

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MA18418/05828

Date In: 12/11/2018 09:45	Job description	Date & Time Completed	Done by
Ref No: NCA/INC/602039914	SAS e-filing		
Veh No: 94 1730 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/11/2018 08:30	I-Motor Claim Form	MT11019267-001	12/11/2018 10:33
OID: 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: SKP 1488E	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: (\$	Landing: \$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: ( )	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

Claimant's Particulars:	Invoice/Repairation/Clerical Fee	Amount	Added 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) PT: 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:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	9) NI: Idao 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	12/11/2018 09:45
Date Of Accident	10/11/2018 08:30
Exact Location Of Accident	ALONG HENDERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1730E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHEK HOCK
NRIC No	S0973788Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98761958
Alternative Phone No	OTHERS-98761958

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	REPORTING ONLY
Vehicle Category	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5004162739-13
Cover Note Number	

### Driver

Name of Driver	LIM CHEK HOCK
NRIC No	S0973788Z
Date Of Birth	25/08/1945
Occupation	INDOOR
Date Of Driving Pass	09/04/1965
Driving Experience	53 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98761958
Fax Number	
Contact Number	OTHERS-98761958
Email Address	NOEMAIL

Address	BLK 77 TELOK BLANGAH DRIVE 14-240
Postcode	100077
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	DRIZZLING
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?	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: : WIFE 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

ON THE 10-11-2018 AT ABOUT 08:30HRS I WAS AT THE TELOK BLANGAH AND HAD TURN RIGHT TO HENDERSON ROAD AND WAS AT THE LEFT MOST LANE OF 3 LANE ROAD. SUDDENLY I FELT A BUMP ON MY RIGHT AND I CAME DOWN SAW A CAR SKP1488E WHICH WAS ON THE RIGHT WANTED TO SWITCH LANE BUT HIT THE RIGHT REAR OF MY VAN GY1730E.

#### 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	SKP1488E
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUO GUOLIANG
NRIC/Passport Number	S8426279Z
Contact Number	91708646
Address	
Postcode	
Insurance Company Name	



## 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:

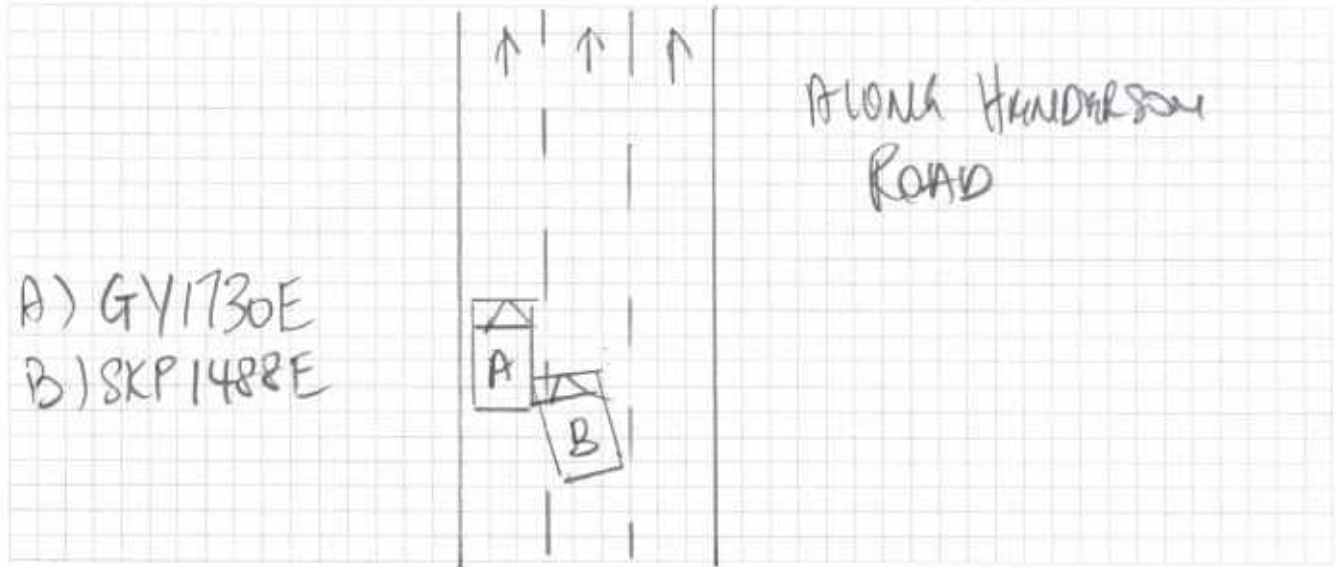
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

REFER TO STATEMENT

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:

 12/11/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

## Claim Handling

Accident MT/1019267

Policy No.	5004262739-13	Vehicle No.	GV17308	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHEK HOCK	Policyholder NRIC	509737882		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98761958	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	12/11/2018 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swap
Date of Accident	10/11/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON ROAD				

**Excess**

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 77 #14-240	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100077
Address 4		Address Type	Singapore address	Post Code	100077
Unit No.		Related Policy Number	5004262739-13		

**Ol Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/08/1945
Unnamed driver Name	LIM CHEK HOCK	Driver NRIC	509737882	Driving Experience	53
Register Date of Driver License	09/04/1965	Driver Age	73	Contact No.(Home)	
Contact No.(Mobile)	98761958	Contact No.(Office)		Address 3	SINGAPORE 100077
Address 1	BLK 77 #14-240	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100077
Address 4		Address Type	Singapore address	Post Code	100077
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GV17308	Driver Insurer Company	100077

**Declaration**

Breathalyser 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	LIM CHEK HOCK	Insured NRIC	509737882
Contact No.(Mobile)	98761958	Contact No. (Home)	82726630	Contact No. (Office)	NIL
Email Address		Ol Vehicle Number	GV17308	TP Vehicle Number	SKP141
Claim Description	GV17308 / SKP1488E ON 10 Nov 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Accelerated Repair Option	Preferred Workshop, Name unknown		Claim Close Date	12/11/2018
Date Registered		Report Taken By	ROSLI WAHAB	Date Received	12/11/2018
Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1019267	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/11/2018 10:33
Path *		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			
Choose File No file chosen			
Choose File No file chosen			
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
RAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33		Photos	Normal
Description		Photos 2018-11-12	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	SAS	Normal	SAS 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 10:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12

Video List

Uploaded By/Date

Folder Date

File Name


Source

Display in New Window

Scan and uploading



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0973788Z



Name  
LIM CHEK HOCK



林石福

Race  
CHINESE

Date of birth  
25-08-1945

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0973788Z

Name  
LIM CHEK HOCK

Date of Birth 25 Aug 1945

Valid Date 06 Mar 2003




4110452




NRIC No S0973788Z

Date of issue  
05-10-2007

Address  
APT BLK 77 TELOK BLANGAH DRIVE  
#14-240  
SINGAPORE 100077

39049

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

Valid Date 09 Apr 1965



NP 427A





## 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 :** 5004162739-13

**Cover :** Third Party

- |   |                 |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle  | : GY1730E       |
| Chassis Number  | : CR425011064   |
| 2. Name of Policyholder   | : LIM CHEK HOCK |
| 3. Effective Date of Insurance  | : 18 Jan 2018   |
| 4. Expiry Date of Insurance   | : 17 Jan 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 business or profession.   |                 |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                 |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : REV AUTO PTE LTD (00000571335)  
Date of Issue : 22 Dec 2017 15:11 hrs  
Reprint : 22 Dec 2017 15:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive