

# NATIONAL Assessment Centre Services

Form: 23-1951

141806427

Date In: 08/10/2018 19:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBS/INC/2018086/4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SFU 265J	i-Motor Claim Form	29/10/2018 13:39	
D.O.A: 06/10/2018 10:10	i-Motor W/O (Within: DD 2hrs, TP 4hrs)		
OD: TP (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: SKP 6003M 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

141806427	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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:-			
	ON*			
	*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 30			
	Invoice date:	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 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. 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	08/10/2018 19:18
Date Of Accident	06/10/2018 10:10
Exact Location Of Accident	JUNCTION FILTERING TO CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2615J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)
NRIC No	S8030821C
Email Address	DERRICK@TTQM.COM.SG
Mobile Phone No	(LOCAL) +65-92962987
Alternative Phone No	OTHERS-92962987

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104210830
Cover Note Number	

### Driver

Name of Driver	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)
NRIC No	S8030821C
Date Of Birth	02/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92962987
Fax Number	
Contact Number	OTHERS-92962987
Email Address	DERRICK@TTQM.COM.SG



Address	237 TANAH MERAH KECHIL AVENUE
Postcode	465746
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)	3
Passenger 1	NAME: : MDM VERONICA MATILDA VIKNARAJ GENDER: : FEMALE
Passenger 2	NAME: : MS FRANCIS MELISSA 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 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	SKP6003M
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICHOLAS CHOO CHUNN THUANG
NRIC/Passport Number	S8115486D
Contact Number	97477850
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name MDM VERONICA MATILDA VIKNARAJ

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJU2615J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name MS. FRANCIS MELISSA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJU2615J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### 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 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: 08/10/2018  
3:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 08/10/2018  
3:30pm

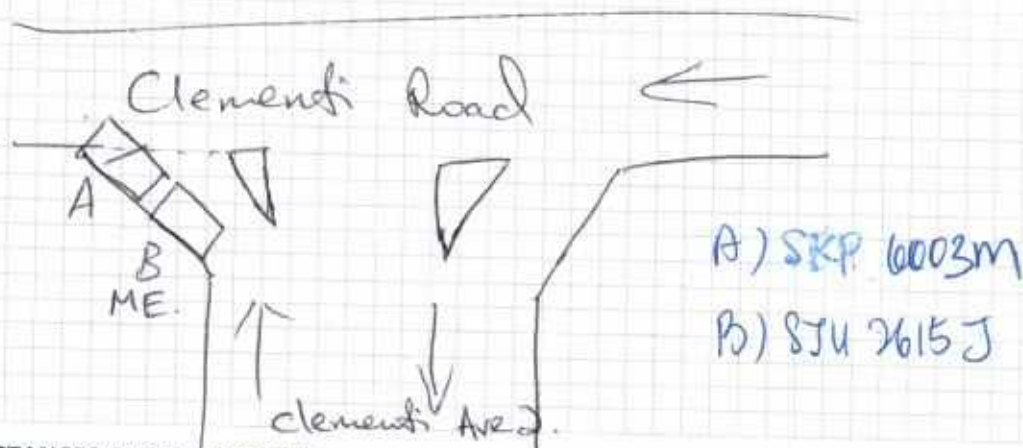
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driver of vehicle B. Vehicle A slowed down at Junction of filter lane. I had came to almost a complete stop when the A vehicle moved forward. I still stop my vehicle but it had knocked slightly on A vehicle. There are no cars in front and/or moving towards A vehicle. Upon the knock, Vehicle A driver & I exchanged details & took details of both vehicles and after which I returned to my vehicle. I just asked my passengers if they are fine. They replied asking "Who's fault was it?" I replied it doesn't matter so long as persons are fine, no injuries. Passenger requested to end trip at their 1st drop off destination and wearing the destination, I asked again if they are fine. They replied "OK". On reaching location, I asked a final time if they are fine, they then replied they felt slight pain on their arms. I replied if they need further assistance, pls contact me or grab. After they alright, I moved my vehicle to a parking lot & called grab to seek advice. After 15 min, I received a call from passenger's husband complaining about passenger health problem & I inform them I'm still at their block contacting grab & did not leave their location. we proceed to Khoo Teck Phua Hospital & I paid for their medical bills with acknowledgment that the bills are full & final. Acknowledgement Form is as attached.

## DECLARATION

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

Policyholder's Signature

Date & Time: 08/10/2018  
3.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 08/10/2018  
3.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/10/2018  
Rohk Lim

This is to state that the  
medical bill has been made & final  
settled for the accident ~~claim~~  
on 06/10.

~~Signature~~

an Passenger  
08/10/2018

# TAX INVOICE as at 06.10.2018



TO: MDM. VERONICA MATILDA VIKNARAJ  
BLK 668 #09-293  
CHOA CHU KANG CRESCENT  
SINGAPORE - 680668

VISIT DATE  
LOCATION

This Tax Invoice is for charges incurred at Khoo Teck Puat Hospi

Case/Invoice No	Invoice Date	Outs
5718518848G-00001	06.10.2018	

Patient Name: VERONICA MATILDA VIKNARAJ

## Services

A&E Facility/Service Fee  
Less Government Subsidy

## Total Amount Payable

Total amount payable after GST is \$128.40 .  
GST at 7% is absorbed by the Singapore Government: \$8.40

Payer  
VERONICA MATILDA VIKNARAJ

Adjustment  
0.00

Payment  
120.00

Amount Due  
0.00

( VISA - 06.10.2018 , RECEIPT #: K003193458 )

*Passenger*

*Dr. Chong*

KHOO TECK PUAT HOSPITAL  
88 YISHUN CENTRAL  
A&E  
SINGAPORE 768828  
Date/Time : 06/10/2018 23:49:18  
MED: 168168343720 TID: 47984484  
BATCH NUM : 600820 INVOICE#: 055246

**Sale**

VISA CREDIT  
XXXX XXXX XXXX 4313 ENT TYPE: Payment  
EXP DATE : 11/11  
APPR CODE : 829197  
REF NUM : 82791513422  
APP CRYPT : A38F4748730263AY  
TVR VALUE : 0000000000  
ACQ VALUE : 40000000031010

AMOUNT : S\$120.00

NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\*\*\* CUSTOMER'S COPY \*\*\*\*\*

240.00  
-120.00

120.00

120.00



**TAX INVOICE as at 06.10.2018**



TO: MS. FRANCIS MELISSA  
BLK 505A #03-12  
YISHUN STREET 51  
SINGAPORE - 761505

VISIT DATE  
LOCATION

KHOO TECK PUAT HOSPITAL  
88 YISHUN CENTRAL  
A&E  
SINGAPORE 768828

Date/Time : 06/10/2018 23:48:36  
MID:168188343720 TID:47986484  
BATCH NUM : 000020 INVOICE#: 051245

**Sale**

VISA CREDIT  
XXXX XXXX XXXX 4313  
EXP DATE : \*\*/\*\* ENT TYPE: Payment  
APPR CODE : 567127  
REF NUM : 827915153618  
APP CRYPT : CEE2BF8129C84412  
TVR VALUE : 0000000000  
AID VALUE : A0000000031010

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hosp**

Case/Invoice No	Invoice Date	Out
57185188471-00001	06.10.2018	

AMOUNT : **S\$120.00**

NO SIGNATURE REQUIRED

**Patient Name: FRANCIS MELISSA**

**Services**

A&E Facility/Service Fee  
Less Government Subsidy

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\*\*\* CUSTOMER'S COPY \*\*\*\*\*

240.00  
-120.00

120.00

120.00

**Total Amount Payable**

Total amount payable after GST is \$128.40 .  
GST at 7% is absorbed by the Singapore Government: \$8.40

Payer	Adjustment	Payment	Amount Due
FRANCIS MELISSA	0.00	120.00	0.00

( VISA - 06.10.2018 , RECEIPT #: K003193457 )

*Francis*

*[Signature]*

**TAX INVOICE as at 07.10.2018**

**NETS**

TO: MS. FRANCIS MELISSA  
BLK 505A #03-12  
YISHUN STREET 51  
SINGAPORE - 761505

VISIT DATE  
LOCATION

NETSU016.E84  
A&E  
KTPH  
THANK YOU  
111855409000 85540901  
025648 REF:  
NETS PURCHASE SAV  
DBS BANK

07 OCT 2018 00:35:18  
025648 035246 00

**TOTAL: \$1.80**

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hos**

**APPROVED**

Case/Invoice No	Invoice Date	Out
5718518847I-00001	07.10.2018	

Downloaded NETSPay net?  
www.nets.com.sg/netspay

**Patient Name: FRANCIS MELISSA**

**Services**

A&E Facility/Service Fee  
Less Government Subsidy

**Amount(\$)**  
240.00  
-120.00

120.00

**Non-Standard A&E Services**

TRAMADOL HCL 50MG/ML INJ

1.81

**Total Amount Payable**

121.81

Total amount payable after GST is \$130.34 .

GST at 7% is absorbed by the Singapore Government: \$8.53

Payer	Adjustment	Payment	Amount Due
FRANCIS MELISSA*	0.01	121.80	0.00
* Self-payer Round Down = 0.01			

*Francis Melissa*

*[Signature]*



Cashier: DIAMA0960N

**0 Fishburn Community Hospital**  
Fishburn Central (2700024)  
Tel: 01223 4407 0340 Fax: 01223 6302 5700  
Erg: 01223 201 2113/34272

22/10/2018



# TAX INVOICE

Page: 2/2

GST REG NO : M90370246G  
S7332164F  
VERONICA MATILDA VIKNARAJ  
BLK 668 #09-293 CHOA CHU LANE  
CRESCENT  
SINGAPORE 680668

ORIGINAL  
TAX INVOICE : KTRPH3093004  
DATE : 07/10/2018 01:07:05  
Counter : DISP, DEM Dispense  
Cte 1  
Cashier : DIAMAO960N

Total amount excluding GST is \$0.36  
Total amount including GST is \$0.39  
Total GST for this bill at 7% is \$0.03 which is absorbed  
by the Government

Medicines and goods sold are not refundable or exchangeable  
Thank you for letting us serve you!

Administrative Medical Centre  
116-675, Wisakulaya, Phase 7A  
99101 P1, Kuantan, Pahang 25250  
Tel: (09) 6591 1000 Fax: (09) 6591 1001  
http://www.vishnuhealth.com

Khoi Teck Fuet Hospital Pharmacy Tel 6602 2320  
90, Teluk Curi, 45700 Teluk  
Tel: (09) 6591 1000 Fax: (09) 6591 1001  
Fax: (09) 6591 1001  
www.vishnuhealth.com

Vishnu Community Hospital  
2, Jalan Kuantan 2, 57000 Kuantan  
Tel: (09) 6591 1000 Fax: (09) 6591 1001  
Fax: (09) 6591 1001  
www.vishnuhealth.com

*Personnel*

*pharmacy*

## Claim Handling

Accident MT/1014882

Policy No.	5104210830	Vehicle No.	SJU26153	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SIN FATT, DERRICK (LIN XIANFA; DERRICK)			Policyholder NRIC	S6030821C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92962987	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	+ No Yes	TGA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	09/10/2018 13:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/10/2018	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION FILTERING TO CLEMENTI ROAD				
<b>Excess</b>					
Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	237 TANAH MERAH KECIL AVE	Address 2	D'HANOR	Address 3	SINGAPORE 465746
Address 4		Address Type	Singapore address	Post Code	465746
Unit No.		Related Policy Number	5104210830		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/10/1980
Unnamed driver Name	LIM SIN FATT, DERRICK (LIN X)	Driver NRIC	S6030821C	Driving Experience	18
Register Date of Driver License	04/03/2002	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	92962987	Contact No.(Office)		Address 3	SINGAPORE 465746
Address 1	237 TANAH MERAH KECIL AVE	Address 2	D'HANOR	Post Code	465746
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJU26153	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

## Notification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	LIM SIN FATT, DERRICK (LIN X)	Insured NRIC	S6030821C
Contact No.(Mobile)	92962987	Contact No.(Home)		Contact No.(Office)	
Email Address	derrick@tom.com.sg	OT	SJU26153	TP	SKP60
Claim Description	SJU26153 / SKP603M ON 6 Oct 2018				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Workshop No.	Yes	Insured Repair Option	Preferred Workshop, Name unknown		
Date Registered	09/10/2018 13:38	Claim Close Date		Date Received	09/10/
Report Taken By	ROSLI WANAB				
<input type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

## Attachment

Accident No.	MT/1014882	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	09/10/2018 13:39	
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		Clear	Please Select	
<b>Attachment List</b>				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800576( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:39		Photo	Normal	Photo 2018-10-9



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Oct 2018 13:39

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S (BUKIT MERAH)) on 09 Oct 2018 13:39

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Photos

Normal

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Photos 2018-10-9

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-9

SAS

Normal

SAS 2018-10-9

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 26/10/2018 (DD/MM/YYYY), TIME: 10:10 (HH:MM)

LOCATION: Junction filtering to Clement Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 83U2615J  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5104210830  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai Avante  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
 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 Sin Fatt, Derrick (MALE/FEMALE)  
 b) NRIC/FIN/PASSPORT: S8030821C CONTACT: 92962987  
 c) ADDRESS: 237 Tanah Merah Keelil Avenue  
S(465946)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lim Sin Fatt, Derrick (MALE/FEMALE)  
 b) NRIC/FIN/PASSPORT: S8030821C CONTACT: 92962987  
 c) ADDRESS: 237 Tanah Merah Keelil Avenue  
S(465946)

\* a) DATE OF BIRTH: 02/10/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/03/2002

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) Night Clear  
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES/NO) Went to A&E for minor body check &

7. a) REPORTED TO POLICE (YES/NO) discharge on checking.  
 IF YES, PLEASE STATE WHICH POLICE STATION: Rochor NPC (Little India)

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCP 6003M MODEL: Merc.  
 b) DRIVER'S NAME: Nicholas Choo Chun Thuan  
 c) NRIC/FIN/PASSPORT: S8115486D CONTACT: 97477850

## 9. THIRD PARTY VEHICLE

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

EMAIL: derrick@ttqm.com.sg

VIDEO =

mom. Veronica MARILYN  
 MS/FRANCES MELISSA  
 2(F) Passenger

No of passengers  
 (including driver)  
(3)

No of passengers  
 (including driver)  
(2)

No of passengers  
 (including driver)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8030821C



Name  
LIM SIN FATT, DERRICK  
(LIN XIANFA, DERRICK)  
林先发

Race  
CHINESE

Date of birth  
02-10-1980

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8030821C

Name  
LIM SIN FATT, DERRICK  
(LIN XIANFA, DERRICK)

Birth Date 02 Oct 1980

Valid From 22 Feb 2003





NRIC No. S8030821C

MAYFAI HTU  
TEL 6471 2220  
674 2220

Date of issue  
09-11-2010

237 TANAH MERAH KECHIL AVENUE  
SINGAPORE 485748

NRIC No. S8030821C Date: 08/03/2015

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

VALID DATE 04 Mar 2002







License No. S8030821C



## 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 :** 5104210830

**Cover :** Comprehensive

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : SJU2615J                                    |
| Chassis Number  | : KMHU41BMAU910989                            |
| 2. Name of Policyholder   | : LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK) |
| 3. Effective Date of Insurance  | : 27 Sep 2018                                 |
| 4. Expiry Date of Insurance   | : 26 Sep 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 or Hirer's business.  |   |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : GRABCAR PTE. LTD. (00000601726)  
Date of Issue : 26 Sep 2018 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive