

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MNA 118075303

Date In: 11/6/18 11:20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/1MC18010557164	E-mail (within 5hrs, AIC 2hrs):		
Veh No: SLS 7123R	i-Motor Claim Form: MT/0998213 ⁰⁰¹	11/6/18 18:12.	
D.O.A: 9/6/18 20:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SLS 622M.	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%; F: 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:- (INC hotline: 6788 6616)	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

MA1803670

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1:		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat 1:

Pat 2/3:

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	11/06/2018 11:20
Date Of Accident	09/06/2018 20:10
Exact Location Of Accident	BLK 51 OLD AIRPORT RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7123R
Insured/Policyholder	
Name Of Registered Owner	GEM LIMO SERVICES
Co Reg No	53326976L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88136789

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	5093143746
Cover Note Number	-

Driver

Name of Driver	LAWRENCE KAM SEA WAI
NRIC No	S7670690E
Date Of Birth	22/12/1976
Occupation	INDOOR
Date Of Driving Pass	10/10/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88136789
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 80A TELOK BLANGAH ST 31 #11-103
Postcode	101080
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : KAM PEI YI
	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 ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS622M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU CHOONG KWANG
NRIC/Passport Number	S0410463C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN


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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:

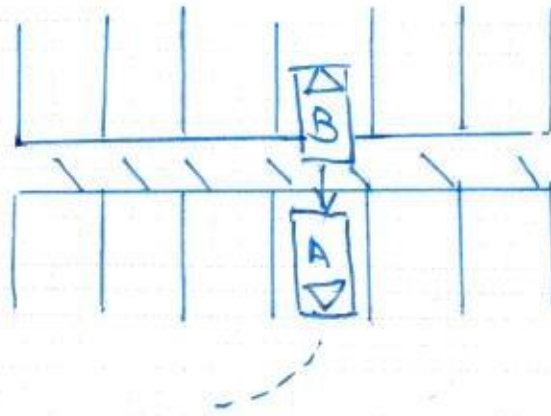
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A) SLS 7123R
B) SLS 622M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had reversed parked into a lot. My car was parked in the lot. Veh (B) which was behind my lot was also reversing but ~~out~~ overshoot his lot & collided onto the rear of my stationary vehicle. I had the video footage of the incident

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.:

VEHICLE NO : <u>SL87123R</u>		MAKE/MODEL : <u>Honda Freed</u>	
Date of Accident	<u>9.6.18</u>	Time: <u>20.10h</u>	Foreign Veh Involved YES / NO
Location of Accident	<u>Blk 51 Old Airport Rd open car park</u>		
Country of Loss			
Vehicle Damaged			
		No. of Veh Involved :	
Claim Type	<u>OD / (TP) / REPORTING</u>	Was There Any Witness	YES / NO
INSURANCE CO	<u>NTUC Income Ins</u>	Name of Witness :	
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>	Contact No :	
Policy No	<u>5093</u>		
Fleet Policy	<u>YES / NO</u>		
		OTHER VEHICLES	
OWNER / CO. NAME	<u>Gem Lim Services</u>	VEHICLE B	<u>SL8622M</u>
NRIC / Co's Reg No.	<u>533269761</u>	Category :	
Address	<u>50A Telok Blangah St 31 #11-103 (Palazzo)</u>	Driver's Name :	<u>Lau Choong Kwang</u>
Contact / Mobile No	<u>8746 88136789</u>	NRIC No :	<u>S0410463c</u>
Email Address	<u>22.12.76</u>	Contact No :	
Date of Birth	<u>22.12.76</u>	No. of Passenger :	
Gender	<u>M / F</u>		
DRIVER'S NAME	<u>Lawrence Kam Sea Wai</u>	VEHICLE C	
NRIC No	<u>867 87670690E</u>	Category :	
Address	<u>as above</u>	Driver's Name :	
		NRIC No :	
Contact / Mobile No		Contact No :	
Email Address		No. of Passenger :	
Date of Birth	<u>22.12.76</u>	VEHICLE D	
Gender	<u>M / F</u>	Category :	
LICENSE PASSED DATE	<u>10.10.95</u>	Driver's Name :	
		NRIC No :	
Occupation	<u>Indoor / Outdoor</u>	Contact No :	
Relation with Owner	<u>owner</u>	No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>	Video Captured	<u>Yes / No</u>
Road Surface	<u>Dry / Wet / Others</u>		
INJURED : YES / NO			
Name of Injured			
Convey To Hospital by Ambulance	YES / NO		
		Police Report	YES/NO
		If YES, Where	
NO. OF PASSENGERS :			
Name of Passenger	<u>Kam Pei Yi</u>	M / F	INJURED? YES/NO
Name of Passenger		M / F	INJURED? YES/NO
Name of Passenger		M / F	INJURED? YES/NO
Name of Passenger		M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop	<u>Success United P/L</u>	Contact No	
Address		Email	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7670690E**

Name

KAM SEA WAI

Birth Date: **22 Dec 1976**

Issue Date: **26 Sep 2003**



1000866582C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7670690E**



Name

LAWRENCE KAM SEA WAI

甘事謂

Race

CHINESE

Date of birth

22-12-1976

Sex

M

Country/Place of birth

MALAYSIA



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

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

22 Apr 1998

26 Dec 2000

10 Oct 1995



Licence No: **S7670690E**

NP 428A



NRIC No: **S7670690E**



Date of issue

25-07-2013

Address

**APT BLK 80A TELOK BLANGAH STREET 31
#11-103
SINGAPORE 101080**

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: 5093143746

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLS7123R**
Chassis Number : GB71032097
2. Name of Policyholder : GEM LIMO SERVICES
3. Effective Date of Insurance : 11 Aug 2017
4. Expiry Date of Insurance : 10 Aug 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SWIFT GARAGE PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : SAFE HARBOUR INSURANCE (00000573456)
Date of Issue : 08 Aug 2017 18:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0998213

Policy No.	5093143746	Vehicle No.	SLS7123R	GST Registration No.	53326976L
Policyholder Name	GEM LIMO SERVICES			Policyholder NRIC	53326976L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88136789	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TGA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	11/06/2018 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	09/06/2018	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 51 OLD AIRPORT RD OPEN CARPARK				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/08/2017		
GST Registration No.	53326976L	GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 80A #11-103	Address 2	TELOK BLANGAH STREET 31	Address 3	TELOK BLANGAH TOWERS
Address 4	SINGAPORE 101080	Address Type	Singapore address	Post Code	101080
Unit No.	11-103	Related Policy Number	5093143746		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LAWRENCE KAM SEA WAJ	Driver NRIC	S7670690E	Driver DOB	22/12/1976
Register Date of Driver License	10/10/1995	Driver Age	41	Driving Experience	22
Contact No.(Mobile)	88136789	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 80A #11-103	Address 2	TELOK BLANGAH STREET 31	Address 3	TELOK BLANGAH TOWERS
Address 4	SINGAPORE 101080	Address Type	Singapore address	Post Code	101080
Unit No.	11-103				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	GEM LIMO SERVICES	Insured NRIC	53326976L
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLS7123R	TP Vehicle Number	SLS622M
Claim Description	SLS7123R / SLS622M ON 9 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/06/2018 00:00
Date Registered	11/06/2018 18:12	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0998213	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2018 18:12		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
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

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	SAS	Normal	SAS 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	Photos	Normal	Photos 2018-6-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 18:12	Photos	Normal	Photos 2018-6-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading