

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA19001867

Date In: 04/01/2019 19:17	Job description	Date & Time Completed	Done by
Ref No: N84/MC/9000266/4	SAS e-filing		
Veh No: SJU 2615J	E-mail (w/this 8hrs, AIC 2hrs)		
D.O.A: 04/01/2019 01:45	I-Motor Claim Form	MT1026455-001	04/01/2019 19:33
QID: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 8425	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1900125	Invoice No: NA1900125	Invoice Date: 04/01/2019	Invoice By: [Signature]
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QID:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*ND: DV / Collect Excess Coordination \$5		
	TP (Nil) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditor's Comments:			
Cal. 1:			
2 / 3:			

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	04/01/2019 19:17
Date Of Accident	04/01/2019 01:45
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 1 (ARRIVAL HALL) GATE 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2615J
Insured/Policyholder	
Name Of Registered Owner	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)
NRIC No	S8030821C
Email Address	DERRICK@TTQM.COM.SG
Mobile Phone No	(LOCAL) +65-92962987
Alternative Phone No	OTHERS-92962987

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104210830
Cover Note Number	

Driver

Name of Driver	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)
NRIC No	S8030821C
Date Of Birth	02/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92962987
Fax Number	
Contact Number	OTHERS-92962987
EMail Address	DERRICK@TTQM.COM.SG

Address	237 TANAH MERAH KECHIL AVENUE
Postcode	465746
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 (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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC842S
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TAN CHEE LEONG
NRIC/Passport Number	S7671112G
Contact Number	82225613
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

04/01/19

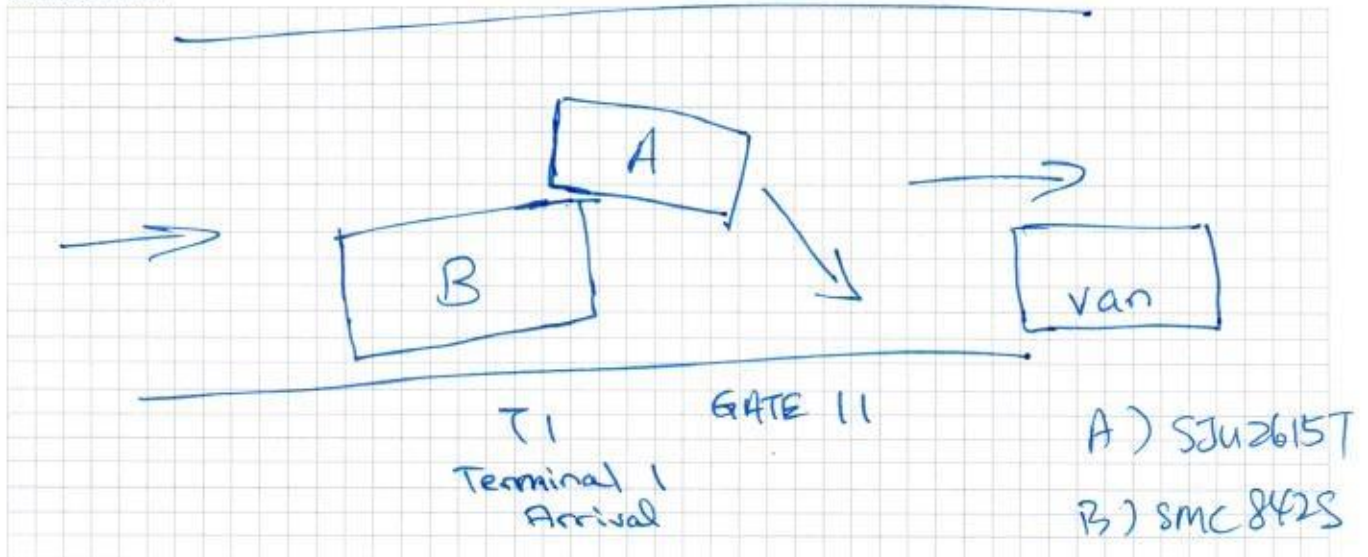
Driver's Signature
(If driver is not the policyholder)
Date & Time:

04/01/19.

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

04/01/2019
Rashid Hassan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was approaching Gate 11 Terminal 1 Arrival door and as the Traffic is heavy with many cars picking up passengers, I had to slow down. A certis officer was present to ensure all cars do not block or stay stationary for long. I slowed down and signalled from far when approaching gate 11. There was a passenger van at gate 11 & 12 therefore I had to slow down first.

The car B did not notice my car and did not signal out. He knocked into my rear right passenger door and rear bumper. He was having passengers in his car and security was chasing him away. I stopped my car at Gate 11 to ensure my car did not block the run way. I do not have any passengers in my car during the accident.

DECLARATION

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

Policyholder's Signature
Date & Time: 04/11/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 04/11/19.

Reporting Centre Personnel's Signature
Name: Rashed
NRIC/FIN No.: 04/11/2019

Claim Handling

Accident MT/1026455

Policy No.	S104210830	Vehicle No.	SJU26153	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK)			Policyholder NRIC	S8030821C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92962987	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	04/01/2019 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/01/2019	Time of Accident hh:mm	01:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI AIRPORT TERMINAL 1 (ARRIVAL HALL) GATE 11				

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	237 TANAH MERAH KECHIL AVE	Address 2	D'MANDU	Address 3	SINGAPORE 465746
Address 4		Address Type	Singapore address	Post Code	465746
Unit No.		Related Policy Number	S104210830		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM SIN FATT, DERRICK (LIN XI)	Driver NRIC	S8030821C	Driver DOB	02/10/1980
Register Date of Driver License	04/03/2002	Driver Age	38	Driving Experience	16
Contact No.(Mobile)	92962987	Contact No.(Office)		Contact No.(Home)	
Address 1	237 TANAH MERAH KECHIL AVE	Address 2	D'MANDU	Address 3	SINGAPORE 465746
Address 4		Address Type	Singapore address	Post Code	465746
Unit No.					
Does he own a Singapore Registered car?	+ Yes No	Driver Vehicle No.	SJU26153	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	+ Yes No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIM SIN FATT, DERRICK (LIN XI)	Insured NRIC	S8030821C
Contact No.(Mobile)	92962987	Contact No. (Home)		Contact No. (Office)	
Email Address	derrick@ttm.com.sg	OT Vehicle Number	SJU26153	TP Vehicle Number	SMCB4
Claim Description	SJU26153 / SMCB425 ON 4 Jan 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	04/01/2019 19:32	Claim Close Date		Date Received	04/01/2019
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1026455	Claim No.	001
Last Doc. Received	+ Yes No	Upload Date	04/01/2019 19:33
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	No
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:33		Photos	Normal	Photos 2019-1-4	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:33

Photos

Normal

Photos 2019-1-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:33

Photos

Normal

Photos 2019-1-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:32

Photos

Normal

Photos 2019-1-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:32

Photos

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:32

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Photos 2019-1-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:32

SAS

Normal

SAS 2019-1-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:32

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-1-4

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 04/01/2019 (DD/MM/YYYY), TIME: 01.47 ^{AM} (HH:MM)

LOCATION: Changi Airport T1 gate 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU2615T
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5104210830
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI AVANTE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Pick up 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: LIM SIN FATT, DERRICK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88030821C CONTACT: 92962987
 c) ADDRESS: 237 Tanah Merah Kechil Avenue, S(465746)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM SIN FATT, DERRICK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88030821C CONTACT: 92962987
 c) ADDRESS: 237 Tanah Merah Kechil Avenue, S(465746)

*d) DATE OF BIRTH: 02/10/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 04/03/2002

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) UNSURE

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC 842B MODEL: KIA
 b) DRIVER'S NAME: Tan Chee Leong
 c) NRIC/FIN/PASSPORT: S767112G CONTACT: 82225613

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)
()

* No of passenger
 (including driver)
()

Email = derrick@tiam.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8030821C



Name
LIM SIN FATT, DERRICK
(LIN XIANFA, DERRICK)
林先发

Race
CHINESE

Date of birth
02-10-1980

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8030821C




Name
LIM SIN FATT, DERRICK
(LIN XIANFA, DERRICK)

Birth Date 02 Oct 1980

Issue Date 22 Feb 2003



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S8030821C

Name : LIM SIN FATT DERRICK

Card Issue Date : 03/04/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

NRIC No. S8030821C

MAYYAI WA

TEL 6473 2220

614 2220

Date of issue
09-11-2010

237 TANAH MERAH KECHIL AVENUE
SINGAPORE 485748

NRIC No: S8030821C Date: 08/03/2015

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

Class 3 Motor Cars and Motor Tractors the weight of which, unladen does not exceed 2500 kilograms

Issue Date 04 Mar 2002

Licence No: S8030821C

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	03/04/2018



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 : 5104210830

Cover : Comprehensive

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJU2615J |
| Chassis Number | : KMHU41BMAU910989 |
| 2. Name of Policyholder | : LIM SIN FATT, DERRICK (LIN XIANFA, DERRICK) |
| 3. Effective Date of Insurance | : 27 Sep 2018 |
| 4. Expiry Date of Insurance | : 26 Sep 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG 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 : GRABCAR PTE. LTD. (00000601726)
 Date of Issue : 26 Sep 2018 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive