

NATIONAL Assessment Centre Services

Date In: 26/01/2019 11:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001741/K4	SAS e-filing		
Veh No: FB58592D	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/01/2019 15:00	I-Motor Claim Form	MT/10296831-001	28/1/19 10:07
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SDN688.U	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: (INC Hotline: 67886616)

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

Injury: _____

Date/Time	Actions

Claimant's Particulars:	NA1900741	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)		
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:		3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120	
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey)	\$30	
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection	\$75	
		7) NI: Idao DA + SMRT Survey	\$160	
		8) NTUC Additional Services:-		
		On:		
		*N5: Courtesy Car / Tp Allowance	\$5	
		*N6: Repair Co-ordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DV / Collect Excess Coordination	\$5	
		TP (N11): TP (Non INC) against INC	\$20	
		9) N12: Idao Mobile	\$0	
		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	26/01/2019 11:15
Date Of Accident	25/01/2019 15:00
Exact Location Of Accident	WOODLANDS DR 14
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ8592D
Insured/Policyholder	
Name Of Registered Owner	JEROME LIM ZHI PING
NRIC No	S9412136A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81863446
Alternative Phone No	OTHERS-81863446
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16 MANUAL
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105303727
Cover Note Number	
Driver	
Name of Driver	JEROME LIM ZHI PING
NRIC No	S9412136A
Date Of Birth	17/03/1994
Occupation	INDOOR
Date Of Driving Pass	23/08/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81863446
Fax Number	
Contact Number	OTHERS-81863446
EEmail Address	NOEMAIL

Address	BLK 1801 ANG MO KIO AVENUE 1 #04-07
Postcode	560979
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDN688U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN SIM
NRIC/Passport Number	
Contact Number	94590468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JEROME LIM ZHI PING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBJ8592D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.



Policyholder's Signature

Date & Time:

26/1/19 11.22am

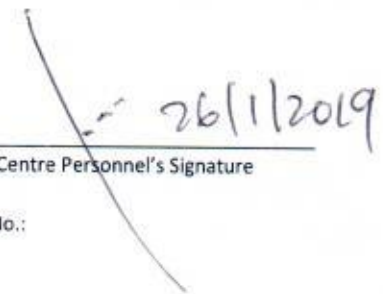


Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/1/19 11.22am

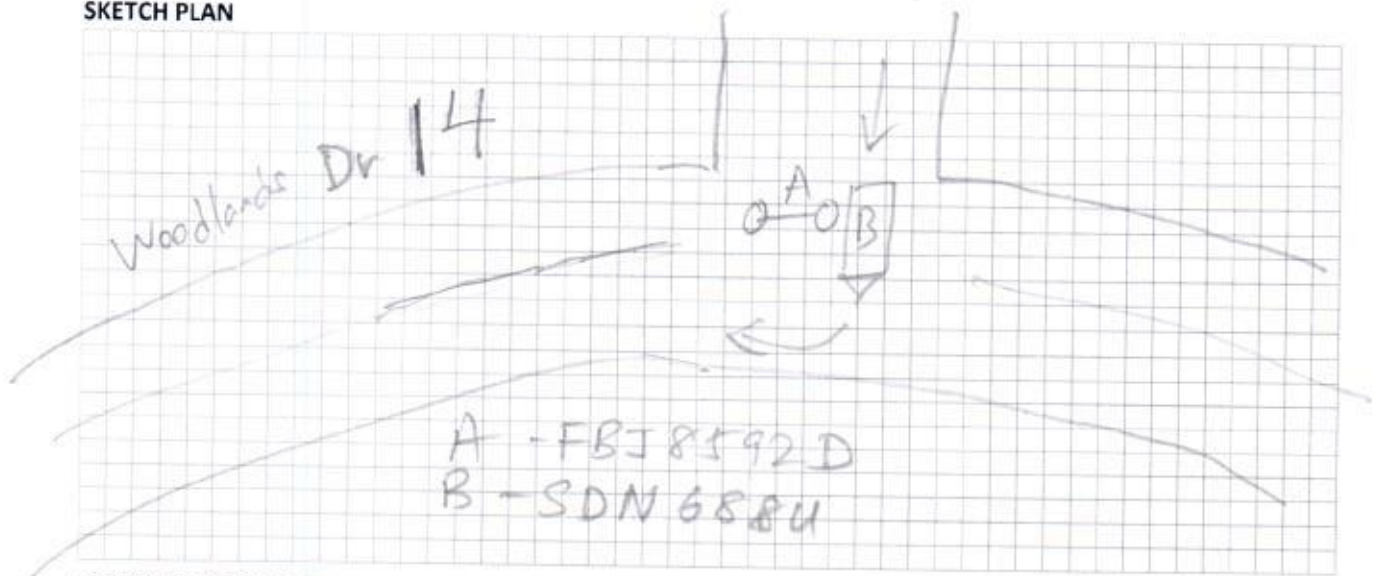


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle A was driving along Woodlands Dr 14 when Car B suddenly came out of the HDB exit nearest carpark B1K 516a and turn right abruptly.

Motorcycle A hit the side of Car B.

Motorcycle A was damaged on both sides of the vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

26/1/19 11.22am

GIARMC SketchPlanForm_V3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/1/19 11.22am

[Signature] 26/1/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9412136A



Name
JEROME LIM ZHI PING

林志平

Race
CHINESE

Date of birth
17-03-1994

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9412136A

Name
JEROME LIM ZHI PING

Birth Date: 17 Mar 1994

Issue Date: 17 Feb 2015




002397763D



4372278



NRIC No: S9412136A



Date of Issue
17-03-2009

APT BLK 1801 ANG MO KIO AVENUE 1 #04-07
SINGAPORE 569979

NRIC No: S9412136A Date: 09/06/2015

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


	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	23 Aug 2017
Class 2A Motorcycles between 201 CC and 400 CC	23 Nov 2018
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	17 Feb 2015

S / No. 9000286368

S9412136A

NP 428A

Licence No: S9412136A



Admin @ mycar.sg ✓

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105303727		JEROME LIM ZHI PING	S9412136A	GMC	Third Party	FBJ8592D	FBJ8592D	20/11/2018	19/11/2019

▼ Policy Information

Policy No.	5105303727	Policyholder Name	JEROME LIM ZHI PING	Policyholder NRIC	S9412136A
Certificate No.					
Address	1801 ANG MO KIO AVENUE 1 #04-07 KINGSGROVE SINGAPORE 569979				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/11/2018	Effective Date	20/11/2018 00:00	Expiry Date	19/11/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1801 ANG MO KIO AVENUE 1	Address 2	#04-07 KINGSGROVE	Address 3	SINGAPORE 569979
Address 4		Address Type	Singapore address	Post Code	569979
Unit No.	#04-07	Related Policy Number	5105303727		

▶ Insured Object: FBJ8592D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1029683

Policy No.	5105303727	Vehicle No.	FBJ8592D	GST Registration No.
Certificate No.				
Policyholder Name	JEROME LIM ZHI PING			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81863446	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	28/01/2019 09:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/01/2019	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS DR 14			

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	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	1801 ANG MO KIO AVENUE 1	Address 2	#04-07 KINGSGROVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-07	Related Policy Number	5105303727	

▼ OI Driver Info

Driver Name	Jerome Lim Zhi Ping	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9412136A	Driving Experience
Register Date of Driver License	01/01/2018	Driver Age	24	Contact No.(Home)
Contact No.(Mobile)	81863446	Contact No.(Office)	0	Address 3
Address 1	BLK 1801 ANG MO KIO AVENUE	Address 2	KINGSGROVE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#04-07			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	JEROME LIM ZHI PING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	FBJ859
Claim Description	FBJ8592D / SDN688U ON 25 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/01/2019 10:08
Print AK letter		Workshop Repairer	

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1029683	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/01/2019 10:07
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="text"/> <input type="button" value="NO"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:07	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:06	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:05	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 10:03	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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