NATIONAL Assessment Centre Services (wef 1 Jul 00) Fax: 81590068

Date In: 04/12/2018 17:44	Job description	Date & Time Completed	Done by
Ref No: NBA172MC18021835/4	SAS e-filing		
Veh No: SFY9225G	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 04/12/2018 13.15	i-Motor Claim Form	MT/10225649001	04/12/2018 17:59
OD / TP / Reporting Only	i-Motor W/O (within OD 3hrs, TP 1hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: GBH 2851G , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Bsl 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: 67881061)		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

NA1807929

Comments/Enquiries

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Officer's Comments

L 1:

L 2/3:

Invoice Preparation Checklist		Yes/(√)	Waived/Add Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100); INC ($40)			
3) TP: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$150		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	$75		
7) N1: Idus DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OW			
*N3: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N4: Post Repair Inspection	$15		
*N6: DV / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$20		
9) N13: Idus Mobile	10		
Invoice dated	*Not Charged*		
Invoice dated	*Not 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	04/12/2018 17:44
Date Of Accident	04/12/2018 13:15
Exact Location Of Accident	BLK 416 BEDOK NORTH AVENUE 2 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFY9225G
Insured/Policyholder	
Name Of Registered Owner	LIM KOK YONG
NRIC No	S1431365F
Email Address	KOKYONGL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96775510
Alternative Phone No	OTHERS-96775510
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098485016
Cover Note Number	
Driver	
Name of Driver	LIM KOK YONG
NRIC No	S1431365F
Date Of Birth	24/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96775510
Fax Number	
Contact Number	OTHERS-96775510
EMail Address	KOKYONGL@GMAIL.COM

Address	BLK 526 CHOA CHU KANG STREET 51 #06-279
Postcode	680526
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	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	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 (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2851G
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO CHONG KIAT
NRIC/Passport Number	S0589076D
Contact Number	91797080
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

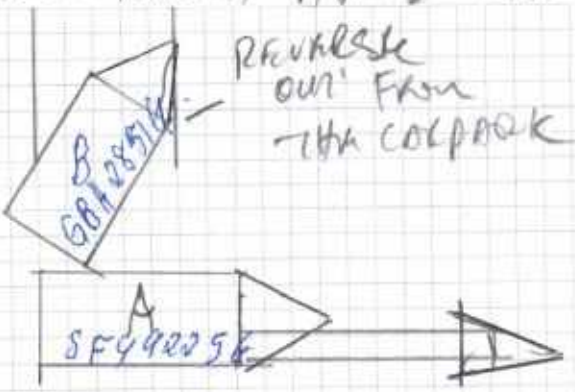
Policyholder's Signature
Date & Time: 4/12/18 1620 hrs

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

04/12/2018

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

SKETCH PLAN BLK 416 BEDOK NORTH AVE 2 CAR PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4th Dec 2018 @ about 1315pm while I was driving in the carpark of BLK 416 Bedok North Ave 2 a Van vehicle number GBH2851G that was parked head in was reversing from the parking lot.

I horn my vehicle but the van GBH2851G did not stop and hit the left rear of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/12/18 1620 hrs

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

04/12/2018

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

Claim Handling

Accident MT/1022564

Policy No.	S098485016	Vehicle No.	SFY9225G	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KOK YONG			Policyholder NRIC	S1431365F
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96805045	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(%)	0	Private Hire	Yes

Accident Details

Report Date	04/12/2018 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/12/2018	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 416 BEDOK NORTH AVENUE 2 CARPARK				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	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 526 #06-279	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680526
Address 4		Address Type	Singapore address	Post Code	680526
Unit No.	06-279	Related Policy Number	S098485016		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM KOK YONG	Driver NRIC	S1431365F	Driver DOB	24/05/1960
Register Date of Driver License	20/08/1979	Driver Age	58	Driving Experience	39
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 526 #06-279	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680526
Address 4		Address Type	Singapore address	Post Code	680526
Unit No.	06-279				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFY9225G	Driver Insurer Company	NTUC

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM KOK YONG	Insured NRIC	S1431
Contact No.(Mobile)	86775510	Contact No. (Home)		Contact No. (Office)	
Email Address	kokyong@gmail.com	OI Vehicle Number	SFY9225G	TP Vehicle Number	GBH28
Claim Description	SFY9225G / GBH2851G ON 4 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Eligible for Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/12/2018 17:58	Claim Close Date		Date Received	04/12/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1022564	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/12/2018 17:59

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	SAS	Normal	SAS 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4

▼ **Video List**

Uploaded By/Date	Folder Date	File Name		Source

[Display in New Window] [Scan and uploading]

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 12 / 2018) (DD/MM/YYYY). TIME: (13:15) (HH:MM)

LOCATION: BIK 416 Bedok North Ave 2 CAR PARK

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SFY 9225G
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5098485016
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: NISSAN SYPHY
   f) TYPE: (SALOON / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: SEA GRAB
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

2 PAX
1 M
1 F

2. INSURED / POLICY HOLDER
   A) NAME: LIM KOK YONG (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S6431305F CONTACT: 96775510
   c) ADDRESS: BIK 526 CHOA CHU KANG ST 51 #06-274 SINGAPORE 680526

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

* No of passenger (Including driver) (3)

3. DRIVER
   a) NAME: DS ABDUL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (24 / 05 / 1960) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 20/08/1979
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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: GBH 2851G MODEL: TOYOTA HIACE
   b) DRIVER'S NAME: YEO CHONG KIAT
   c) NRIC/~~FIN/PASSPORT~~: S0589076D CONTACT: 91797080

* No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (Including driver) (__)

email = kokyongl@gmail.com

VIDEO Yes

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1431365F

Name

LIM KOK YONG

林 国 勇

Race

CHINESE

Date of birth

24-05-1960

Sex

M

Country of birth

SINGAPORE

4038945

NRIC No. S1431365F

Date of issue

07-05-2007

Address

APT BLK 526 CHOA CHU KANG STREET 51
#06-279
SINGAPORE 680526

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 04/12/2018 15:56
Vehicle No.(For Motor): SFY9225G | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5098485016		LIM KOK YONG	S1431365F	GCV	Comprehensive	SFY9225G	SFY9225G	28/02/2018	27/02/2019

Continue