

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA1807246

Date In: 08/10/08 18:20	Job description	Date & Time Completed	Done by
Ref No: 1234567890123456789	SAS e-filing		
Veh No: PC 20224	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/10/2008 14:45	I-Motor Claim Form	MT/10/860001	08/10/08
OD: TP & Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:57
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: 000000

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) (wef 10 Jan 2005)

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

NA1807246

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Date:

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Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*ND: DV / Collect Excess Coordination	\$5	
TP (Nil): TP (Nil) against INC	\$20	
9) NI: Idao Mobile	\$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA1807246

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	08/11/2018 18:20
Date Of Accident	19/10/2018 14:45
Exact Location Of Accident	MARINA BAY SAND HOTEL TOWER 1&2 LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3032H
Insured/Policyholder	
Name Of Registered Owner	JON LIMO ENTERPRISE
Co Reg No	53171349X
Email Address	JOHNANG1182@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96731182
Alternative Phone No	OFFICE-96731182

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103551761
Cover Note Number	

Driver

Name of Driver	ANG KOON SAN
NRIC No	S1372839J
Date Of Birth	10/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96731182
Fax Number	
Contact Number	OTHERS-96731182
Email Address	JOHNANG1182@YAHOO.COM

Address	BLK 872 YISHUN STREET 81 #04-133
Postcode	760872
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
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.

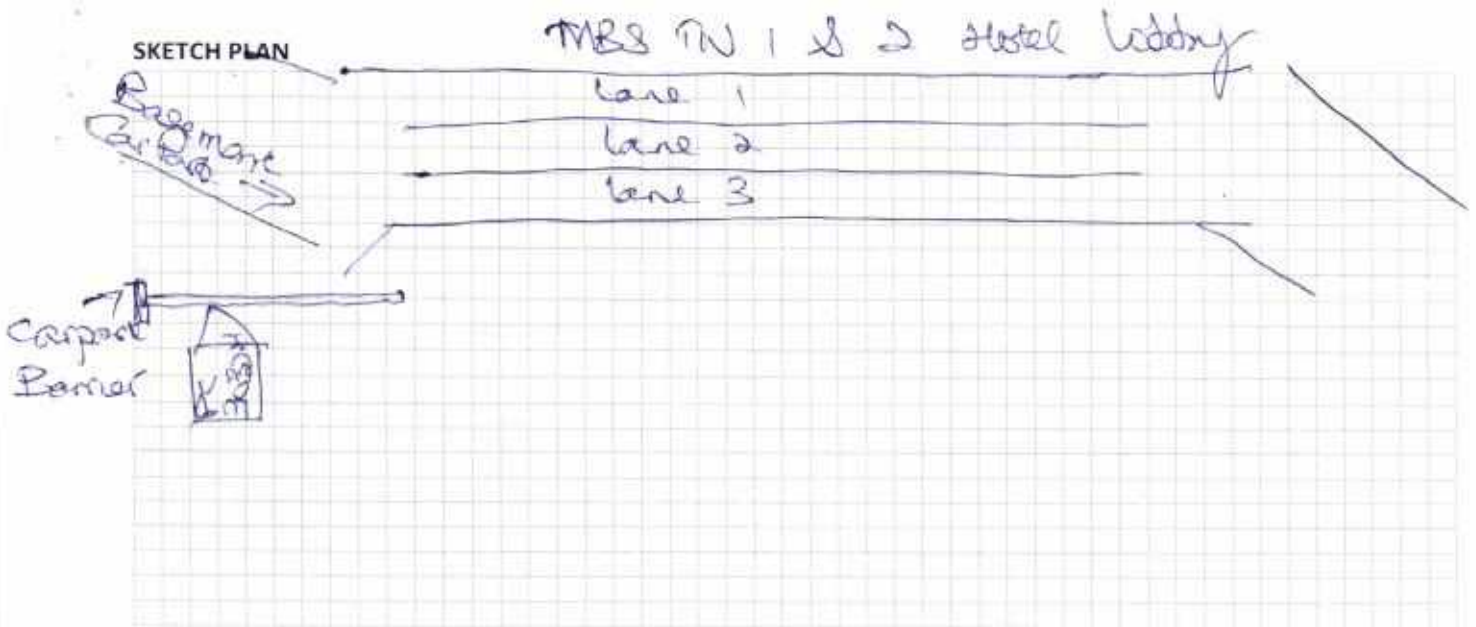


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.10.2018 at 1445 hrs at Marina Bay Sands tower one & tower two lobby entrance, When I was driving vehicle no PC 303241 entering into MBS TW1 & TW2 lobby the barrier hit my vehicle and as a result front bonnet slightly dented.

NO INJURY.

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.:

Claim Handling

Accident MT/1018960

Policy No.	5103551761	Vehicle No.	PC3032H	GST Registration No.	
Certificate No.					
Policyholder Name	JON LIMO ENTERPRISE	Cover Type	Comprehensive	Policyholder NRIC	531713489
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96731182	Special Remarks		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KTC	No	ECG Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hpe	No

Accident Details

Report Date	08/11/2018 19:53	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	07/11/2018	Time of Accident Approx	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA BAY SAND HOTEL TOWER 1&2 LOBBY				

Excess

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 827 #04-133	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760872
Address 4		Address Type	Singapore address	Post Code	760872
Unit No.		Related Policy Number	5103551761		

Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANG KOON SAN	Driver NRIC	S13728391	Driver DOB	10/06/1959
Register Date of Driver License	17/07/1979	Driver Age	59	Driving Experience	39
Contact No.(Mobile)	96731182	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 827 #04-133	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760872
Address 4		Address Type	Foreign address	Post Code	760872
Unit No.	04-133				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	PC3032H	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JON LIMO ENTERPRISE	Insured NRIC	53171
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	PC3032H	TP Vehicle Number	BARRE
Claim Description	PC3032H / BARRISER ON 7 Nov 2018				
Preferred Workshop		Insured Liability	Fully at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	08/11/2018 18:57	Date Received	08/11/18
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1018960	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/11/2018 18:57
Choose File	No file chosen	Category *	Confidential
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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_000678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57		Photos	Normal	Photos 2018-11-8

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	Photos	Normal	Photos 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 18:57	SAS	Normal	SAS 2018-11-8

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

rsbm

To: ODsupport@income.com.sg
Subject: FW: MT/1018960-001 PC3032H

Sorry accident date for the above should be 19/10/2018 and not 19/11/2018 thanks

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Thursday, 22 November, 2018 6:53 PM
To: ODsupport@income.com.sg
Subject: MT/1018960-001 PC3032H

Hi the above mention claim accident date should be 19/11/2018 instead of 07/11/2018 which type wrongly in the ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

ACCIDENT STATEMENT

ACCIDENT DATE: 19/10/2018 (DD/MM/YYYY), TIME: 1445 (HH:MM)

LOCATION: Marina Bay Sands Hotel Tower L3 J lobby

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Pe 3032H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5103551761
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace 13 Seater
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working 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: Jon Lim Enterprise (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Koon San (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1378891 CONTACT: 96731182
 c) ADDRESS: Bur 8 D, Yishun St #1 #04/133
S (160872)

* d) DATE OF BIRTH: 10/6/1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17-1-1979

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: Barrier MODEL: _____
 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: Johnang1182@yahoo.com

fax: _____

V1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S13728391



ANG KOON SAN
洪坤山
Race
CHINESE
Date of Birth
10-06-1959
Country of Birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S13728391
Name: ANG KOON SAN
Birth Date: 10 Jun 1959
Issue Date: 09 Jun 2003



Land Transport Authority



VOCATIONAL LICENCE
Licence No: S13728391
Name: ANG KOON SAN
Issue Date: 19/4/2011
Please visit www.lta.gov.sg to check the status of this vocational licence

2311316




NRIC No: S13728391
Blood Group: O+ Date of issue: 25-08-1994
APT BLK 872 YISHUN STREET 81 #04-133
SINGAPORE 760872
NRIC No: S13728391 Date: 25/11/2007 No: 5750861

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 3 Motor Cars and Motor Tractors the weight of which laden does not exceed 2500 kilograms

PASS DATE: 17 Jul 1979



Licence No: S13728391
NP 426A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	22/04/2008
04	BUS ATTENDANT	22/04/2008



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 : 5103551761

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle
Chassis Number

: PC3032H
: KDH2230020511

2. Name of Policyholder

: JON LIMO ENTERPRISE

3. Effective Date of Insurance

: 16 Sep 2018

4. Expiry Date of Insurance

: 15 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 13 passengers

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 (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: YES MOTORING & CREDIT 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 03 Sep 2018 16:00 hrs

LQ INSURANCE AGENCY PTE LTD
1100 BENDS ROAD, SINGAPORE
TEL: 6-334-0000
Co. Reg. No: 188003700W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive