

NATIONAL Assessment Centre Services (wef 1 Jan 05) *NA1818125364*

Date In: <i>27/09/2018 12:46</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA1818125364/17589/Y</i>	SAS e-filing		
Veh No: <i>SLC 13824</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>26/09/2018 11:50</i>	i-Motor Claim Form	<i>MY110/3274-001</i>	<i>27/09/2018</i>
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>14:46</i>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *EP 9986C* 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

NA1806169

Claimant's Particulars :-	Invoice Preparation Checklist	Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH:		
	* 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	

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	27/09/2018 12:46
Date Of Accident	26/09/2018 11:50
Exact Location Of Accident	COMMONWEALTH AVE WEST JUNCTION B/F CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1382H
Insured/Policyholder	
Name Of Registered Owner	LIM SOON LEE (LIN SHUNLI)
NRIC No	S7835235C
Email Address	EDLSL@LTCFOOD.COM.SG
Mobile Phone No	(LOCAL) +65-98531678
Alternative Phone No	OTHERS-98531678

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5090057734-01
Cover Note Number	

Driver

Name of Driver	LIM SOON LEE (LIN SHUNLI)
NRIC No	S7835235C
Date Of Birth	18/11/1978
Occupation	INDOOR
Date Of Driving Pass	05/09/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98531678
Fax Number	
Contact Number	OTHERS-98531678
Email Address	EDLSL@LTCFOOD.COM.SG

Address	BLK 275A COMPASSVALE LINK #14-252
Postcode	541275
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	2
Was any body injured in the Accident?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EP9986C
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

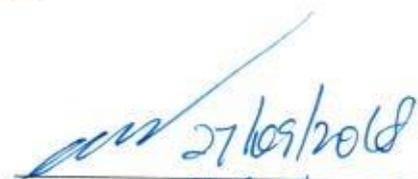


Policyholder's Signature

Date & Time: 27/04/18
10:45 am

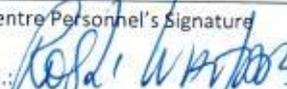
Driver's Signature

(If driver is not the policyholder)
Date & Time:

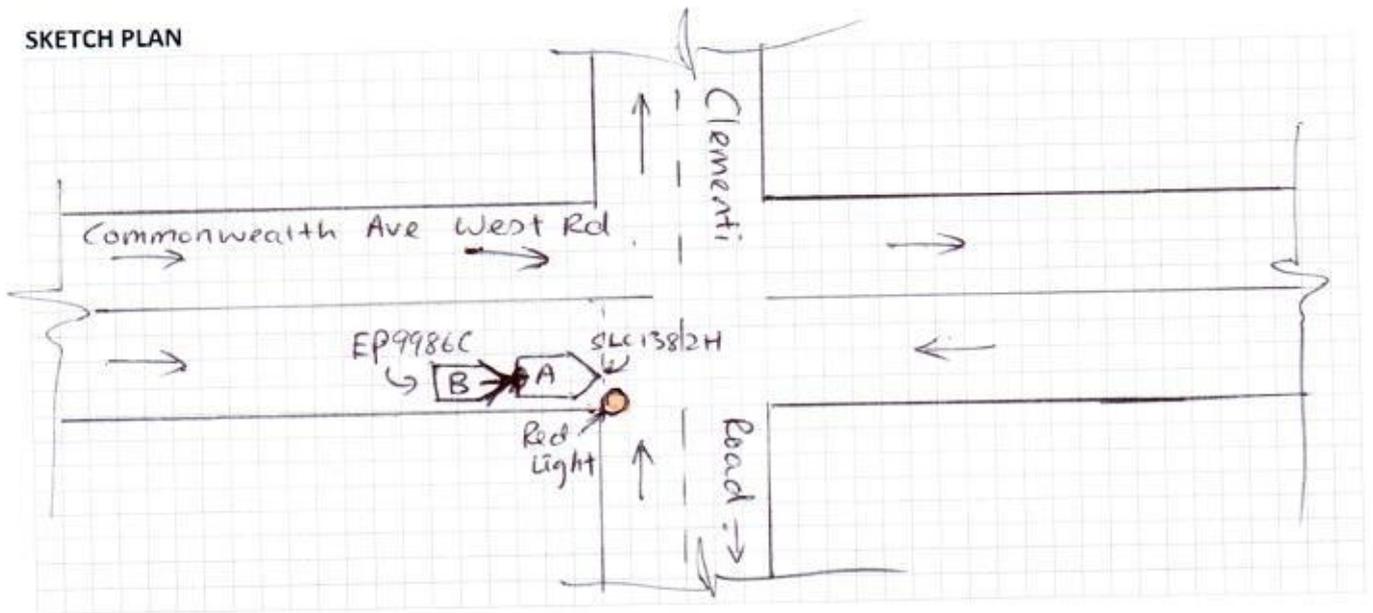


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLC1382H

On 26/09/18 11:50 am, my vehicle (A) was stationary at the red light traffic junction along Commonwealth Avenue West Road & Clementi Road, my vehicle jerked & was hit by vehicle B (EP9986C).

"EP9986C" reversed a bit and both drivers went down to inspect our vehicles. "EP9986C" driver, a man in his 60s was not cooperative and refused to admit that he caused damages to the rear of my car (SLC1382H). My car's boot has been dented but "EP9986C" was not damaged in this incident.

Even after warning driver of vehicle B (EP9986C) that my car has video recording of the incident, he refused to show me his IC or contact no. He even accuse me of the damages instead!

I have the video recording of this incident to prove that vehicle EP9986C damaged my car (SLC1382H) boot & wish to claim that driver for repairs.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 27/09/18
 10:45 am

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

Reporting Centre Personnel's Signature
 Name: Koddie
 NRIC/FIN No.: 27/09/2018

Claim Handling

Accident MT/1013274

Policy No.	6090057734-01	Vehicle No.	SLC1382H	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SOON LEE (LIN SHUNLI)	Policyholder NRIC	57835235C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98531678	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	27/09/2018 14:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/09/2018	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE WEST JUNCTION B/F CLEMENTI RD				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver			99999999.99		
Transport Allowance			99999999.99		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 275A #14-252	Address 2	COMPASSVALE LINK	Address 3	SINGAPORE 541275
Address 4		Address Type	Singapore address	Post Code	541275
Unit No.		Related Policy Number	5090057734-01		
OI Driver Info					
Driver Name	LIM SOON LEE	Driver Type	Main Driver	Driver DOB	18/11/1978
Unnamed driver Name		Driver NRIC	57835235C	Driving Experience	21
Register Date of Driver License	05/09/1997	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	98531678	Contact No.(Office)		Address 3	SINGAPORE 541275
Address 1	BLK 275A #14-252	Address 2	COMPASSVALE LINK	Post Code	541275
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLC1382H		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIM SOON LEE (LIN SHUNLI)	Insured NRIC	5783	
Contact No.(Mobile)	98531678	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	edls@tctfood.com.sg	OT Vehicle Number	SLC1382H	TP Vehicle Number	EP99	
Claim Description	SLC1382H / EP9986C ON 26 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Preferred Workshop, Name unknown	GIA report	
Date Registered	27/09/2018 14:44	Preferred Repair Option	Received	Claim Close Date	Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	27/0	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1013274	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/09/2018 14:46
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

ACCIDENT STATEMENT

ACCIDENT DATE: 26/09/2018 (DD/MM/YYYY), TIME: 11:50 ^{am} (HH:MM)

LOCATION: Commonwealth Avenue West junction before Clementi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 1382H
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5090057734-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Shuttle 1.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) WAGON
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Soon Lee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7835235C CONTACT: 98531678
c) ADDRESS: Blk 275 A Compassvale Link # 14-252
Spong 541275

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 18/11/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/09/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EP 9986C MODEL: Mazda 3
b) DRIVER'S NAME: NIL (Refuse to show IC)
c) NRIC/FIN/PASSPORT: NIL CONTACT: NIL (Refused to give)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
()

No of passengers
(including driver)

No of passengers
(including driver)

EMAIL = edlsl@ltdfood.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7835235C



Name
**LIM SOON LEE
(LIN SHUNLI)**
林 順 利
Race
CHINESE
Date of birth
18-11-1978 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7835235C**
Name
**LIM SOON LEE
(LIN SHUNLI)**
Birth Date: **18 Nov 1978**
Issue Date: **16 Jul 2003**

1000664141H

4317444

NRIC No. **S7835235C**

Date of issue
04-12-2008

**APT BLK 275A COMPASSVALE LINK #14-252
SINGAPORE 541275**
NRIC No. **S7835235C** Date: **24/11/2015**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms.	05 Sep 1997

NP 423A

Licence No: **S7835235C**

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: 5090057734-01

Cover : drivo CLASSIC

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLC1382H |
| Chassis Number | : GK81004411 |
| 2. Name of Policyholder | : LIM SOON LEE (LIN SHUNLI) |
| 3. Effective Date of Insurance | : 03 May 2018 |
| 4. Expiry Date of Insurance | : 02 May 2019 |
| 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
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	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LIM SOON LEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : LIM KIM LEAN (00000469117)

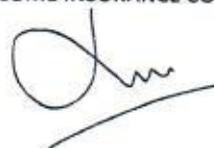
Date of Issue : 01 Apr 2018 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive