

NATIONAL Assessment Centre Services.

(ver 1 Jan'08)

MMAY/H 47235

Date In: 14/11/08 10:11	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/80/0575/Y	SAS e-filing		
Veh No: SKV 381C	E-mail (within 8hrs, AIC 2hrs)		
DOA: 14/11/2008 08:00	I-Motor Claim Form	MT/10/9690-001	14/11/2008 10:11
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SHB 2381G	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 () / Non-INC ()	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	Action

NBA/80/466

Client's Particulars:	Invoice Preparation Checklist
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) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt 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
QC Checked by (Engr-In-Charge):	Invoice dated
Auditors Comments:	Invoice dated
Cal 1:	Fee Charged
2/3:	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	14/11/2018 10:11
Date Of Accident	14/11/2018 08:00
Exact Location Of Accident	JALAN TOA PAYOH TURNING TO BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3981C
Insured/Policyholder	
Name Of Registered Owner	LIM WENG WAI
NRIC No	S7564642I
Email Address	WYWYLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91896620
Alternative Phone No	OTHERS-91896620

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5073800633-03
Cover Note Number	

Driver

Name of Driver	LIM WENG WAI
NRIC No	S7564642I
Date Of Birth	09/09/1975
Occupation	INDOOR
Date Of Driving Pass	23/10/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91896620
Fax Number	
Contact Number	OTHERS-91896620
Email Address	WYWYLIM@GMAIL.COM

Address	BLK 237 LORONG 1 #06-26
Postcode	310237
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	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?	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2381G
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHEEP SIANG
NRIC/Passport Number	S2558145H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 14/11/18

Driver's Signature

(If driver is not the policyholder)

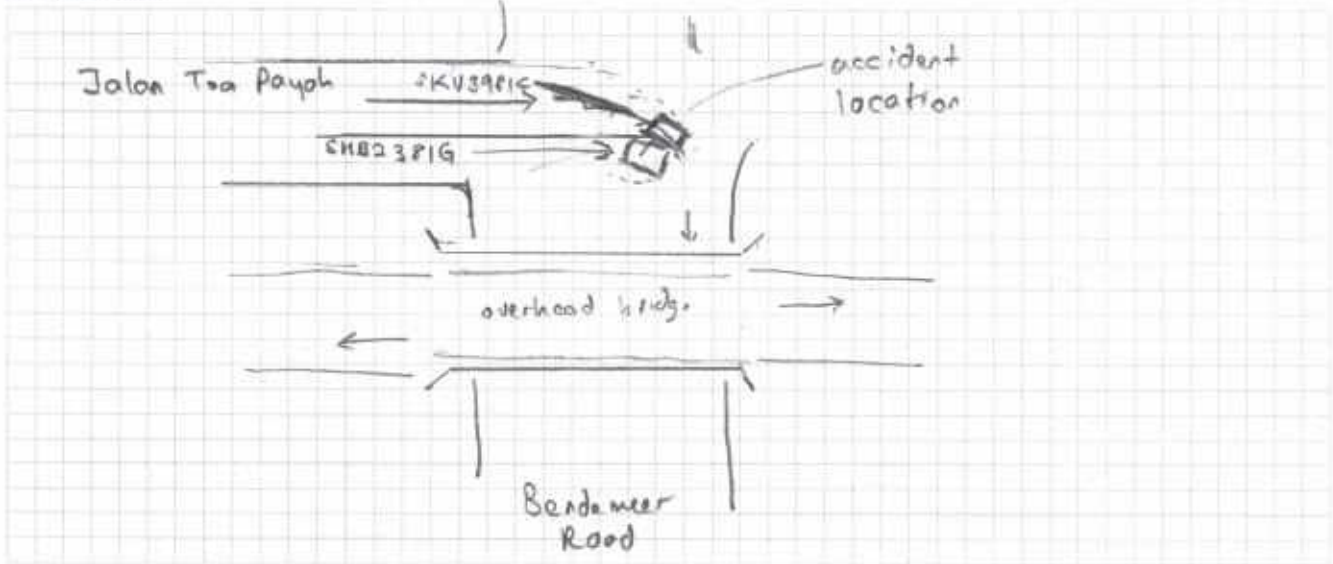
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving to work with my wife. We stopped at the traffic light along Jalan Toa Payoh before the turn into Bendemeer road. When the lights turned green, we moved along. As we were turning toward Bendemeer Road, we were banged on the right side of the car by another oncoming car taxi no. SHB-23816.

As it was drizzling and ~~not~~ to disrupt traffic, we moved under the overhead bridge and stopped. The other driver, Mr. Lim Cheep Song, NRIC no. S2558145H, got out from his car and talked to us. He asked us to claim from his insurance and gave us his particulars.

DECLARATION

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

Policyholder's Signature
Date & Time: 14/4/18

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

14/4/2018
Reporting Centre Personnel's Signature
Name: Resli Wafar
NRIC/FIN No.:

Claim Handling

Accident MT/1019690

Policy No.	5073800633-03	Vehicle No.	SKV3981C	GST Registration No.	
Certificate No.					
Policyholder Name	LIM WENG WAI	Cover Type	Drive CLASSIC	Policyholder NRIC	S7584642I
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	91896620	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KTK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCQ Entitlement(%)	50	eCode Reason	
NCQ Protection	Yes			Private Hire	No
Accident Details					
Report Date	14/11/2018 10:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/11/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN TOA PAYOH TURNING TO BENDEMEER ROAD				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 237 #06-26	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310237
Address 4		Address Type	Singapore address	Post Code	310237
Unit No.	06-26	Related Policy Number	5073800633-03		
Q1 Driver Info					
Driver Name	LIM WENG WAI	Driver Type	Main Driver	Driver DOB	09/09/1975
Unnamed driver Name		Driver NRIC	S7584642I	Driving Experience	11
Register Date of Driver License	23/10/2007	Driver Age	43	Contact No. (Home)	
Contact No. (Mobile)	91896620	Contact No. (Office)		Address 3	SINGAPORE 310237
Address 1	BLK 237 #06-26	Address 2	LORONG 1 TOA PAYOH	Post Code	310237
Address 4		Address Type	Singapore address		
Unit No.	06-26				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKV3981C	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM WENG WAI	Insured NRIC	S7584642I
Contact No. (Mobile)	91896620	Contact No. (Home)	86485426	Contact No. (Office)	
Email Address	WYWYLM@GMAIL.COM	Q1		TP	
Claim Description	SKV3981C / SHB381G ON 14 Nov 2018			Vehicle Number	SHB381G
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Swamp No. Finalisation	Yes	Repaired	Repaired		
Date Registered		Preferred Workshop, Name unknown	GIA report	Received	
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1019690	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/11/2018 10:48
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
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:48	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	Photos	Normal	Photos 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	NKIC/ Driving License	Normal	NKIC/ Driving License 2018-11-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 10:47	SAS	Normal	SAS 2018-11-14

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 11 / 2018 (DD/MM/YYYY), TIME: 08 : 00 (HH:MM)

LOCATION: JALAN TUA PAYON TURNING TO BENDAMER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV3981C
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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 WENG WA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S75646427 CONTACT: 91846620
 c) ADDRESS: BLOCK 237 #06-26 LORONG 1 TUA PAYON
310237

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 09 / 09 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 / 10 / 2007

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) DRIZZLE

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

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: SHB2381G MODEL: Hyundai
 b) DRIVER'S NAME: LIM CHEEP SIANG
 c) NRIC/FIN/PASSPORT: S255P145H CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = wywylin@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7564642I



Name

LIM WENG WAI

林永輝

Race

CHINESE

Date of birth

09-09-1975

Sex

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7564642I



LIM WENG WAI

Birth Date: 09 Sep 1975

Valid Until: 23 Oct 2007



8867517

NRIC No. S7564642I



Nationality

MALAYSIAN

Date of issue

04-08-2007

BLK 237 LORONG 1 TOA PAYOH #06-28

APRE 310237

NRIC No. S7564642I

Date: 24/02/2013

No. 7295892

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 23 Oct 2007

VP 425A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5073800633-03		LIM WENG WAI	57564642I	GPC	drive CLASSIC	SKV3981C	SKV3981C	16/09/2018	15/09/2019