NATIONAL Assessment Centre Services. | wet 1 Janos MN 418 162123 Date In: 29/1/18-14:31 Date & Time Completed Done by Jeb description Rel No: NALING 180253 13 20 SAS e-filing Veh No: E-mail (within Shrs, AIC 2hrs) D.O.A : i-Motor Claim Form M7/1025666-001 29/14/18 15:43. i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP) Reporting Only 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: Soy 66268. INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by: (Date: 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 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 Ant (S) Aml (1) Invoice Preparation Checklist NA 1868785 fu Bill 1) AR : Accident Reporting Claimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): * NS: Courtesy Car / Tpt Allowance \$5 *N6; Repair Co-ordination 510 *N7: Post Repair Inspection \$25 Auditors' Comments :-* N8: DV / Collect Excess Coordination 35 lat. 1: TP (N11): TP (Non INC) against INC \$20 30 9) N12: Idne Mobile at. 2/3; Invoice dated Fee Chargea Fee Charged Invaice dated

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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

	ACCIDENT STATEMENT
Date Of Report	29/12/2018 12:31
Date Of Accident	26/12/2018 10:00
Exact Location Of Accident	JUNC CAIRNHILL RD & BIDEFORD RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9423P
Insured/Policyholder	
Name Of Registered Owner	LIM PEN KWEE
NRIC No	S7270796F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90224816
Alternative Phone No	OFFICE-90224816
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0L 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	5096841669
Cover Note Number	
Driver	
Name of Driver	LIM PEN KWEE

S7270796F NRIC No 28/06/1972 Date Of Birth INDOOR Occupation 15/06/1998 Date Of Driving Pass

20 YEARS AND 6 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-90224816 Mobile Number

Fax Number

OFFICE-90224816 Contact Number

NOEMAIL EMail Address

15 PUNGGOL FIELD WALK Address

#14-03

828746 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDY6626B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

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

- This Form must be completed by the Policyholder and/or the Authorised Driver.
- ation 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (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
- 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.
- 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.

Policyholder4

harmon typicani. Ma

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN venicle B: SDY 66268 Bideford Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	stated	date i	time,	I, ve	hice A,	SJN 9423	P,
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DECLARATION

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

Policyholder

Date & Time:

Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

	26 12 / 2018 (DD/MM/YYY), TIME: 10.
ACC	ATION: Caimfull Load X Billetord Load
100	ATION: Calmbill LOAD & BACCOLD FORE
F100 100 00	
1.	DETAILS OF VEHICLE STW9423P
	DINSURANCE COMPANY: NMC
85	CIPCUICY NUMBER:
	C)POLICY NUMBER:
	e)MAKE & MODEL: NISSAN TEANA,
	COURT / MOTORCYCLE / OTHERS
	WELLICIE CATECOPY (PRIMATE / CUMINICICIAL / MOTOR
	LIBURDOSE OF HISING AT ACCIDENT TIME.
	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CAIM / REPORTING ONLY)
2	INISIDED / POLICY HOLDER
2.,	MALE FENDRE
	LINDIC / CINI/ DASSDOPT: 313 TOT YOT CONTACT:
85	CIADDRESS: IF PUNGOOI FIELD WAIK #14-03 (828746)
10 10 10	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
15-Us of cormas.	
a ten et bessendeb	g)NAME:(MALE / FEMALE)
14 No of passong a (Induding driver)	b)NRIC/FIN/PASSPORT:CONTACT:
(T)	c) ADDRESS:
5	
	28 0/ 1/23
*	*d)DATE OF BIRTH: (28) 06 1972)(DD/MM/YYYY)
8.	e)OCCUPATION: (INDOOR / OUTDOOR)
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87	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
87	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
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email =

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7270796F





Name

LIM PEN KWEE

林伴桂

CHINESE Date of birth Sex 28-06-1972

Country of birth MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 2 7 0 7 9 6 F

LIM PEN KWEE

Birth Date: 28 Jun 1972 Issue Date: 13 Jun 2003







NRIC No. S7270796F



12-05-2011

15 PUNGGOL FIELD WALK #14-03 SINGAPORE 828748

S7270796F

NRIC No:

Date:

10/12/2016 (R)

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

15 Jun 1998



eBao Tech					-					Genera	Claim
Hello, NAC_PAYA_UBI_800	0601						• Change	Language) Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	8	26/12/2018 1	10:00	
	Vehicle	No.(For Motor)	SJW94	23P		Certi	ficate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096841669		LIM PEN KWEE	S7270796F	GPC	drivo CLASSIC	53W9423F	53W9423P	24/12/2017	29/04/2019
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ddress	15 PUNGGOL FIELD WALK #14-0	3 WATERWO	ODS SINGA	PORE 828746			
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dditional xcess	0	OS Premium	0				
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porting Centre		Orange Force		ICM No.	
ident Location	JUNC CAIRMHILL RD & BIDEFORD RD				
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n damage Excess	600.00	Additional Excess	•	Windscreen Excess	100.00
named Driver Excess	0.00	Dutside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
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ress 1					
	IS PUNGGOL FIELD WALK	Address 2	#14-03 WATERWOODS	Address 3	SINGAPORE 828746
dress 4		Address Type	Singapore address	Post Code	828746
t No.		Related Policy Number	5096841669		
OI Driver Info					
ver Name	LIM PEN KWEE	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$7270796#	Driver DOB	28/06/1972
gater Date of Driver License	15/06/1998	Onver Age	45	Driving Experience	20
ritact No.(Mobile)	90224816	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	15 PUNGGOL FIELD WALK	Address 2	WATERWOODS	Address 3	SINGAPORE 828746
01856 4		Address Type	Singapore address	Post Code	828746
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es he own a Singapore	00				
Page Institute	Yes (#) No	Driver Vehicle No.		Driver Insurer Company	
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