

# NATIONAL Assessment Centre Services

(v11.1.20100)

19/12/2018 19:18

Date In: 03/12/2018 19:18	Job description	Date & Time Completed	Done by
Ref No: NBS/INC/2018/06/7	SAS e-Milling		
Veh No: SME 8709 G	E-mill (within 3hrs, A/C 3hrs)		
D.O.A: 02/12/2018 22:46	1-Motor Claim Form	MT/1022467-001	04/12/2018 12:09
OD / TP / Reporting Only	1-Motor W/O (within 00 hrs, TP 3hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: 8LR 84120	INC ( ) / Non-INC ( )	
Owner / Drivers:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Rem:
( ) 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: ( )

Removals: ( )	URG Hotline: 6788 0016	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

Human's Particulars:	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) RT: Follow-Through Survey (Resurvey) \$20	
	6) TR: Re-inspection \$75	
	7) NI: 1st DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) OIL:	
Driver/Owner:	1) NI: Courtesy Car / Tpl Allowance \$5	
Contact No:	2) NI: Repair Co-ordination \$10	
amaged Portion:	3) NI: Post Repair Inspection \$25	
C. Checked by (Bngr-In-Charge):	4) NI: DV / Collision Excess Coordination \$5	
Writer's Comments:	TP (NI) / TP (K'n INC) against INC \$20	
	5) NI: 1st DA Mobile \$0	
1/2/3:	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	03/12/2018 19:18
Date Of Accident	02/12/2018 22:40
Exact Location Of Accident	ALONG AIRPORT BOULEVARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8709G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYLIGHT LIMOUSINE SERVICES
Co Reg No	53201674B
Email Address	SKYLIGHTLIMO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97431838
Alternative Phone No	OFFICE-97431838

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	FERRY PASSANGER
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	5090677281-01
Cover Note Number	

### Driver

Name of Driver	SIM KEOW CHOO
NRIC No	S1353470E
Date Of Birth	22/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97431838
Fax Number	
Contact Number	OTHERS-97431838
Email Address	SKYLIGHTLIMO@GMAIL.COM

Address	BLK 161 MEI LING STREET #04-331
Postcode	140161
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	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	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: : PASSENGER 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
Remarks/ Reasons:	COULD NOT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8912D
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEREK CHUA
NRIC/Passport Number	S1750857A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

 03/12/18  
1600hrs

Policyholder's Signature  
Date & Time:

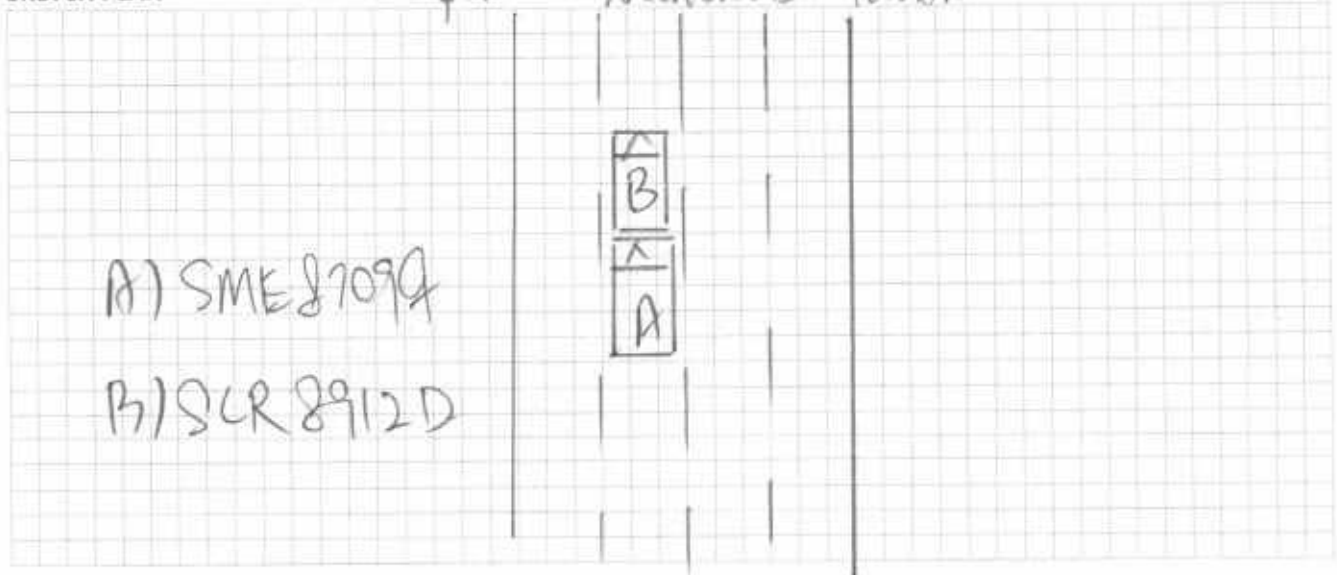


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 03/12/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SKETCH PLAN

AIRPORT BOULEVARD TOWARD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/12/18 at abt 2240hrs as I was driving from airport terminal  
2 toward PIE and along airport boulevard the said vehicle  
SLR 8912D suddenly stop and I too apply brake and could not  
stop in time.

DECLARATION

I/We declare the foregoing particulars are true to every respect

M. 03/12/18  
1600hrs

Policyholder's Signature  
Date & Time:



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

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

## Claim Handling

Accident MT/1022467

Policy No.	5090677281-01	Vehicle No.	SME8709G	GST Registration No.	
Certificate No.				Policyholder NRIC	S32016748
Policyholder Name	SKYLIGHT LIMOUSINE SERVICES	Cover Type	drive CLASSIC	Loading	0
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97431638	Special Remark		eCode	No *
Email Address		TCA	+ No Yes	eCode Reason	
ETK	+ No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	04/12/2018 12:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/12/2018	Time of Accident (min)	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG AIRPORT BOULEVARD ROAD				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST status verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 181 #04-331	Address 2	MEL LING STREET	Address 3	SINGAPORE 140161
Address 4		Address Type	Singapore address	Post Code	140161
Unit No.	04-331	Related Policy Number	5100429566		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/05/1959
Unnamed driver Name	SIM KEOW CHOO	Driver NRIC	S1353478E	Driving Experience	39
Register Date of Driver License	22/06/1979	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	97431638	Contact No.(Office)		Address 3	MEL LING VISTA
Address 1	BLK 181 #04-331	Address 2	MEL LING STREET	Post Code	140161
Address 4	SINGAPORE 140161	Address Type	Foreign address		
Unit No.	04-331			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SME8709G		
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	SKYLIGHT LIMOUSINE SERVICE	Insured NRIC	S32016748
Contact No.(Mobile)		Contact No. (Home)	KIL	Contact No. (Office)	KIL
Email Address		GI		TP	
Claim Description		Vehicle Number	SME8709G	Vehicle Number	CLR89
				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/12/2018 12:08	Claim Close Date		Date Received	04/12/2018
Report Taken By	RDSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1022467	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/12/2018 12:09
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
Choose File	No file chosen	Clear	Please Select
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Ph
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:09		Photos	Normal	Photos 2018-12-4	





## ACCIDENT STATEMENT

ACCIDENT DATE: 02/12/18 (DD/MM/YYYY). TIME: 22:40 (HH:MM)

LOCATION: Airport Boulevard

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME8709G  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Toyota Vellfire  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Ferry Passenger  
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: SIM KEOW CHOW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1353470E CONTACT: 97431838  
c) ADDRESS: Blk 161 Mei Ling St #04-331 (140161)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SIM KEOW CHOW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1353470E CONTACT: 97431838  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SLR8912 D MODEL: Mercedes Benz  
b) DRIVER'S NAME: Derek Chua  
c) NRIC/FIN/PASSPORT: S1750857A CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

email = skylightlimo@gmail.com  
VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1353470E



Name  
SIM KEOW CHOO

沈巧珠

Race  
CHINESE

Date of Birth  
22-05-1959

Sex  
F

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1353470E

Name  
SIM KEOW CHOO

Birth Date 22 May 1959

Issue Date 26 Feb 2004




140308Y



SPIC No. S1353470E



Special Licence Date of issue  
AB\* 05-11-1993


Address  
APT BLK 161 MEI LING STREET  
#04-331  
SINGAPORE 0314

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jun 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Feb 1999

NP 429A

Licence No: S1353470E



Hello, NAC\_BUKIT\_MERAH\_800676

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/12/2018 16:21"/>
Vehicle No.(For Motor)	<input type="text" value="SME8709G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090677281-01		SKYLIGHT LIMOUSINE SERVICES	532016748	GFT	drive CLASSIC	SME8709G	SME8709G	19/10/2018	