

# NATIONAL Assessment Centre Services (Ref: J-172)

Date In <b>25/08/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC18015466/13</b>	SAS e-filing		
Veh No <b>SLW25534</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>25/08/18</b> <b>1145</b>	i-Motor Claim Form	<b>MT/1008756 -</b>	<b>001</b>
OD <b>(1P)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLM590C</b>	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

<b>NA1805362</b>	<b>Invoice Preparation Checklist</b>		Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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)			
at 1:	6) TR: Re-inspection \$75			
at 2/3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N'n INC) against INC \$20			
	9) N12: Idao 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	25/08/2018 12:27
Date Of Accident	25/08/2018 11:45
Exact Location Of Accident	MOUNT ALVERNIA HOSPITAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW2553U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BULLET-SPEED-SERVICES
Co Reg No	53250257D
Email Address	RAGON@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-93290314
Alternative Phone No	OFFICE-93290314
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097724738
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM PENG HUI(LIN BINGHUI)
NRIC No	S8635797F
Date Of Birth	02/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93290314
Fax Number	
Contact Number	
Email Address	RAGON@HOTMAIL.SG

Address	BLK 216B BOON LAY AVE #08-209
Postcode	642216
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	
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)	3
Passenger 1	NAME: : NGUYEN THI BE EM GENDER: : FEMALE
Passenger 2	NAME: : LIM JIA XUAN 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

MY VEH WAS STATIONARY AT MOUNT ALVERNIA HOSPITAL WAITING FOR EXITING THE GANTRY. SUDDENLY VEH(B) BEARING REG NO SLM590C CAME OUT FROM THE DRIVEWAY CARPARK AND HIT ONTO MY REAR LEFT PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM590C
Vehicle Make/Model/Colour	HONDA VEZEL RED 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)

**DETAILS OF INJURED PERSON 1**

Name

NGUYEN THI BE EM

Approximate Age

Injuries Sustain

SLIGHT & SHOCKED

Injured person in which vehicle?

SLW2553U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## SKETCH PLAN

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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.

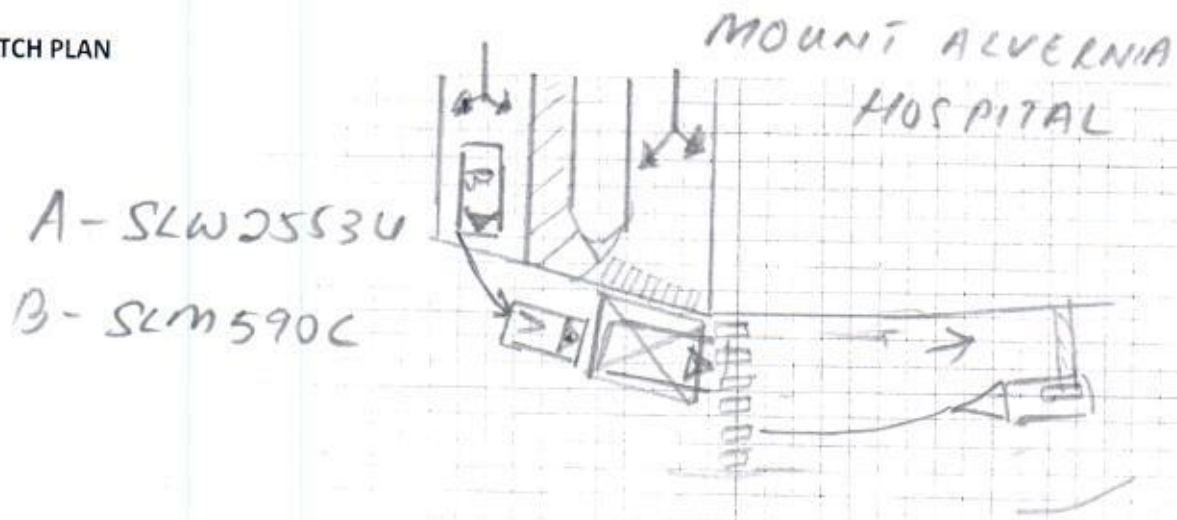


Policyholder's Signature  
Date & Time:

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

 25/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


*Pls refer to the 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:

 25/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





## VOCATIONAL LICENCE

Licence No: S8635797F

Name: LIM PENG HUI

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	11/05/2018



## REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8635797F

Name:

LIM PENG HUI  
(LIN BINGHUI)

Birth Date: 02 Dec 1986

Issue Date: 05 Dec 2013



002253030K

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8635797FName:  
LIM PENG HUI  
(LIN BINGHUI)

林 秉 輝

Race:  
CHINESEDate of birth:  
02-12-1986Country/Place of birth:  
SINGAPORESex:  
M

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 05 Dec 2013

NP 428A



Licence No: S8635797F

Name:

LIM PENG HUI  
(LIN BINGHUI)

林 秉 輝

Race:  
CHINESEDate of birth:  
02-12-1986Country/Place of birth:  
SINGAPORESex:  
M

5743221



NRIC No. S8635797F

Date of issue:  
17-05-2017APT BLK 216B BOON LAY AVENUE #08-209  
SINGAPORE 642216

NRIC No: S8635797F

Date: 16/09/2017

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/08/2018 11:45"/>
Vehicle No.(For Motor)	<input type="text" value="SLW2553U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097724738		BULLET-SPEED-SERVICES	53250257D	GPC	drivo CLASSIC	SLW2553U	SLW2553U	02/02/2018	01/02/2019

Continue



## Claim Handling

Accident MT/1008756

Policy No.	5097724738	Vehicle No.	SLW2553U	GST Registrat
Certificate No.				
Policyholder Name	BULLET-SPEED-SERVICES			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93290314	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	25/08/2018 14:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/08/2018	Time of Accident hh:mm	11:45	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	MOUNT ALVERNIA HOSPITAL			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 5 #09-05	Address 2	DELTA AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-05	Related Policy Number	5097724738	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM PENG HUI(LIN BINGHUI)	Driver NRIC	S8635797F	Driver DOB
Register Date of Driver License	05/12/2013	Driver Age	31	Driving Exper
Contact No.(Mobile)	93290314	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 216B	Address 2	BOON LAY AVENUE	Address 3
Address 4	SINGAPORE 642216	Address Type	Singapore address	Post Code
Unit No.	#08-209			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	93290314	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SLW2553U / SLM590C ON 25 Aug 2018		
Preferred Workshop	Insured Liability	Not at Fault	
CONFIRM No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	25/08/2018 14:18	Received	
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1008756	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/08/2018 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confid
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2018 14:18	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2018 14:18	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2018 14:18	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2018 14:18	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2018 14:18	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2018 14:18	Photos	Normal	P

## Video List

Uploaded By/Date	Folder Date	File Name	
			
		Display in New Window	Scan and uploading