

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1813190

Date In: 9/12/18-17:52	Job description	Date & Time Completed	Done by
Ref No: NA/GA2/18018291/24	SAS e-filing		
Veh No: JLD5156	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/12/18-06:30	i-Motor Claim Form		
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: JLD5156	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 repaler.
() 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

NA806464	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
	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:-		
	QD*		
	*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	
	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	09/10/2018 17:32
Date Of Accident	09/10/2018 06:30
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5115G
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON YONG
NRIC No	S9044025Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91185174
Alternative Phone No	OFFICE-91185174

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6M
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVP000003826-00-000
Cover Note Number	

Driver

Name of Driver	LIM CHOON YONG (LIN JUNRONG)
NRIC No	S9044025Z
Date Of Birth	19/11/1990
Occupation	INDOOR
Date Of Driving Pass	12/07/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91185174
Fax Number	
Contact Number	OFFICE-91185174
EMail Address	NOEMAIL

Address	BLK 324 SEMBAWANG CLOSE #08-319
Postcode	750324
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : LIM JUN XIANG GENDER: : MALE

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

REFER TO STATEMENT.

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	SLW6921P
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)

DETAILS OF INJURED PERSON 1

Name	LIM CHOON YONG (LIN JUNRONG)
Approximate Age	
Injuries Sustain	NAUSEA & LOWER BACK PAIN
Injured person in which vehicle?	SLD5115G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM JUN XIANG
Approximate Age	
Injuries Sustain	KNEES & LEG PAIN
Injured person in which vehicle?	SLD5115G
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:

09/10/18

Driver's Signature

(If driver is not the policyholder)

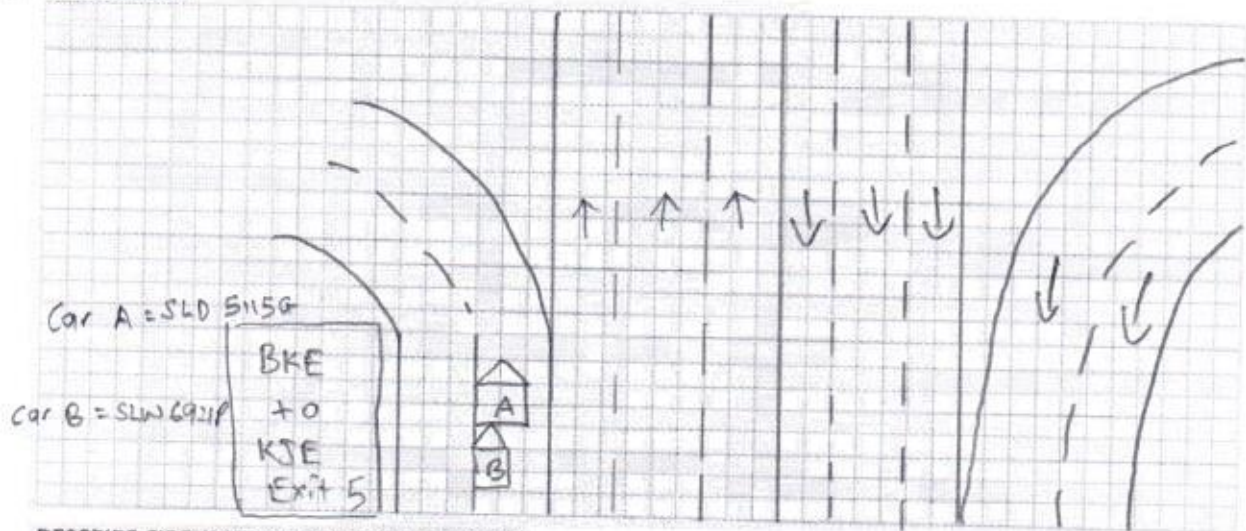
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 0632am on 09/10/18, there is a collision in front of me. I stop my car and I was rear-end by a car behind SLW 6921P.

DECLARATION

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

Policyholder's Signature

Date & Time:

9/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 09/10/2018 Time 0630^{AM} Hrs
 Exact Location Of Accident * BKE towards KJE

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLD 5115 G

Insured Policyholder

Name of Registered Owner * LIM CHON YONG
 NRIC/FIN/Passport Number * 39044025Z

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA 1.6M

Exact Purpose for which vehicle was being used at time of accident
 * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others

If No, please state action to be taken
 * Third Party Claim ☒ Reporting Only ☐

Vehicle Category
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Details

Name of Insurance Company * Great American Insurance Company
 Type of Coverage * Third Party Only

Fleet Policy Yes ☐ No ☒

Policy Number * MOMVPO00003826-00-000

Cover Note Number

Driver

Name of Driver * LIM CHON YONG

NRIC/FIN/Passport Number * 39044025Z

Date of Birth * 19/11/1990

Occupation * SAF REGULAR

Date of Driving Pass * 12/07/2010

Gender * Male ☒ Female ☐

Mobile Number * 9118 5174

Address * BLK 324 SEMBAWANG CLOSE #08-319
 S(750324)

Email Address

Was driver an employee of the Insured's Company?
 * Yes ☒ No ☐

If no, Relationship of the Driver with the Insured
 * Owner

Vehicle Registration Number of Driver's Own Vehicle (If applicable)	SLD 5115G
Insurance Company of Driver's Own Vehicle (if applicable)	Great American Insurance Company
General Information of the Accident	
Type of Accident	* Hit onto my rear
Weather Conditions	* Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Road Surface	* Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Other Information	
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Injured Persons	
Name	* LIM CHON YONG
Address	BLK 324 SEMBAWANG CLOSE
Approximate Age	* 27
Injuries Sustained	* Nausea and Lowerback pain
If vehicle Occupants, state in which vehicle?	SLD 5115G
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Police Action	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, against whom?	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number	* SLW 6921 P
Vehicle Make / Model / Colour	
Detail Of Properties	
Name of Driver	*
NRIC/Passport Number	
Contact Number	*
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
Details Of Witness	
Name	
Phone Number	
Email Address	





POLICE REPORT (NP322)

Report No. F/20180924/2184


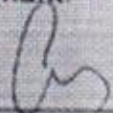
Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No. 1800-5549999

Date/Time Report Made 24/09/2018 20:42		Vide Report No.		Station Diary No. 100	
Name Of Informant LIM CHOON YONG		Address APT BLK 324 SEMBAWANG CLOSE #08-319 SINGAPORE 750324			
ID Type / ID No. NRIC NO / S9044025Z		Contact No. Home/Office		Mobile 91185174	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation NAVY REGULAR		Sex Male	Age 27	Date of Birth 19/11/1990	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 10/09/2018 17:00		Location Of Incident 324 SEMBAWANG CLOSE HDB-SEMBAWANG SINGAPORE 750324			

Brief details.

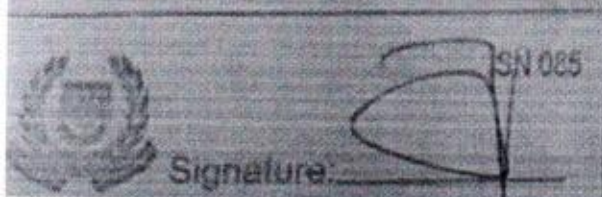
On the above date, time and location, I discovered the following items missing. I tried to find but to no avail. I do not know where I lost it. I am making this report for replacement purposes.

Property Information

Signature Of Officer Recording The Report: F / Sgt 3 TAN JUN QUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 20:42
Officer In-Charge Of Case: F / Sembawang N.P.C / Sgt 3 LIM KOK BENG Contact No.: 65549999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 6842964





**SINGAPORE
POLICE FORCE**



F/20180924/2184

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180924/2184

S/N	Item	Type	Brand/ Account/ Property/ Security Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SAF 11B			1		ONE SAF 11B BEARING OF NAME LIM CHOON YONG (NRIC NO S9044025Z)

Signature Of Officer Recording The Report:

F / Sgt 3 TAN JUN QUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Sembawang N.P.C /
Sgt 3 LIM KOK BENG
Contact No.: 65549999

Signature Of Informant:

Date/Time:
24/09/2018 20:42

Classification Of Case:

Your report is classified as:

Authentication Stamp



Signature:

SN 088

Singapore Police Force

☒ Lost & found

☐ Insurance Claims

☐ Divorce / Contract / Civil Proceedings

☐ Tenancy Dispute (Contractual)

☐ Others (Please Specify)

FUPO hotline number: 68429645

As there are not criminal matters, no further investigations will be carried out. However, civil remedies may be available. You are advised to consult a lawyer.

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)

Policy Details

Certificate Number	: MOMVP000003826-00-000	Cover	: Private Car (Third Party Only)
Policyholder Name	: Lim Choon Yong	Chassis Number	: AE1013008484
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 4A4569047
Hire Purchase	: N/A	Registration Number	: SLD5115G
Period of Insurance	: From 16/06/2018 (00:00) To 15/06/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
- b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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	Workshop	: Not Applicable
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: N/A	NCD Protection	: Yes

Driver Details

Main Driver	: Lim Choon Yong
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: AVA Insurance Brokers Pte Ltd
Date of Issue	: 20/06/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

gaw