

NATIONAL Assessment Centre Services. (part 1 Jan 03) MNA 119047342

Date In: 11/4/19 14:53	Job description	Date & Time Completed	Done by
Ref No: NAI INC 19006463/h4	SAS e-filing		
Veh No: SJU 1667R.	E-mail (within 3hrs, AIC 2hrs)		
ILOA: 10/4/19 01:45	I-Motor Claim Form	MT/1039824-001	11/4/19 16:36
OD: <input checked="" type="checkbox"/> 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 / GW: (Tel:	Fax:
TP Particulars:	Veh No: GBC70H.	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 repaler.

() 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

MNA1902621

Claimant's Particulars:	Invoice/Repairation Checklist	And (\$)	Stable (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	32.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
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 (ref 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (H1): TP (IS-in INC) against INC \$20		
	2) N12: Idas 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	11/04/2019 14:53
Date Of Accident	10/04/2019 01:45
Exact Location Of Accident	TAMPINES ST 85 & 86 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1667R
Insured/Policyholder	
Name Of Registered Owner	1AA
Co Reg No	53387138K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98888885

Vehicle Particulars

Manufacturer	AUDI
Model	A5 2.0 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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105661804
Cover Note Number	-

Driver

Name of Driver	AARON LIM JUN YING
NRIC No	S9504734C
Date Of Birth	14/02/1995
Occupation	INDOOR
Date Of Driving Pass	14/04/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83138369
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 146 BEDOK RESERVOIR RD #01-1649
Postcode	470146
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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)	4
Passenger 1	NAME: : OH JIAYI GENDER: : FEMALE
Passenger 2	NAME: : GOH CHARMAINE GENDER: : FEMALE
Passenger 3	NAME: : LAI WEIBIN GENDER: : MALE

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 ATTACHED STATEMENT.

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	GBC70H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JACKY WEI JIE SILVA
NRIC/Passport Number	S9433186B
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX7777P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN KAI RONG LESTER
NRIC/Passport Number S8129310D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AARON LIM JUN YING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJU1667R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name OH JIAYI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJU1667R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name GOH CHARMAINE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJU1667R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name LAI WEIBIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJU1667R

YES

NO

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.

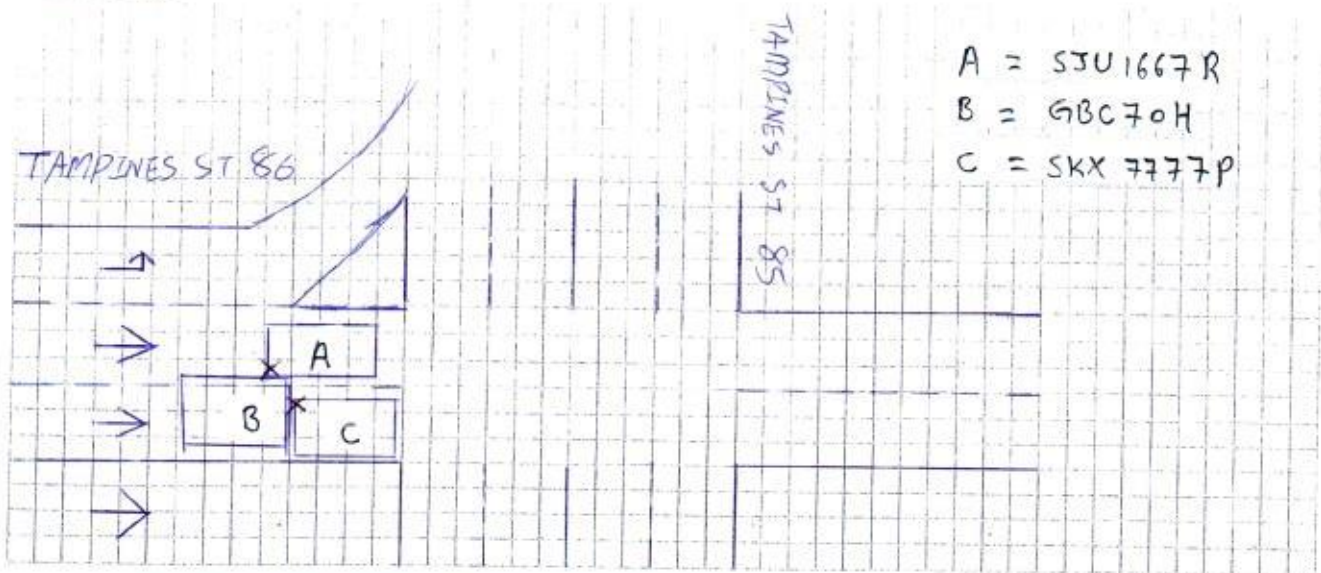


Policyholder's Signature
Date & Time:

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

AT 10/04/19 0140 HOUR I WAS DRIVING ALONG TAMPINES AVE
TURN INTO TAMPINES ST 86. UPON REACHING THE JUNCTION THE
TRAFFIC LIGHT WAS RED. I SLOWED DOWN. AFTER A FEW SECONDS
I FELT A HUGE IMPACT FROM THE BACK. WENT TO THE
DOCTOR TODAY AS I FELT SHARP PAIN ON MY NECK &
BACK. AWARDED TWO DAY MC.

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 : 10/04/2019 Accident Time: 0145 (24-HR-Format)
 Accident Place : TAMPINES ST 85 & 86 JUNCTION
 Vehicle Reg. No. (Car Plate No.) : SJU 1667R
 Vehicle Make/Model : AUDI A5 COUPE
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : 1AA
 Owner or Company Contact No. : 98888885 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : AARON LIM JUN YING
 DRIVER'S Date Of Birth : 14 FEB 1995 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : BLK 146 BEDOK RESERVOIR ROAD #01-1649
 DRIVER'S Contact No./ Alt No. : 1) 8313 8369 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : AARON_LJY@HOTMAIL.COM, admin@mycar.sg
 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): 4
 Was there any video Captured by car camera: YES \ NO
 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: <u>SKX 7777P</u>	Vehicle Reg. No: <u>GBC 70H</u>
Vehicle Make/Model: <u>LAMBORGHINI - GALLARDO 560</u>	Vehicle Make/Model: _____
Name Driver: <u>TAN KAI RONG LESTER</u>	Name Driver: <u>JACKY WEI JIE SILVA</u>
IC No. Driver: <u>58129310D</u>	IC No. Driver: <u>59433186B</u>
Driver's Contact & Add: <u>9101 7777</u>	Driver's Contact & Add: <u>9119 6363</u>

OH JIAYI (FEMALE)
 GOH Charmaine (FEMALE)
 LAI WEIBIN (MALE)

All Injury

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9504734C



Name
AARON LIM JUN YING

林俊穎

Race
CHINESE

Date of birth
14-02-1995

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9504734C

Name
AARON LIM JUN YING

Birth Date 14 Feb 1995

Issue Date 14 Apr 2015




002416S03J



4508325



NRIC No. S9504734C




Date of issue
11-01-2010

Address
APT BLK 146 BEDOK RESERVOIR ROAD
#01-1649
SINGAPORE 470146

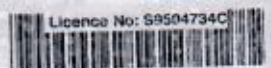
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Apr 2015



Licence No: S9504734C



Hello, NAC_PAYA_UBI_800601

[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="10/04/2019 11:17"/>							
Vehicle No.(For Motor)	<input type="text" value="SJU1667R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105661804		1AA	53387138K	GPC	drivo CLASSIC	SJU1667R	SJU1667R	23/11/2018	22/11/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1039824

Policy No.	S105661804	Vehicle No.	SJU1667R	GST Registration No.	
Certificate No.					
Policyholder Name	1AA			Policyholder NRIC	53387
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98888885	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	11/04/2019 16:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	10/04/2019	Time of Accident hh:mm	01:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ST 85 & 86 JUNCTION				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Status Verified	Yes
GST Registration No.					
Modification History	11/04/2019 16:33:12 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	S108599369		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/02/
Unnamed driver Name	AARON LIM JUN YING	Driver NRIC	S9504734C	Driving Experience	3
Register Date of Driver License	14/04/2015	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	83138369	Contact No.(Office)		Address 3	EUNOS
Address 1	BLK 146 #01-1649	Address 2	BEDOK RESERVOIR ROAD	Post Code	470146
Address 4	SINGAPORE 470146	Address Type	Singapore address		
Unit No.	01-1649				
Does he own a Singapore Registered car?	No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	1AA
Contact No.(Mobile)	98888885	Contact No.(Home)	
Email Address		Vehicle Number	SJU1667R
Claim Description	SJU1667R / GBC70H ON 10 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/04/2019 16:34
			LIEW SHAN HUI
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1039824	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

11/04/2019 16:36

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:36	SAS	Normal	SAS 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:36	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:36	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:35	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:35	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:35	Photos	Normal	Photos 2019-4-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:34	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:34	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:34	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:34	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:34	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:34	Photos	Normal	Photos 2019-4-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading