

# NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

19 MAY 1904 X67

Date In: 01/04/2019 14:59	Job description	Date & Time Completed	Done by
Ref No: NBA/mic19005716/4	SAS e-illing		
Veh No: S332P5T	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 01/04/2019 12:50	I-Motor Claim Form	mt1038285	01/04/2019 16:28
OID: <input checked="" type="radio"/> 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: SCR 5663D	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%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) 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: _____

NA190237	1) AR: Accident Reporting (\$30)	INC (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$100
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / TPR Allowance	\$10
	*NI: Repairs Coordination	\$25
	*NI: Post Repair Inspection	\$5
	*NI: DV / Collect Excess Coordination	\$25
	TP (NI) / TP (Non INC) *gaining	\$30
	9) NI: Idao 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	01/04/2019 14:59
Date Of Accident	01/04/2019 12:40
Exact Location Of Accident	SLIP RD FROM TOH TUCK AVE TO PIE CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ8725T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH WEE SIAN
NRIC No	S1499112C
Email Address	DATA_KIT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97998153
Alternative Phone No	OTHERS-97998153
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ISIS-1.8 (A)
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 CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103557987
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM SENG HOCK
NRIC No	S0216296B
Date Of Birth	14/08/1953
Occupation	INDOOR
Date Of Driving Pass	11/04/1973
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97998153
Fax Number	
Contact Number	OTHERS-97998153
Email Address	DATA_KIT@HOTMAIL.COM

Address 82 HILLVIEW AVENUE  
#10-11  
Postcode 669581  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
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? 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? YES  
If Yes, Please state which Police Station  
Police Station Name QUEENSTOWN N.P.C.  
Police Station Address ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4719999 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190401/2104

#### 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 SKR5663D  
Vehicle Make/Model/Colour AUDI  
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 SENG HOCK

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJJ8725T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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: 1-4-19 15:00

Reporting Centre Personnel's Signature  
Name: *Roshni*  
NRIC/FIN No.: *1001101000000*



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUS refer to Police report  
1/26/2019/2104

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: 1/4/19 12:15.00

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

01042019  
Rosa Lim



# SINGAPORE POLICE FORCE



T/20190401/2104

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190401/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2019 14:45	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: LIM SENG HOCK	Address: 82 HILLVIEW AVENUE #10-11 SINGAPORE 669581
ID Type / ID No.: NRIC NO / S0216296B	Contact No.: Home/Office: Mobile: 97998153
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 65 Date of Birth: 14/08/1953	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: ELECTRONIC ENGINEER	Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/04/2019 12:40	Type of Location: Bend
Location: Along Road 1 TOH TUCK AVENUE  Along Toh Tuck Ave filter lane to PIE towards Changi Airport, before Zebra Crossing				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ8725T	Car	TOYOTA	MPV	Black	Slightly Damaged	0
SKR5663D	Car	AUDI		White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ8725T	NTUC Income Insurance Co-Operative Limited			



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190401/2104

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM SENG HOCK	ID No.	S0216296B
Related Vehicle	SJJ8725T (Car)	Contact No.	97998153
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	Alan	ID No.	NIL
Related Vehicle	SKR5663D (Car)	Contact No.	98282680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 01/04/2019 at about 1240hrs, I was driving vehicle SJJ8725T along Toh Tuck Ave. I then change to the filter lane which head to PIE towards Changi Airport. At the Zebra crossing there was a pedestrian crossing the road, so I stopped my car. A few seconds later I heard a loud bang on my rear. I went down to check and noticed that vehicle registration SKR5663D collided onto my rear of my vehicle. We then exchanged particulars.

There were no visible injuries on anyone, however I feel pain on my chest and back of my neck. My rear was damaged badly on the center portion to the extend the boot unable to open and also both the signal lights were no longer working. When I made further checks, I also noticed that my reverse camera is also spoiled. My vehicle still can be driven. I will be seeking medical attention later on.





**SINGAPORE  
POLICE FORCE**



T/20190401/2104

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No, T/20190401/2104

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
D /  
Sgt 2 SURAIYAH PARVEEN BINTE HABIB  
MUHAMAD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/04/2019 14:45

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168







NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 18:28	Photos	Normal	Photos 2019-4-1
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 18:28	Photos	Normal	Photos 2019-4-1
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 18:28	Photos	Normal	Photos 2019-4-1
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 18:28	NRIC Driving License	Normal	NRIC Driving License 2019-4-1

Video List

Uploaded By/Date	Folder Date	File Name	Size	Source	Action
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[Display in New window](#)
[Start and uploading](#)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0216296B



LIM SENG HOCK

林成福

Race:  
CHINESE  
Date of Birth: 14-08-1953 Sex: M  
Country of Birth:  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0216296B  
Name: LIM SENG HOCK

Birth Date: 14 Aug 1953  
Issue Date: 19 Mar 2003

000314764F



2856462



NRIC No: S0216296B

Blood Group: O+ Date of issue: 22-07-1996

82 HILLVIEW AVENUE #10-11  
SINGAPORE 669581

NRIC No: S0216296B Date: 26-08-2000 No: 3732165

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class 3: Motor cars < 3000 kg with < 7 passengers, excluding of the driver; and motor tractors/vehicles < 2500 kg

PASS DATE:  
11 Apr 2023

S0216296B

S / No 9000294455

NP 429A





**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: 5103557987

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJJ8725T  
Chassis Number : ZNM100054732
2. Name of Policyholder : TOH WEE SIAN
3. Effective Date of Insurance : 26 Sep 2018
4. Expiry Date of Insurance : 25 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: TOH WEE SIAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : YES MOTORING PTE. LTD. (00000615381)  
Date of Issue : 11 Sep 2018 11:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive