

NATIONAL Assessment Centre Services

part 1 Jan 2009 MAY 90428

Date In: 28/03/2009 17:29	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9005660/9	SAS e-filing		
Veh No: SJPT7100 P	E-mail (4 jobs 4hrs, AIC 2hrs)		
D.O.A: 28/03/2009 07:35	I-Motor Claim Form	MT/1032837-002	29/03/2009
OID: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:21
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMC97157	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:	Location:

NA 902297	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) FT: Follow-Through Survey (Resurvey) \$30	
	For preliminary against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	* NG: Courtesy Car / TP Allowance \$5	
	* NG: Repair Co-ordination \$15	
	* NG: Post Repair Inspection \$25	
	* NG: DV / Collect Excess Coordination \$5	
	TP (INC) () \$30	
	* NI: Idau Mobile	
	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	29/03/2019 17:39
Date Of Accident	28/03/2019 07:35
Exact Location Of Accident	SLIP RD COMMONWEALTH AVE WEST/NORTH BUONA VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7700P
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON HIONG
NRIC No	S7339910F
Email Address	LIMLESLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97235966
Alternative Phone No	OTHERS-97235966
Vehicle Particulars	
Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5068754437-04
Cover Note Number	
Driver	
Name of Driver	LIM CHOON HIONG
NRIC No	S7339910F
Date Of Birth	09/11/1973
Occupation	INDOOR
Date Of Driving Pass	13/12/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97235966
Fax Number	
Contact Number	OTHERS-97235966
Email Address	LIMLESLI@GMAIL.COM

Address	32 BUKIT BATOK STREET 21 #12-13
Postcode	659637
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

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	SMG9775Y
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE KOK SHINE
NRIC/Passport Number	S2011130E
Contact Number	97839238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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: 29/03/2019

Driver's Signature

(If driver is not the policyholder)
Date & Time:

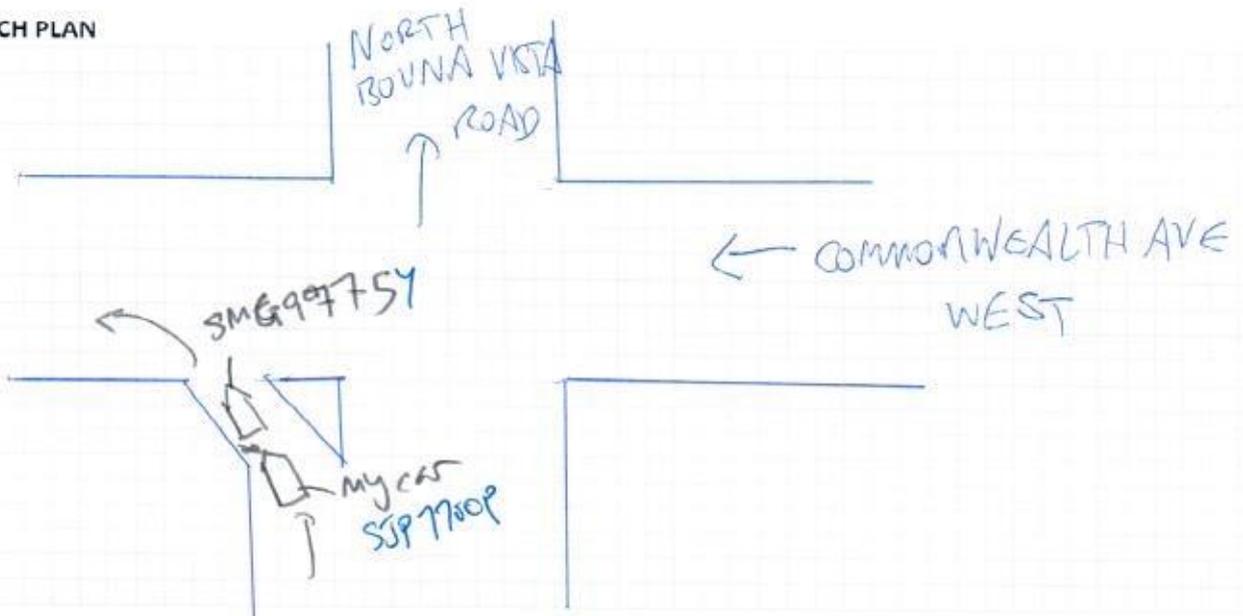
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/03/2019
Roshni Wathani

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

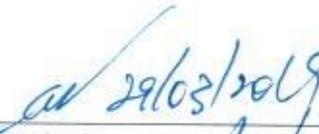
I was behind the car SMG99775Y waiting to filter out to commonwealth ave west. The driver in front moved off but suddenly brake causing me to knock his bumper.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 29/03/2018

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


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

Claim Handling

[Task Transfer](#) [Exit](#)

Accident MT/1037837

[LOS](#) [CAL](#) [SEL](#)

Policy No.	5068754437-04	Vehicle No.	SJP7700P	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHOON HIONG			Policyholder NRIC	S7339910F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	28/03/2019 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/03/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SLIP RD DF BOUNA VISTA RD TWOS COMMONWEALTH AVE WE				

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	32 BUKIT BATOK STREET 21	Address 2	#12-13 THE DEW	Address 3	SINGAPORE 659637
Address 4		Address Type	Singapore address	Post Code	659637
Unit No.	12-13	Related Policy Number	5068754437-04		

OI Driver Info

Driver Name	LIM CHOON HIONG	Driver Type	Main Driver	Driver DOB	09/11/1973
Unnamed driver Name		Driver NRIC	S7339910F	Driving Experience	24
Register Date of Driver License	13/12/1994	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 659637
Address 1	32 BUKIT BATOK STREET 21	Address 2	#12-13 THE DEW	Post Code	659637
Address 4		Address Type	Singapore address		
Unit No.	12-13				
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
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Modification History

Investigation

Claim 002 OD-MX

Claim Case Officer

[LOS](#) [CAL](#) [SEL](#)

Claim Type	OD-MX	Insured Name	LIM CHOON HIONG	Insured NRIC	S7339910F
Contact No.(Mobile)		Contact No.(Home)	62702200	Contact No.(Office)	
Email Address		OI Vehicle Number	SJP7700P	TP Vehicle Number	SMG9775Y
Claim Description	SJP7700P / SMG9775Y ON 28 Mar 2019				
Preferred Workshop Registration	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Insured Eligibility report	Fully at received
Date Registered	29/03/2019 17:47	Claim Close Date		Date Received	29/03/2019 18:21
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss b/w Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment Notes

Accident No.	MT/1037837	Claim No.	002
Last Doc. Received	Yes No	Upload Date	29/03/2019 18:21

Path *	Category *	Confidential	Urgency *	Description *
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	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Serial (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 18:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 18:21	SAS	Normal	SAS 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:48	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:48	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:48	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:47	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:47	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:47	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:47	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:47	Photos	Normal	Photos 2019-3-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2019 17:47	Photos	Normal	Photos 2019-3-29		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

ACCIDENT STATEMENT

ACCIDENT DATE: 28/03/2019 (DD/MM/YYYY), TIME: 07:35 (HH:MM)

LOCATION: JUNCTION of COMMONWEALTH AVENUE WEST & NORTH BOUENVA VISTA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S5P 77 00P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5068754427-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 523i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
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 CHOOH HIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7339910F CONTACT: 97235966
c) ADDRESS: 32 BUKIT BATOK STREET 21
#12-13 5659637

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 09/11/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 Dec 1994

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) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SMG 9775Y MODEL: TOYOTA ALTIIS
b) DRIVER'S NAME: CHEE KOK SHINE
c) NRIC/FIN/PASSPORT: S2011130E CONTACT: 97839238

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)
(0)

* No of passenger
(including driver)
()

email = LIMLESU@GMAIL.COM

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7339910F



Name
LIM CHOON HIONG

林俊雄

Race
CHINESE

Date of birth
09-11-1973

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7339910F**
Name
LIM CHOON HIONG

Birth Date **09 Nov 1973**
Issue Date **05 Sep 2013**

1002214546B

5794577



NRIC No. S7339910F



Date of issue
04-09-2017

Address
**32 BUKIT BATOK STREET 21
#12-13
SINGAPORE 659637**

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE
13 Dec 1994



Licence No: S7339910F

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/03/2019 18:24"/>
Vehicle No.(For Motor)	<input type="text" value="SJP7700P"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068754437-04		LIM CHOON HIONG	S7339910F	GPC	drive CLASSIC	SJP7700P	SJP7700P	23/03/2019	22/03/2020

Continue