NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA 119036653

Date In: 19/7/19 17:40	Job description	Date & Time Completed	Done by
Ref No. NA/IC/19024996/19	SAS e-filing		
Veh No: SJP6781M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 18/7/19 12:20	i-Motor Claim Form	MH1036653 · 001	19/7/19 19:42
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: SH8539?B 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: 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

NAM02079

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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 (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
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	19/03/2019 17:40
Date Of Accident	18/03/2019 12:20
Exact Location Of Accident	CTE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP6781M
Insured/Policyholder	
Name Of Registered Owner	LIM YI TYAN BILL
NRIC No	S8438912I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87542333
Alternative Phone No	OFFICE-87542333
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	5101131396
Cover Note Number	
Driver	
Name of Driver	LIM YI TYAN, BILL (LIN YITIAN, BILL)
NRIC No	S8438912I
Date Of Birth	29/11/1984
Occupation	INDOOR
Date Of Driving Pass	21/12/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87542333
Fax Number	
Contact Number	OFFICE-87542333
EMail Address	NOEMAIL

Address	BLK 787E WOODLANDS CRESCENT #07-02
Postcode	735787
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	CHAIN COLLISION
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	3
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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5599B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN3709D
Vehicle Make/Model/Colour	TOYOTA WISH
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)	

DETAILS OF INJURED PERSON 1

Name	LIM YI TYAN BILL (LIN YITIAN, BILL)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP6781M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

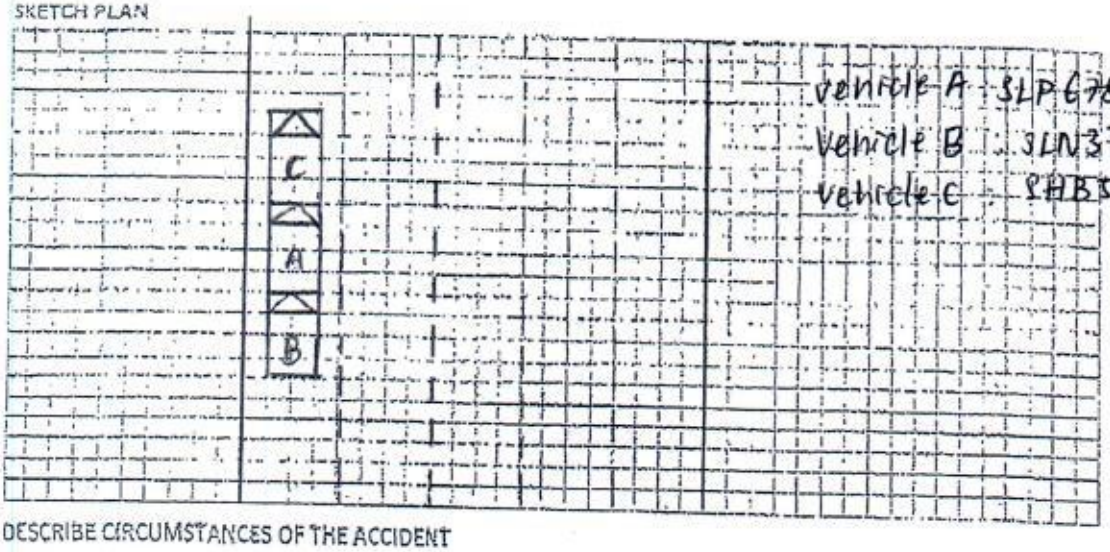
   (ii) for complying with requirements under any regulations, laws or court orders.

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

on the stated time and date, I was travelling on CTE exiting to PIE(Changi) / upper serangoon Exit 8B on vehicle A bearing carplate number (SLP6781M) when I felt an impact from the back which caused my car to inch forward and hit onto the vehicle infront. I alighted my vehicle and came to realise that vehicle B bearing carplate number SLN3709D had collided onto the rear of my vehicle that caused me to collide onto vehicle C bearing carplate number SHB5599B.

I wish to state that I have an in-car camera that recorded the whole accident.

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.:

Date of Accident : 18/03/2019 Accident Time: 1222 HRS (24-HR-Format)

Accident Place : 2 SLE towards PIE at PIE Changi Exit 88

Vehicle Reg. No. (Car Plate No.) : SLP6781M

Vehicle Make/Model : Mazda 3

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Lim Yi Tyan, Bill (Lin YiTian, Bill)

Owner or Company Contact No. : 87542333 Owner's Hp Company Tel

DRIVER'S Name / IC No. : -

DRIVER'S Date Of Birth : DRIVER'S License Pass Date 21/12/2004

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.

DRIVER'S Address : BIK 787E Woodlands Crescent #07-02 S(735787)

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (e.g. working inside or outside office)

Email Address :

Weather & Road Surface : CLEAR & DRY \ ~~RAINING & WET \ AFTER RAIN & WET~~

Reporting Type : ~~Reporting Only~~ \ Claim Other Party \ ~~Claim Own Insurance~~

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO Driver injured.

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHB5509B

Vehicle Make\Model: Toyota

Name Driver:

IC No. Driver:

Driver's Contact & Add:

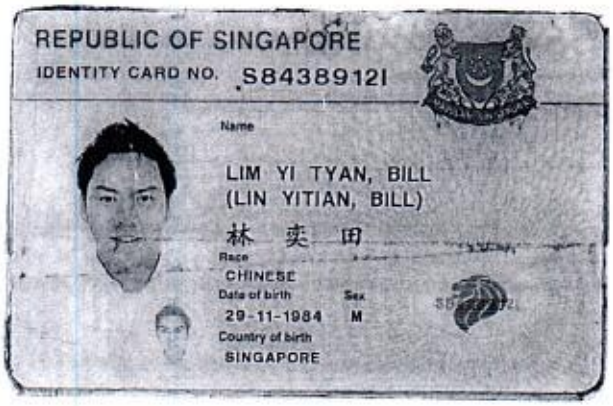
Vehicle Reg. No: SLN 3709D

Vehicle Make\Model: Toyota Wish

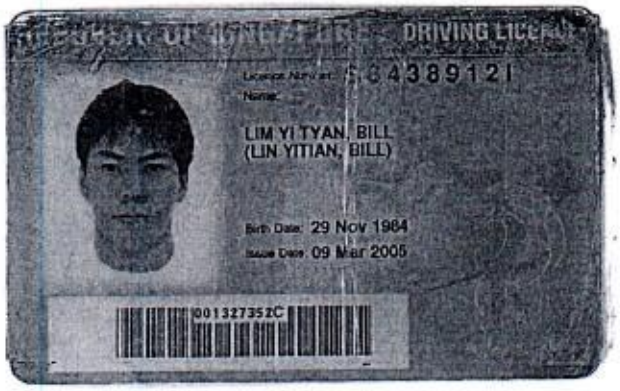
Name Driver:

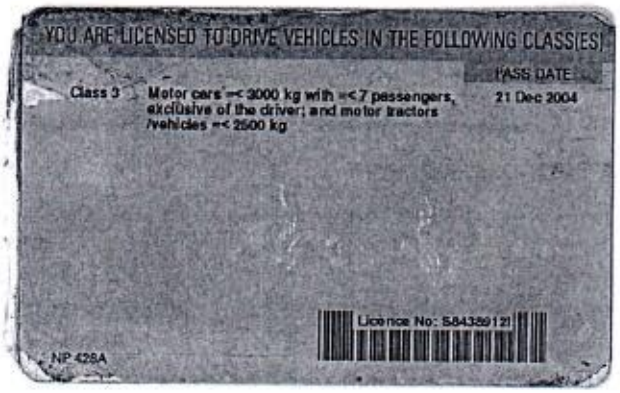
IC No. Driver:

Driver's Contact & Add:


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8438912I
Name
LIM YI TYAN, BILL
(LIN YITIAN, BILL)
林 奕 田
Race
CHINESE
Date of birth
29-11-1984
Sex
M
Country of birth
SINGAPORE


3804458
NRIC No. S8438912I
Date of issue
01-12-2005
Address
APT BLK 787E WOODLANDS CRESCENT
#07-02
SINGAPORE 735787


DRIVING LICENCE
Licence No: S8438912I
Name
LIM YI TYAN, BILL
(LIN YITIAN, BILL)
Birth Date: 29 Nov 1984
Issue Date: 09 Mar 2005
00132735ZC


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
		PASS DATE
Class 3	Motor cars =< 3000 kg with =<7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	21 Dec 2004

Licence No: S8438912I
NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SLP6781M
Date of Accident 18/03/2019 12:20
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5101131396		LIM YI TYAN BILL	S8438912I	GPC	drivo CLASSIC	SLP6781M	SLP6781M	07/06/2018	13/06/2019

Continue

Policy Information

Policy No.	5101131396	Policyholder Name	LIM YI TYAN BILL	Policyholder NRIC	S8438912I
Certificate No.					
Address	BLK 787E #07-02 WOODLANDS CRESCENT SINGAPORE 735787				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/06/2018	Effective Date	07/06/2018 00:00	Expiry Date	13/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ONE LINK INSURANCE AGENCY	Agent Tel.	63633633	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

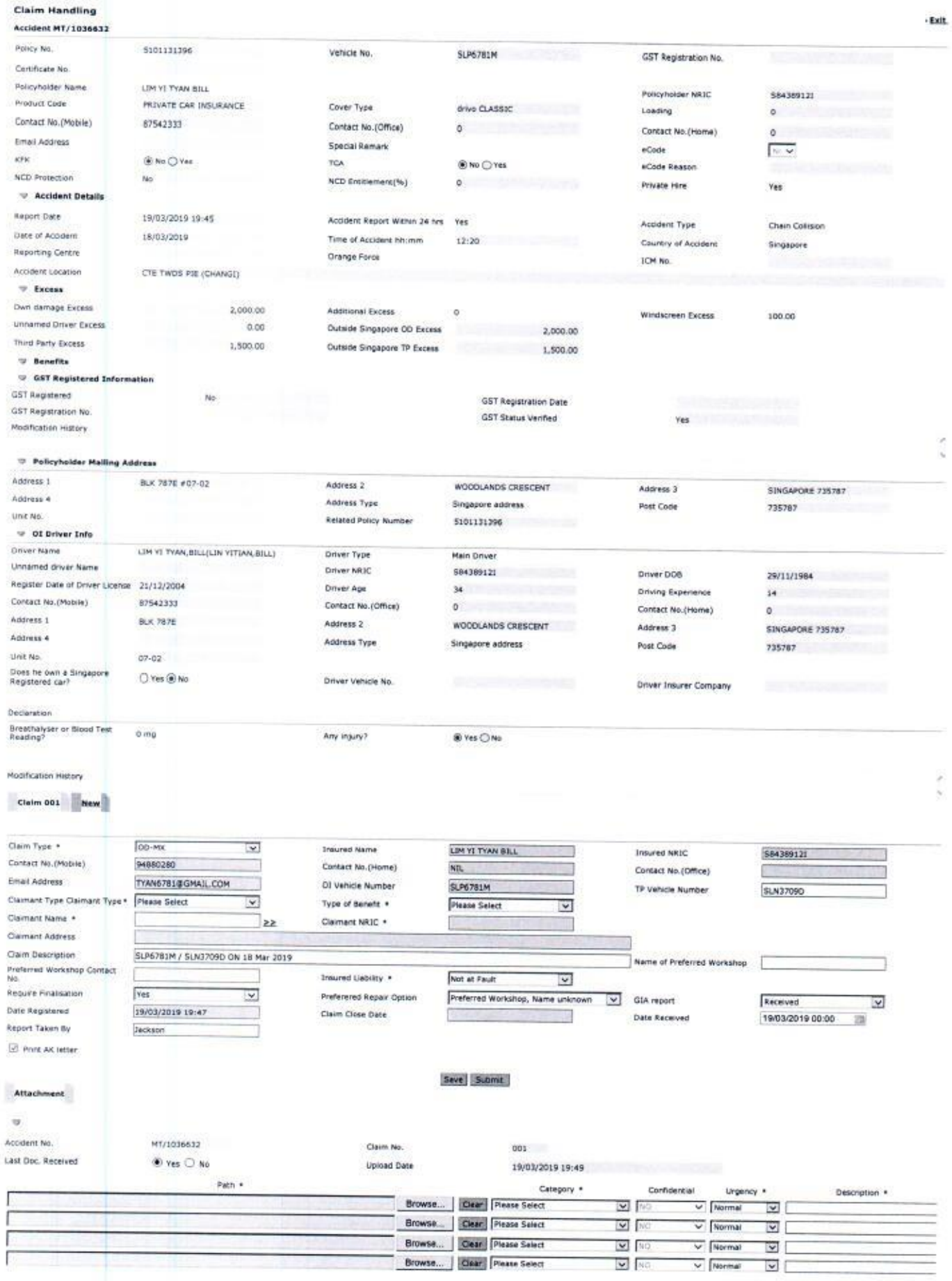
Address 1	BLK 787E #07-02	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 735787
Address 4		Address Type	Singapore address	Post Code	735787
Unit No.		Related Policy Number	5101131396		

Insured Object: SLP6781M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/12/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Jun 2018 TO 13 Jun 2019 In view of this amendment, an additional premium of $37.93 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue Cancel



Claim Handling

Exit

Accident MT/1036632

Policy No.	5101131396	Vehicle No.	SLP6781M	GST Registration No.	
Certificate No.					
Policyholder Name	LIM YI TYAN BILL			Policyholder NRIC	S8438912I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87542333	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	19/03/2019 19:45	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/03/2019	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS PIE (CHANGI)				

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 787E #07-02	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 735787
Address 4		Address Type	Singapore address	Post Code	735787
Unit No.		Related Policy Number	5101131396		

OI Driver Info

Driver Name	LIM YI TYAN,BILL(LIN YITIAN,BILL)	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8438912I	Driver DOB	29/11/1984
Register Date of Driver License	21/12/2004	Driver Age	34	Driving Experience	14
Contact No.(Mobile)	87542333	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 787E	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 735787
Address 4		Address Type	Singapore address	Post Code	735787
Unit No.	07-02				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	OD-Mix	Insured Name	LIM YI TYAN BILL	Insured NRIC	S8438912I
Contact No.(Mobile)	94880280	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	TYAN6781@GMAIL.COM	OI Vehicle Number	SLP6781M	TP Vehicle Number	SLN3709D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	≥≥	Claimant NRIC *			
Claimant Address					
Claim Description	SLP6781M / SLN3709D ON 18 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/03/2019 19:47	Claim Close Date		Date Received	19/03/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1036632	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	19/03/2019 19:49

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:49	SAS	Normal	SAS 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:49	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:49	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:49	Photos	Normal	Photos 2019-3-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:48	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:48	Photos	Normal	Photos 2019-3-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:47	Photos	Normal	Photos 2019-3-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:47	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:47	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:47	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 19:47	Photos	Normal	Photos 2019-3-19		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window Scan and uploading