

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

MNA418125719

Date In: 28/09/2008 09:12	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/007656/Y	SAS e-filing		
Veh No: FBH 6169 S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2008 18:15	i-Motor Claim Form	M/10/3429001	28/09/2008 14:04
OD: TPM 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: SKL 2196 L	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

MNA406175	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) 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			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N3: Courtesy Car / Tpt 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: Idac Mobile 30			
	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	28/09/2018 09:12
Date Of Accident	27/09/2018 18:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6169S
Insured/Policyholder	
Name Of Registered Owner	LIM KIAN ANG
NRIC No	S7473912A
Email Address	FATBOY_LIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97770733
Alternative Phone No	OFFICE-97770733

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5066720175-04
Cover Note Number	

Driver

Name of Driver	LIM KIAN ANG
NRIC No	S7473912A
Date Of Birth	05/12/1974
Occupation	INDOOR
Date Of Driving Pass	12/04/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97770733
Fax Number	
Contact Number	OFFICE-97770733
Email Address	FATBOY_LIM@HOTMAIL.COM

Address	BLK 42 CHAI CHEE ROAD #11-48
Postcode	461042
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?	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL2196L
Vehicle Make/Model/Colour	TOYOTA HIACE (AMBULANCE)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAS MIZAN BIN HASSAN
NRIC/Passport Number	S7725846I
Contact Number	98575428
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM KIAN ANG
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

FBH6169S

NO

SKETCH PLAN

IMPORTANT NOTICE

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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: 28/09/2018

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 28/09/2018

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

SKETCH PLAN

Pike Towards Otterlei Airport Road Farns Exit

A) FBH 6169S

B) SKL 2196L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/09/2018 AT ABOUT 18:15HRS I WAS RIDING MY BIKE FBH 6169S TO GO HOME ALONG PIKE TOWARDS OTTERLEI ROAD FARN'S EXIT. TRAFFIC WAS MODERATE I WAS AT THE 1ST LANE IN FRONT OF ME WAS AN AMBULANCE SKL 2196L WHICH SUDDENLY STOP BECAUSE OF THE FRONT CAR STOP & I COULD NOT STOP ON TIME & HIT THE REAR LEFT SIDE OF HIS AMBULANCE & WE CAME DOWN & EXCHANGE PARTICULARS THEN ALL.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 28/09/2018

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1013439

Policy No.	5066720175-04	Vehicle No.	FBH61695	GST Registration No.	
Certificate No.				Policyholder NRIC	S7473912A
Policyholder Name	LIM KIAN ANG	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97770733	Special Remark		eCode	No
Email Address		TCA	- No Yes	eCode Reason	
WFL	- No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	28/09/2018 14:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2018	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	PLE TOWARDS CHANGI AIRPORT NEAR EUNOS				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 47 #11-48	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461042
Address 4		Address Type	Singapore address	Post Code	461042
Unit No.		Related Policy Number	5066720175-04		
GI Driver Info.					
Driver Name	LIM KIAN ANG	Driver Type	Main Driver	Driver DOB	09/12/1974
Unnamed driver Name		Driver NRIC	S7473912A	Driving Experience	18
Register Date of Driver License	12/04/2000	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	97770733	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 47 #11-48	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461042
Address 4		Address Type	Singapore address	Post Code	461042
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBH61695		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 991

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Fully at Fault	CIR report	Received
Repair Option	Preferred Workshop, Name unknown			

Date Registered

Report Taken By

Insured Name	LIM KIAN ANG	Insured NRIC	S7473912A
Contact No.(Home)	97770733	Contact No.(Office)	
GI Vehicle Number	FBH61695	TP Vehicle Number	SKL211
Name of Preferred Workshop	FBH61695 / SKL211, ON 27 Sept 2018		

Claim Date	28/09/2018 14:04	Date Received	28/09/2018
Claim Date	28/09/2018 14:04		

Print AR letter

Save Submit

Attachment

Accident No.	MT/1013439	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	28/09/2018 14:04
Path *			
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
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04		Photos	Normal	Photos 2018-9-28












NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	Photos	Normal	Photos 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Sep 2018 14:04	SAS	Normal	SAS 2018-9-28

 Video List

Uploaded By/Date	Folder Date	File Name	Source
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>			

ACCIDENT STATEMENT

ACCIDENT DATE: 27/09/2018 (DD/MM/YYYY), TIME: 18:15 (HH:MM)

LOCATION: P.I.E. near Eunus

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBIH 6169S
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5066720175-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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 KIAN ANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST473912A CONTACT: 97770733
 c) ADDRESS: Blk 42 Chai Chee ST 42 #11-48
Singapore (461042)

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 07/12/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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: SKL 2196 L MODEL: Toyota HIACE
 b) DRIVER'S NAME: MAS MI ZAN BIN HASSAN
 c) NRIC/FIN/PASSPORT: 577256461 CONTACT: 98575428

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7473912A



LIM KIAN ANG
林 坚 安
Race: CHINESE
Date of Birth: 05-12-1974 Sex: M
Country of Birth: MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7473912A



LIM KIAN ANG

Birth Date: 05 Dec 1974
Issue Date: 07 Mar 2003



8201075



NRIC No: S7473912A




Nationality: MALAYSIAN
Blood Group: A+ Date of Issue: 08-06-1998

APT BLK 42 CHAI CHEE STREET #11-48
SINGAPORE 481042
NRIC No: S7473912A Date: 27/10/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE: 17 Apr 2009
Class 3	Motor Cars and Motor Tractors - the weight of which (laden down) not exceed 3500 kilograms	07 Mar 2003

License No: S7473912A



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 : 5066720175-04

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBH6169S

Chassis Number

: MH350C003DK564818

2. Name of Policyholder

: LIM KIAN ANG

3. Effective Date of Insurance

: 01 Aug 2018

4. Expiry Date of Insurance

: 31 Jul 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: LIM KIAN ANG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : INCOME-BRANCH SERVICES (00000098377)

Date of Issue : 13 Jun 2018 13:09 hrs

Reprint : 13 Jun 2018 13:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive