

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **NA10418144223**

Date In: 07/11/2008 18:58	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/02017874	SAS e-filing		
Veh No: SMP 775B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/11/2008 15:30	I-Motor Claim Form	mt1018782-001	07/11/2008 19:24
OID: <input checked="" type="checkbox"/> 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 **XB 7094C** 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)

Remarks	Date	Time	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

NA180.71499

Claimant's Particulars	Invoice Item	Amount (\$)	Balance (\$)	Ref Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (ver 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tpl Allowance \$3			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (Nil): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors Comments:

Ref 1:

2/2/3

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	07/11/2018 18:58
Date Of Accident	07/11/2018 15:30
Exact Location Of Accident	BLK 156 BUKIT BATOK STREET 11 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7775B
Insured/Policyholder	
Name Of Registered Owner	LIM CHUI WAN
NRIC No	S7283849A
Email Address	LEONGTIANSON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92214254
Alternative Phone No	OTHERS-92214254

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	5104150955
Cover Note Number	

Driver

Name of Driver	LIM CHUI WAN
NRIC No	S7283849A
Date Of Birth	05/08/1972
Occupation	INDOOR
Date Of Driving Pass	29/11/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92214254
Fax Number	
Contact Number	OTHERS-92214254
Email Address	LEONGTIANSON@YAHOO.COM

Address	BLK 186 WESTWOOD AVENUE #09-15
Postcode	648148
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	
	NAME: : HUSBAND
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE NOTICE OF REPORTING (TYPE OF COLLISION IS HEAD TO SIDE)

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	XB7094C
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

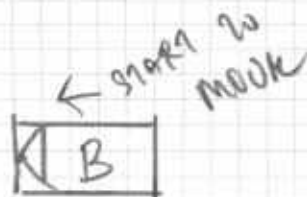
Reporting Centre Personnel's Signature
Name: *Roshan*
NRIC/FIN No: *0711208*

SKETCH PLAN

BUC 156 BUKIT BAROK STRAET II CARPARK

①

②



A) SMD 7775B

B) XB 7094C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS Refer to Police Report
NOTICE OF REPORT*

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.:

07/01/2018
Roshni Kumar

NOTICE OF REPORTING

This is to confirm that Lim Chui Wan, NRIC/FIN: S7283849A, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more then 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 07/11/2018 at about 1530 hrs at Blk 156 Bukit Batok Street 11 Carpark. Whereby XB 7094C had collided onto my vehicle SMD7775B. V1 was moving out of the carpark when I saw V2 was moving towards me. I horned to alert the driver but he did not hear anything thus collided onto my vehicle. We exchanged particulars. The said driver said he heard the horn but could not see my vehicle (V1)

Involving the following vehicles:

V1) SMD7775B driven by Lim Chui Wan, NRIC/FIN: S7283849A HP: 92214254

V2) XB 7094C driven by Ailani Bin Bujor NRIC/FIN: S1695048C

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Muhammad Hanis

Date: 07/11/2018 Time: 1600 hrs

S/D Ref: 95

Police Post/Unit: Bukit Batok NPC



TIC0536
M. Hanis
BUKIT BATOK NPC
NO. 21 BUKIT BATOK EAST AVE.
SINGAPORE 659440
TEL: 63659994

Claim Handling

Accident MT/1018782

Policy No.	S104150955	Vehicle No.	SMD77758	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHUI WAN	Cover Type	drive CLASSIC	Policyholder NRIC	S7283456
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92214254	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No *
KFIR	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	07/11/2018 19:29	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/11/2018	Time of Accident (hh:mm)	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 156 BUKIT BATOK STREET 11 CARPARK				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	5.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	188 WESTWOOD AVENUE	Address 2	#09-15 WESTWOOD RESIDENCE	Address 3	SINGAPORE 548148
Address 4		Address Type	Singapore address	Post Code	548148
Unit No.		Related Policy Number	S104150955		
OI Driver Info					
Driver Name	LIM CHUI WAN	Driver Type	Main Driver	Driver DOB	05/08/1972
Unnamed Driver Name		Driver NRIC	S7283456A	Driving Experience	10
Register Date of Driver License	20/11/2007	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	92214254	Contact No.(Office)		Address 3	SINGAPORE 548148
Address 1	188 WESTWOOD AVENUE	Address 2	#09-15 WESTWOOD RESIDENCE	Post Code	548148
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SMD77758	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History:

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM CHUI WAN	Insured NRIC	S7283456	
Contact No.(Mobile)		Contact No. (Home)	NTU	Contact No. (Office)		
Email Address		Vehicle Number	SMD77758	Vehicle Number	38709	
Claim Description	SMD77758 / 387094C ON 7 Nov 2018				Name of Preferred Workshop	
Preferred Workshop Registration No. Finalisation	Yes	Insured Liability	Not at Fault	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/11/2018 19:23	Claim Close Date		Date Received	07/11/2018	
Report Taken By	ROSLI WANAB					
<input checked="" type="checkbox"/> Print Ack letter						
<div>Save Submit</div>						

Attachment

Accident No.	MT/1018782	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/11/2018 19:24		
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	M
NAC_BUKIT_MERAH_80678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 19:24		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-7	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:24

SAS

Normal

SAS 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:24

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:24

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:24

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:23

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:23

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:23

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:23

Photos

Normal

Photos 2018-11-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Nov 2018 19:23

Photos

Normal

Photos 2018-11-7

Video List

Uploaded By/Date

Folder Date

File Name



Source

[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 7 / 12 / 2011 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: BLK 156 BUKIT BATOK STREET 11 CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 7775 B
 b) INSURANCE COMPANY: N74C INCONA
 c) POLICY NUMBER: 5104150955
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Picnic
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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 Chui Wan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52283845A CONTACT: 92315254
 c) ADDRESS: BLK 186 Westwood AVE #09-18

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 05 / 05 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3A

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: Bukit Batok

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XB 7094 C MODEL: lorry
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = leongtianson@yahoo.com

fax =

V1 060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7283849A



Name

LIM CHUI WAN

林翠雲

Race

CHINESE

Date of birth

05-08-1972

Sex

F

Country/Place of birth
MALAYSIA



S7283849A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7283849A
Name:

LIM CHUI WAN

Birth Date: 05 Aug 1972

Issue Date: 18 May 2004



001225718D

5296565



NRIC No. S7283849A



Date of issue

21-04-2014

BLK 188 WESTWOOD AVENUE #09-15
SINGAPORE 648148

NRIC No: S7283849A

Date: 13/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B Motorcycles <= 200 CC

27 Jan 1998

Class 3A Motor cars without clutch pedals <= 3000 kg with <= 9 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg

20 Nov 2007

S7283849A

S / No. 9000074905



NP 428A

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/11/2018 17:59"/>
Vehicle No.(For Motor)	<input type="text" value="SMD7775B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104150955		LIM CHUI WAN	S7283849A	GPC	drive CLASSIC	SMD7775B	SMD7775B	27/09/2018	27/11/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMAV18144223 Vehicle Registration No: SMD 7715B
Name (as shown in NRIC) : Lim Chui Nani NRIC/FIN/Passport No : S7283849A
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 92214254
Email Address : _____
Date of Accident : 07/11/2018 Time of Accident : 15:30
Place of Accident : B1K 156 BUKIT BATOK MARKET II CARPARK
Insurance Company : NRIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP VEHICLE NUMBER TO XB7094C

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshni Umashankar
NRIC/FIN No.: 22/11/2018
Date: