

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 118153282

Date In: 26/11/18-19:16	Job description	Date & Time Completed	Done by
Ref No: N12/14C18021346/24	SAS e-filing		
Veh No: J63766L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/11/18-19:00	i-Motor Claim Form	M7/1021476-001	26/11/18 19:32
OD (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: YP98162	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%. F: 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)	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N in INC) against INC \$20		
	9) N12: Idac 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	26/11/2018 17:16
Date Of Accident	24/11/2018 19:00
Exact Location Of Accident	JALAN KAYU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3766L
Insured/Policyholder	
Name Of Registered Owner	LIM SENG WUI
NRIC No	S7122363I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91828919
Alternative Phone No	OFFICE-91828919
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5 LX CVT ABS D/AIRBAG 2WD
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	5094856322-01
Cover Note Number	
Driver	
Name of Driver	LIM SENG WUI
NRIC No	S7122363I
Date Of Birth	01/07/1971
Occupation	INDOOR
Date Of Driving Pass	27/09/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91828919
Fax Number	
Contact Number	OFFICE-91828919
EEmail Address	NOEMAIL

Address	BLK 173 LORONG 1 TOA PAYOH #11-1266
Postcode	310173
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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?	
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)	0

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9816Z
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)	

SKETCH PLAN

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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.

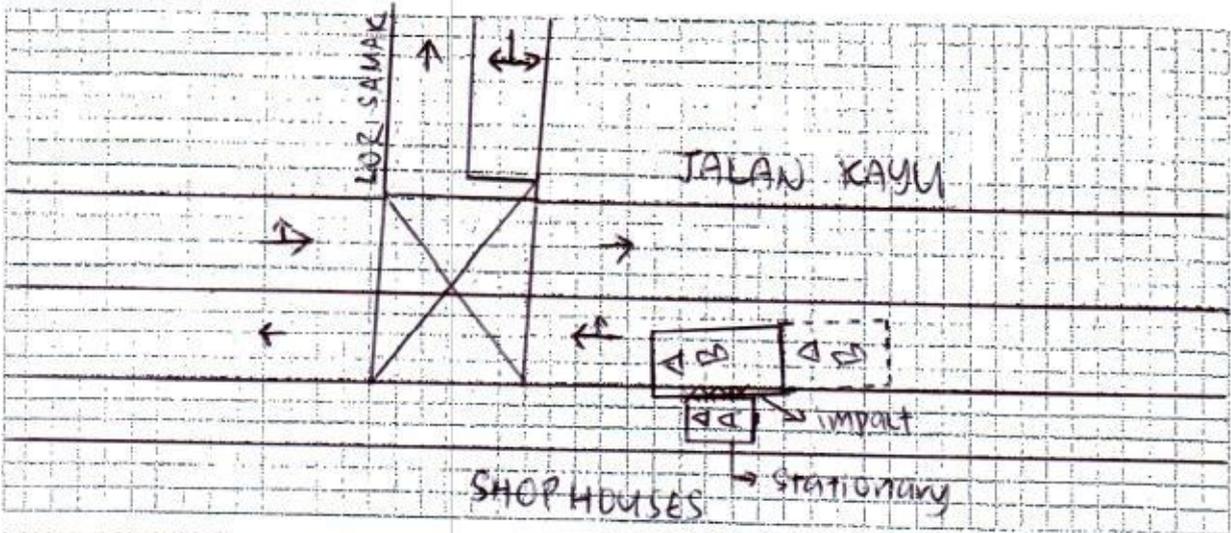
Policyholders Signature
Date & Time:

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

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

veh A: SLS3766L
veh B: YP9816Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
My car (veh A: SLS3766L) was parked along Jalan Kayu.
A lorry (veh B: YP9816Y) drove past and sideswiped my
car while it was parked stationary. The lorry driver
admitted to his negligence and we exchange particulars.

DECLARATION

(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/PIN No.:

Date of Accident : 24/11/2018 Accident Time: 1900 (24-HR-Format)

Accident Place : Jalan Kayu

Vehicle Reg. No. (Car Plate No.) : SLS 3766L

Vehicle Make/Model : Honda Vezel

Insurance Company : NTUC Policy No. 5094856322-01

Owner or Company Name /IC No. : LIM SENG WUI 571223631

Owner or Company Contact No. : 91828919 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : "

DRIVER'S Date Of Birth : 01/07/1971 DRIVER'S License Pass Date gwdk

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : BLK 173 LOR 1 TOA PAYOH #11-1266 (310173)

DRIVER'S Contact No./ Alt No. : 1) " 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 00

Was there any video Captured by car camera? YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>YP 9816Z</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

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: 5094856322-01

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLS3766L |
| Chassis Number | : MRHRU1830FP000056 |
| 2. Name of Policyholder | : LIM SENG WUI |
| 3. Effective Date of Insurance | : 07 Nov 2018 |
| 4. Expiry Date of Insurance | : 06 Nov 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM SENG WUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE 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)

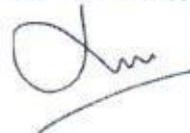
Agency : SININS AGENCY PTE. LTD. (00000615123)
 Date of Issue : 29 Sep 2018 10:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094856322-01		LIM SENG WUI	57122363E	GPC	drive CLASSIC	SLS3766L	SLS3766L	07/11/2018	06/11/2019

Continue

▼ Policy Information

Policy No.	5094856322-01	Policyholder Name	LIM SENG WUI	Policyholder NRIC	S71223631
Certificate No.					
Address	NIL				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/09/2018	Effective Date	07/11/2018 00:00	Expiry Date	06/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info:					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	06-1522	Related Policy Number	5094856322-01		

↳ Insured Object: SLS3766L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1021476

Policy No.	5094856322-01	Vehicle No.	SL53766L	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SENG WUI	Cover Type	drive CLASSIC	Policyholder NRIC	S71223631
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91828919	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	26/11/2018 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	24/11/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN KAYU				
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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	06-1522	Related Policy Number	5094856322-01		
Q1 Driver Info					
Driver Name	LIM SENG WUI	Driver Type	Main Driver	Driver DOB	01/07/1971
Unnamed driver Name		Driver NRIC	S71223631	Driving Experience	25
Register Date of Driver License	27/09/1993	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	91828919	Contact No. (Office)	0	Address 1	TOA PAYOH GREEN
Address 1	BLK 173	Address 2	LORONG 1 TOA PAYOH	Address 3	
Address 4	SINGAPORE 310173	Address Type	Singapore address	Post Code	310173
Unit No.	11-1266				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
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 SENG WUI	Insured NRIC	S71223631	
Contact No. (Mobile)	96697703	Contact No. (Home)	87548956	Contact No. (Office)	NIL	
Email Address		O1 Vehicle Number	SL53766L	TP Vehicle Number	Y99816Z	
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SL53766L / Y99816Z ON 24 Nov 2018				Name of Preferred Workshop	
Preferred workshop Contact No.		Insured Liability *	Not at Fault	GIA report:	Received	
Require Privatisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/11/2018 00:00	
Date Registered	26/11/2018 19:32	Claim Close Date				
Report Taken By	Jackson					
<input type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

Attachment

Accident No.	MT/1021476	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/11/2018 19:34	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text"/>

