

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 00)

NA/19000/280

Date In: 03/01/2019 17:11	Job description	Date & Time Completed	Done by
Ref No: NA/19000/165/4	SAS e-filing		
Veh No: SKW 42835	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 03/01/2019 12:15	I-Motor Claim Form	MT/1026270-001	03/01/2019 17:45
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKR 3065E	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Assign

NA/19000/280	Invoice No: NA/19000/280	Invoice Date: 03/01/2019
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$50)
Contact No:	2) DA: Damage Assessment (\$100)	\$10/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
	4) FT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idao DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N3: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI: Idao Mobile	\$0
QC Checked by (Engr-In-Charge):	Invoice dated	Fax Charged
	Invoice dated	Fax 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	03/01/2019 17:11
Date Of Accident	03/01/2019 12:15
Exact Location Of Accident	ALONG TUAS SOUTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4383S
Insured/Policyholder	
Name Of Registered Owner	LIM CHENG KIANG (LIN ZHONGQIANG)
NRIC No	S7301943E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92711885
Alternative Phone No	OTHERS-92711885

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
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	5094915737-01
Cover Note Number	

Driver

Name of Driver	LIM CHENG KIANG (LIN ZHONGQIANG)
NRIC No	S7301943E
Date Of Birth	11/01/1973
Occupation	INDOOR
Date Of Driving Pass	12/10/1995
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92711885
Fax Number	
Contact Number	OTHERS-92711885
Email Address	NOEMAIL

Address	BLK 564 ANG MO KIO AVENUE 3 #11-3483
Postcode	560564
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR3065E
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FARRUZ BIN MAHMOOD
NRIC/Passport Number	S8631960H
Contact Number	87797794
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME:

GENDER:

SKETCH PLAN

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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.

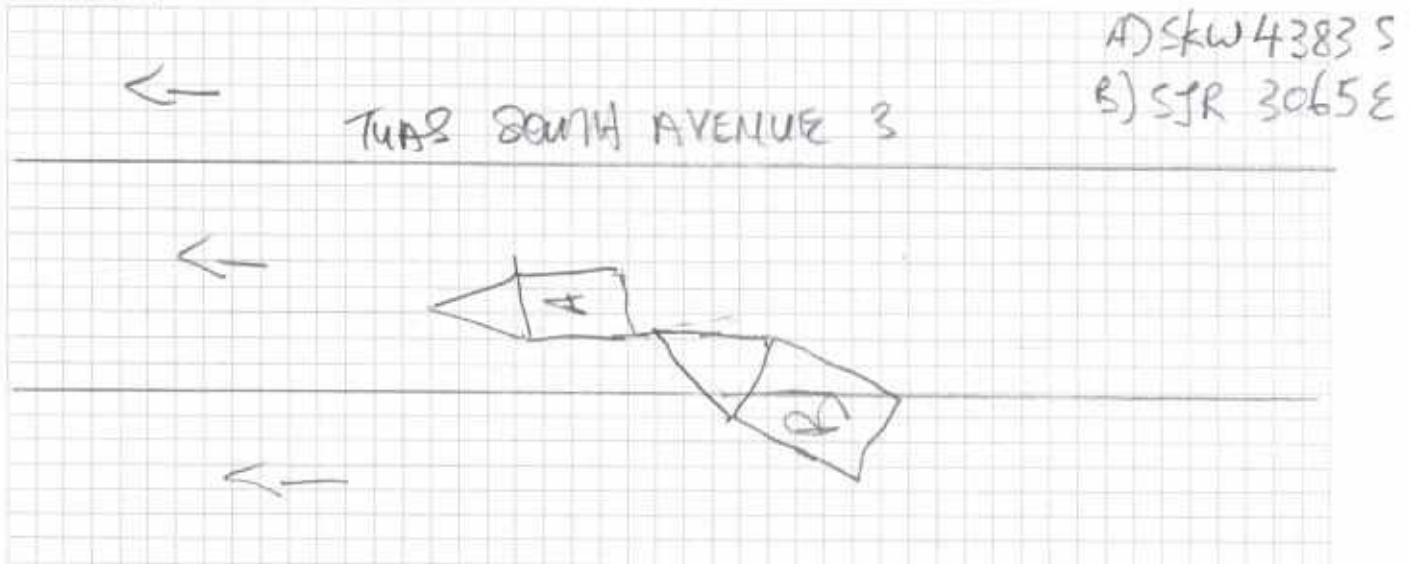
 03/01/2019

Policyholder's Signature
Date & Time:

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

 03/01/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/01/2019 ON 12:15HRS I WAS AT THE CR WANDY
 DRIVE STRAIGHTLY SUDDENLY CAR B SWITH LANE & BANG
 INTO THE REAR OF MY CAR A

DECLARATION

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

 03/01/2019

Policyholder's Signature
 Date & Time:

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

 03/01/2019
 Reporting Centre Personnel's Signature
 Name: Kothi Wanda
 NRIC/FIN No.:

Claim Handling

Accident HT/1026270

Policy No.	5094915737-01	Vehicle No.	SKW43835	EST Registration No.	
Certificate No.					
Policyholder Name	LIM CHENG KIANG	Cover Type	drive CLASSIC	Policyholder NRIC	57301943E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93711885	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
RFR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	03/01/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/01/2019	Time of Accident(hh:mm)	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TUAS SOUTH AVENUE 3				

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 Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 304 #11-3483	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560564
Address 4		Address Type	Singapore address	Post Code	560564
Unit No.		Related Policy Number	5094915737-01		

OI Driver Info

Driver Name	Lim Cheng Kiang	Driver Type	Main Driver	Driver DOB	11/01/1973
Unnamed driver name		Driver NRIC	57301943E	Driving Experience	23
Register Date of Driver License	12/10/1995	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	93711885	Contact No.(Office)		Address 3	SINGAPORE 560564
Address 1	BLK 304 #11-3483	Address 2	ANG MO KIO AVENUE 3	Post Code	560564
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKW43835	Driver Insurer Company	NTUC

Declaration					
Smear/Allyser 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-HX	Insured Name	LIM CHENG KIANG	Insured NRIC	57301943E
Contact No.(Mobile)	93711885	Contact No.(Home)	NTU	Contact No.(Office)	
Email Address		OT	SKW43835	TP	SKR30E
Claim Description	SKW43835 / SKR30E ON 3 Jan 2019			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA Report	Received	Claim Close Date	03/01/2019 17:44
Report Taken By				Date Received	03/01/2019

Print AK letter

Save Submit

Attachment

Accident No.	HT/1026270	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2019 17:45		
Path *		Category *	NO	Confidential	Urgency *
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		Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
RAC_BUKIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:45		Photos	Normal	Photos 2019-1-3	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:45	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:45	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:45	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:45	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:45	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:44	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:44	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:44	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:44	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:44	SAS	Normal	SAS 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 17:44	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-1-3

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 03/01/2019 (DD/MM/YYYY), TIME: 12:15 (HH:MM)

LOCATION: Tuas South Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 4383 S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5094915757101
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Harrier
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: LIM CHENG KIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7301943/E CONTACT: 92711885
c) ADDRESS: Blk 564 Ang Mo Kio Ave 3 #11-3483

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: 11/01/1973 (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: 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: SJR 3065 E MODEL:
b) DRIVER'S NAME: MUHAMMAD FARUZ BIN MUHAMMAD
c) NRIC/FIN/PASSPORT: S8631960 H CONTACT: 8779 7794

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7301943E



Name

LIM CHENG KIANG
(LIN ZHONGQIANG)

林 钟 强

Race

CHINESE

Date of birth

11-01-1973

Country/Place of birth

SINGAPORE

Sex

M



5760584



NRIC No. S7301943E



Date of issue

26-06-2017

Address

APT BLK 564 ANG MO KIO AVENUE 3
#11-3483
SINGAPORE 560564

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number S7301943E



LIM CHENG KIANG
(LIN ZHONGQIANG)

Birth Date: 11 Jan 1973

Issue Date: 29 Jul 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

PASS DATE

23 Sep 1993

12 Oct 1995



License No. S7301943E

NP 428A

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: 5094915737-D1

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW43835**
Chassis Number : ZSU600057039
2. Name of Policyholder : LIM CHENG KIANG
3. Effective Date of Insurance : 29 Oct 2018
4. Expiry Date of Insurance : 28 Oct 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHENG KIANG
NAMED DRIVER (1)	: ANG MEI CHERN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : NG ZHI FENG (00000602422)
Date of Issue : 16 Oct 2018 16:21 hrs
Reprint : 16 Oct 2018 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive