4		Address Type	Singapore address	Post Code	530633
Unit No.	02-11				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJH1137Y	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RUDI MASLI BIN HADI LIM	Insured NRIC	S76094031
Contact No.(Mobile)	88189775	Contact No.(Home)		Contact No.(Office)	
Email Address	RUDIMASLI.LIM@GMAIL.COM	OI Vehicle Number	SJH1137Y	TP Vehicle Number	SLG97788
Claim Description	SJH1137Y / SLG97788 ON 31 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	01/06/2018 14:52	Claim Close Date		Date Received	01/06/2018 00:00
Report Taken By	ROSALI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/0996828	Claim No.	001
Last Doc. Received	* Yes = No	Upload Date	01/06/2018 14:53

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Message Read				

Send Message Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 01 Jun 2018 14:53	Photos	Normal	Photos 2018-6-1		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 01 Jun 2018 14:53	Photos	Normal	Photos 2018-6-1		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 01 Jun 2018 14:53	Photos	Normal	Photos 2018-6-1		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:53	Photos	Normal	Photos 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:53	Photos	Normal	Photos 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:52	Photos	Normal	Photos 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:52	Photos	Normal	Photos 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:52	Photos	Normal	Photos 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 01 Jun 2018 14:52	SAS	Normal	SAS 2018-6-1	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31 / 05 / 2018 (dd/mm/yy) Time of Accident: 17 : 00 (24-HR-FORMAT)

Vehicle No.: SJH 1137Y Vehicle Make & Model: Subaru Impreza

Exact location of Accident: Junction of Boundary Rd & Upp. Paya Lebar Rd

Policyholder's Name / IC No.: Rudi Masli Bin Hadi Lim / 576094031

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 8818 9775 Company Contact No.: \_\_\_\_\_

Driver's Address: Bik 633 Hougang Ave 8 #02-11 Singapore (530633)

Insurance Company: NTUC Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 01

**Passenger Name:** \_\_\_\_\_

**Gender:** Male / Female

**Passenger Name:** \_\_\_\_\_

**Gender:** Male / Female

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☐ No

**Any Injuries:** ☒ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Bishan NPC

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: SL G 9778B (8)

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: ABE1101K (C)

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S76094031



Name

RUDI MASLI BIN HADI LIM

Race

CHINESE

Date of birth

28-03-1976

Sex

M

Country of birth

SINGAPORE



4672993

NRIC No. S76094031



Date of issue

APT BLK 633 HOUGANG AVENUE 8 #02-11

SINGAPORE 530633

NRIC No. S76094031

UNE 370068

Date: 11/02/2016



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence No: **S76094031**  
**RUDE MASLI BIN HADILIM**  
 Birth Date: 26 Mar 1976  
 Issue Date: 25 Apr 2016

002560943F



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

		EFFECTIVE DATE
C		
Class 2B	Motorcycles <= 200 CC	16 Aug 2007
Class 1A	Motorcycles between 201 CC and 400 CC	16 Sep 2016
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	04 Jul 2017
S / No. 9000301096		
S76094031		
Licence No: S76094031		
NP 428A		



**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5092755224

**Cover :** Third Party

- |  |                           |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJH1137Y                |
| Chassis Number                                   | : JF1GH3KS58G015416       |
| 2. Name of Policyholder                          | : RUDI MASLI BIN HADI LIM |
| 3. Effective Date of Insurance                   | : 21 Jul 2017             |
| 4. Expiry Date of Insurance                      | : 25 Jul 2018             |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: RUDI MASLI BIN HADI LIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 21 Jul 2017 10:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive