

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 23/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/118021204/13	SAS e-filing		
Veh No: SLJ9015D	E-mail (within 8hrs, AIC 2hrs)		
DDA 22/11/18 1615	i-Motor Claim Form		
(DD) (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: CB5575D	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:	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

NAIS07646	Invoice Preparation Checklist	Am. (\$)	Am. (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bagr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idas Mobile 30		
	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	23/11/2018 12:37
Date Of Accident	22/11/2018 16:15
Exact Location Of Accident	TAMPINES LINK SLIP RD INTO TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9015D
Insured/Policyholder	
Name Of Registered Owner	LAI FA ALCOHOL TRADING
Co Reg No	5335064K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96585902

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494812
Cover Note Number	

Driver

Name of Driver	LIM CHUNG LI(LIN JUNLI)
NRIC No	S8022049I
Date Of Birth	30/07/1980
Occupation	INDOOR
Date Of Driving Pass	26/11/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96669585
Fax Number	
Contact Number	
Email Address	LIM_CHUNG_LI@MOE.SDU.SG

Address	BLK 435A FERNVALE ROAD #19-202
Postcode	791435
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	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: : NG KIM KEE 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB5575D
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	NG KIM KEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLJ9015D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

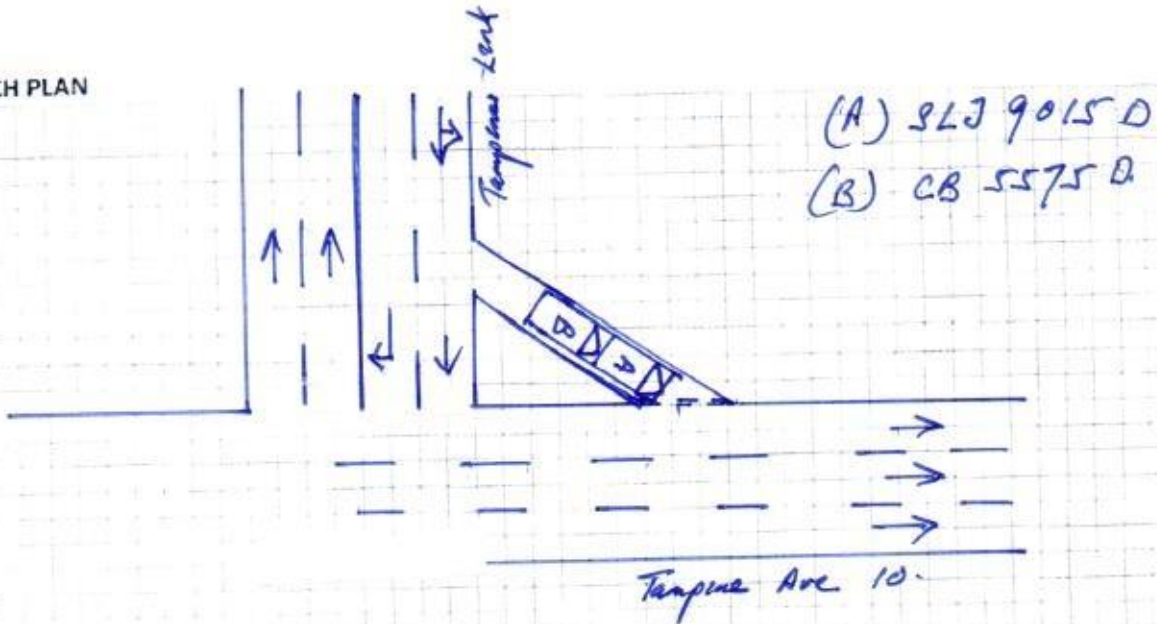


Policyholder's Signature
Date & Time:

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 22/11/18 at @ 1415 hrs, I stopped my vehicle (3LJ 9015 D) along Tampines Link slip road into Tampines Ave 10 to give way to the traffic on the main road. Suddenly, a van (CB 5575 D) from behind collided onto the rear portion of my vehicle.

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:

Signature 23/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SLJ 9015 D.	Model / Make	Honda Veret
Date of Accident	22/11/18		
Time of Accident	1615 HRS		
Location of Accident	Tampines Link slip road into Tampines Ave. 10		
Exact purpose use during accident	Commercial Used.		
Name of Owner	Lai Fa Alcohol Trading.		
Telephone No.	H/P: 9658 5902.	Home :	Office :
NRIC	S335064 K.		
Address	351 Geylang Road Singapore 389372.		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	Indea.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	M494812.		
Name of Driver	As Above If No, Lim Chung Li		
NRIC	S8022049 I.	Any Passengers :	01 (F).
Date of birth	30/07/1980.		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	26/11/2001		
Gender	Female		
Contact No.	H/P 9666 9585	Home :	Office :
Address	BLK 435A, Fernvale Road #19-202 (S) 791435.		
Driver have any own vehicle	No.	If yes, Reg No.	
Relationship	Employee,	If no, state Spouse.	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Ng Kim Kee (H/P: 96314513)		
Name And Contact No.			
Police Report	No.	If Yes, Where?	
Vehicle B No.	CB 5575 D	Any Passengers :	N.A
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A	Witness Contact :	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes/No		
Email Address	Lim - Chung - Li @ mae . edu . sg .		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING			
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / No			
PARTICULAR WORKSHOP	Tampines N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixia.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ n51 . com . sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S80220491**

Name: **LIM CHUNG LI (LIN JUNLI)**

Birth Date: **30 Jul 1980**

Issue Date: **11 Aug 2011**

001991186D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S80220491**

Name: **LIM CHUNG LI (LIN JUNLI)**

林俊莉

Race: **CHINESE**

Date of birth: **30-07-1980**

Country of birth: **SINGAPORE**

Sex: **F**

S80220491




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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **26 Nov 2001**

NP 428A

Licence No: **S80220491**



4761888

NRIC No: S80220491

Date of issue: **28-07-2011**

APT BLK 435A FERNVALE ROAD #19-202 SINGAPORE 791435

S80220491 SINGAPORE 730553

01/09/2013




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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **75961SE**
Comprehensive

Excess: **\$600/- Sect I For Employees & Lim Chung Li (Lin Junli)**
\$1100/- Sect.I For Non-Employees & additional \$2500/- Sect I
for age < 21 years or >65 years &/or S'pore D.L. < 2 years
Windscreen Excess: **\$100/-**

CERTIFICATE NO.

M494812

1. Index Mark and Registration
Number of Vehicle

SLJ 9015 D

2. Name of Policy Holder

Lai Fa Alcohol Trading

3. Effective date of the Commencement of
Insurance for the purposes of the Act

29th December 2017

4. Date of Expiry of Insurance

28th December 2018

5. Persons or Classes of Persons entitled to drive*

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 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*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the 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.

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).

Date of Issue: **SJ/08.12.2017**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.X.4 (OFFICE)
PRIVATE CAR



Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name : **P&C**

Hire Purchase Company : **Skyway Credit & Leasing Pte Ltd**