

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] MWA 119028257

Date In: 11/3/19 13:44	Job description	Date & Time Completed	Done by
Ref No: MA11MC19003839/h4.	SAS e-filing		
Veh No: SJG 566D	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 22/2/19 12:35.	I-Motor Claim Form	MT/1034241-001	11/3/19 17:30.
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SJP 1841E 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:	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	Action

MA1901616	Invoice Breakdown	Amount (\$)	Adm (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	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:-		
	QI*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	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	01/03/2019 13:44
Date Of Accident	22/02/2019 12:35
Exact Location Of Accident	TAMPINES CALTEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG566D
Insured/Policyholder	
Name Of Registered Owner	LIM SENG HUI
NRIC No	S1769835D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96334645
Alternative Phone No	OFFICE-96334645

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV 4
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100588695
Cover Note Number	-

Driver

Name of Driver	LIM SENG HUI
NRIC No	S1769835D
Date Of Birth	22/03/1966
Occupation	INDOOR
Date Of Driving Pass	19/08/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96334645
Fax Number	
Contact Number	OFFICE-96334645
EMail Address	NOEMAIL

Address	BLK 841 TAMPINES ST 83 #05-124
Postcode	520841
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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

MY VEH WAS STATIONARY INSIDE THE CALTEX AT TAMPINES TO REFILL PETROL, WHEN I QUEUING AT THE COUNTER TO PAY, I SAW MY VEH SHAKING, THEN I WENT BACK TO MY VEH AND REALIZED VEH B (BEARING NO SJP1841E) HIT ONTO MY STATIONARY VEH RIGHT REAR PORTION. AFTER THE INCIDENT, THE DRIVER ASK TO SETTLE BETWEEN BOTH OURSELF, ON THE SAME DAY, WE WENT TO MY WORKSHOP, AFTER CHECK THE AMOUNT WITH MY WORKSHOP. THE DRIVER WILL PAY ME ON THE NEXT DAY BUT HE NEVER COME DOWN TO MY WORKSHOP AND GIVE ME SO MANY REASON TO DRAG MY TIME, UNTIL TODAY I COME TO MAKE THIS REPORT TO CLAIMS ON HIM.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP1841E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IZZAK
NRIC/Passport Number	
Contact Number	84830209
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:

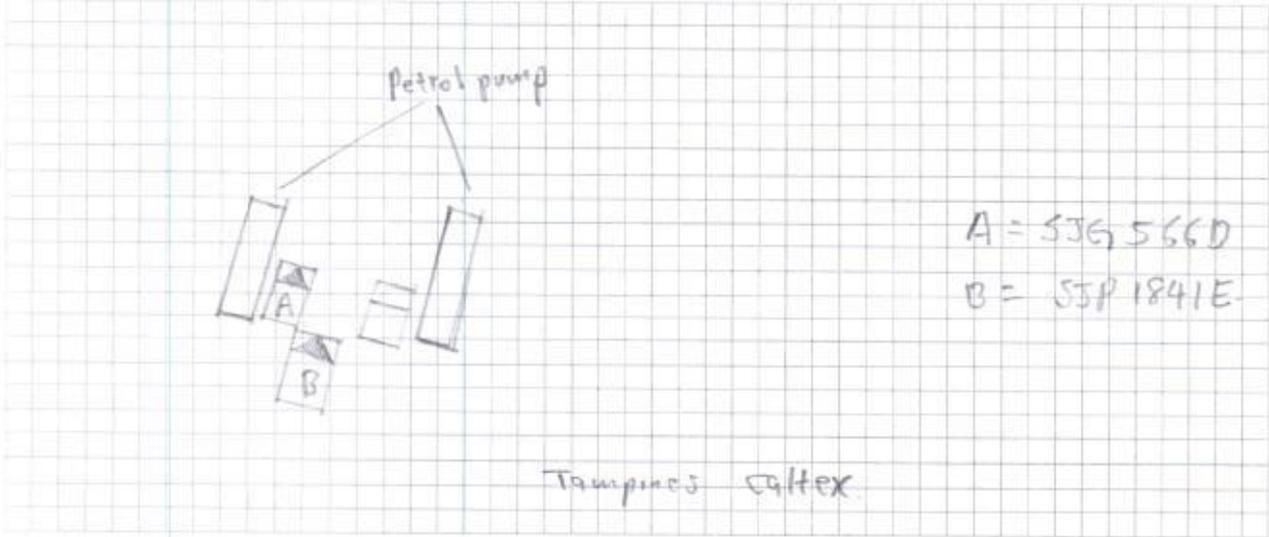
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Land Transport Authority



VOCATIONAL LICENCE
 Licence No : S1769835D
 Name : LIM SENG HUI

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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1769835D



Name
LIM SENG HUI
 林真衛
 Race
CHINESE
 Date of Birth
22-03-1966 Sex
M
 Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S1769835D
 Name
LIM SENG HUI
 Exp. Date **22 Mar 1966**
 Issue Date **15 Jul 2003**

900658008K

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	03/12/2018



1573591



NRIC No. S1769835D



Blood Group: B+ Date of issue: 07-01-1994

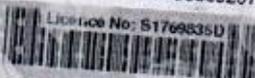
APT BLK 841 TAMPINES STREET 83 #05-124
 SINGAPORE 520841
 NRIC No: S1769835D Date: 30-12-2004 No: 5045781

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

Class	Description	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Sep 1995
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	19 Aug 1997
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	20 Apr 2004

S1769835D S/No. 9000025724

NP 429A Licence No: S1769835D



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 type="radio"/>	5100588695		LIM SENG HUI	S1769835D	GPC	drivo CLASSIC	SJG566D	SJG566D	11/05/2018	18/06/2019

Claim Handling

Accident MT/1034241

Policy No.	5100588695	Vehicle No.	SJGS66D	GST Registration No.	
Certificate No.					
Policyholder Name	LJM SENG HUI			Policyholder NRIC	517691
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96334645	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	01/03/2019 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	22/02/2019	Time of Accident hh:mm	12:35	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CALTEX				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 841 #05-124	Address 2	TAMPINES STREET 83	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52084
Unit No.		Related Policy Number	5100588695		

OI Driver Info

Driver Name	LJM SENG HUI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	51769835D	Driver DOB	22/03/
Register Date of Driver License	01/01/1997	Driver Age	52	Driving Experience	22
Contact No.(Mobile)	96334645	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 841 #05-124	Address 2	TAMPINES STREET 83	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52084
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LJM SENG HUI
Contact No.(Mobile)	96334645	Contact No.(Home)	67849801
Email Address		Vehicle Number	SJGS66D
Claim Description	SJGS66D / SJP1841E ON 22 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/03/2019 17:29

Print AK letter

Save Submit

Attachment

Accident No.	MT/1034241	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes No

Upload Date

01/03/2019 17:30

Path *

Category *

Confidential

Urgency *

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:30	SAS	Normal	SAS 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:30	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:29	Photos	Normal	Photos 2019-3-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------