

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MNA 178/117915

Date In: 6/9/18-10:35	Job description	Date & Time Completed	Done by
Ref No: NIA/INC 1801626424	SAS e-filing		
Veh No: JM 20534	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/9/18-19:45	i-Motor Claim Form	M7/10/037-001	6/9/18 11:45
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: **JD811K** 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:- (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

NA 1805707	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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			
Pat 1:	7) N1: Idac DA + SMRT Survey \$160			
Pat 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
	*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			
	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	06/09/2018 10:25
Date Of Accident	04/09/2018 19:45
Exact Location Of Accident	NEIL RD BESIDE M BAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM2053Y
Insured/Policyholder	
Name Of Registered Owner	LIM HWEE KWANG
NRIC No	S7036662B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90908778
Alternative Phone No	OFFICE-90908778
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ 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	5097877896
Cover Note Number	
Driver	
Name of Driver	LIM HWEE KWANG
NRIC No	S7036662B
Date Of Birth	16/10/1970
Occupation	INDOOR
Date Of Driving Pass	30/03/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90908778
Fax Number	
Contact Number	OFFICE-90908778
EMail Address	NOEMAIL

Address	BLK 306A PUNGGOL PLACE #05-35
Postcode	821306
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	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180905/2111.

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	SDB11K
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)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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:

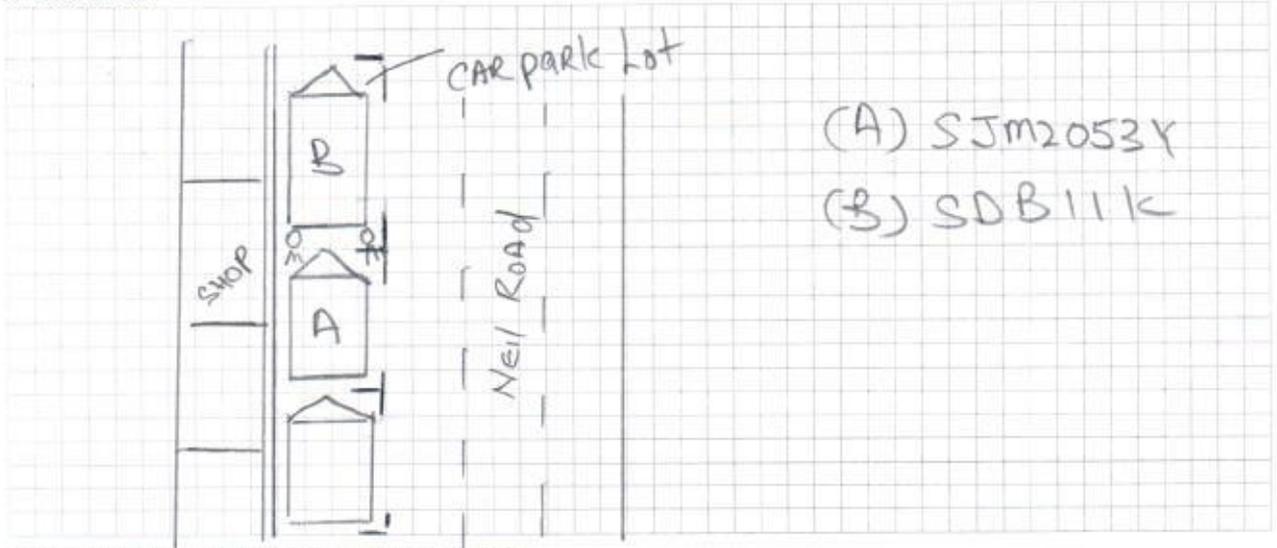
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 police report - T/2080905/2/11.

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.:



**SINGAPORE
POLICE FORCE**



T/20180905/2111

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180905/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HWEE KWANG	ID No.	S7036662B
Related Vehicle	SJM2053Y (Car)	Contact No.	90908778
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location. I saw a name card left on my vehicle informing me to contact him as he witnessed a Hit and Run accident on my Honda Stream. I contacted the person and he sent me a footage of a Bentley parked in front of my vehicle reversing twice. During the second reverse, the Bentley's rear collided onto my front bumper causing cracks on my front bumper and also my car registration plate. The vehicle was then drove off and the owner need not leave a note or made any effort to contact me. I also have in car camera footage which I have yet to retrieve. I will be keeping them to furnish to the relevant authorities.

I wish to mentioned my car was parked along Neil Road parking lot(Parallel Parking).



**SINGAPORE
POLICE FORCE**



T/20180905/2111

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180905/2111

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:

G /
Sgt 1 TAN LI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/09/2018 16:22

Officer In Charge Of Case:

TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7036662B



Name
 LIM HWEE KWANG

林 俊 杭

Race
 CHINESE

Date of birth
 16-10-1970

Sex
 M

Country of birth
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7036662B

Name
 LIM HWEE KWANG

Birth Date 16 Oct 1970

Issue Date 30 Mar 2010




4355371



NRIC No. S7036662B



Date of issue
 18-02-2009

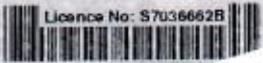
APT BLK 306A PUNGGOL PLACE #05-35
 SINGAPORE 821308

NRIC No: S7036662B Date: 18/10/2011 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 30 Mar 2010



NP 428A

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097877896		LIM HWEE KWANG	S7036662B	GPC	drive CLASSIC	SJM2053Y	SJM2053Y	08/02/2018	22/12/2018

Continue

▼ Policy Information

Policy No.	5097877896	Policyholder Name	LIM HWEE KWANG	Policyholder NRIC	S7036662B
Certificate No.					
Address	BLK 306A #05-35 PUNGGOL PLACE TREELODGE@PUNGGOL SINGAPORE 821306				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/02/2018	Effective Date	08/02/2018 00:00	Expiry Date	22/12/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 306A #05-35	Address 2	PUNGGOL PLACE	Address 3	TREELODGE@PUNGGOL
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code	821306
Unit No.	05-35	Related Policy Number	5097877896		

▶ Insured Object: **SJM2053Y**

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1010317

Policy No.	5097877896	Vehicle No.	SJM2053Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HWEE KWANG	Cover Type	drive CLASSIC	Policyholder NRIC	S7036662B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90908778	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	06/09/2018 11:43	Accident Report Within 24 Hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/09/2018	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEL RD BESIDE M BAR				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 306A #05-35	Address 2	PUNGGOL PLACE	Address 3	TREELODGE@PUNGGOL
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code	821306
Unit No.	05-35	Related Policy Number	5097877896		

DI Driver Info

Driver Name	LIM HWEE KWANG	Driver Type	Main Driver	Driver DOB	16/10/1970
Unnamed Driver Name		Driver NRIC	S7036662B	Driving Experience	8
Register Date of Driver License	30/03/2010	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	90908778	Contact No.(Office)	0	Address 3	TREELODGE@PUNGGOL
Address 1	BLK 306A	Address 2	PUNGGOL PLACE	Post Code	821306
Address 4	SINGAPORE 821306	Address Type	Singapore address		
Unit No.	05-35				
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM HWEE KWANG	Insured NRIC	S7036662B	
Contact No.(Mobile)	83838908	Contact No.(Home)	67553595	Contact No.(Office)		
Email Address		DI Vehicle Number	SJM2053Y	TP Vehicle Number	SDB11K	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJM2053Y / SDB11K ON 4 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	06/09/2018 11:45	Claim Close Date		Date Received	06/09/2018 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1010317	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/09/2018 11:46

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Ser# (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	SAS	Normal	SAS 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Sep 2018 11:46	Photos	Normal	Photos 2018-9-6		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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