

NATIONAL Assessment Centre Services. [part 1 Jan 03] MNA 119048559

Date In: 15/14/19 11:14	Job description: SAS e-filing	Date & Time Completed: MT/1040202 ⁰⁰	Done by: 15/14/19 16:09
Ref No: MA/INC19006616164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SJK 5145 B.	I-Motor Claim Form		
D.O.A: 15/14/19 10:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLT C54R 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 Mobile: 67396616)

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1902721

Customer Particulars	Invoice/Repairation Checklist	Am't (\$)	Abn't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Est. 1:	For claiming against INC Only (ref 10 Jan 2003)		
Est. 2/3:	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMIC Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idan 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	15/04/2019 11:14
Date Of Accident	15/04/2019 10:30
Exact Location Of Accident	KAKI BUKIT RD 1 SLIP RD INTO KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5145G
Insured/Policyholder	
Name Of Registered Owner	LIM PIEN HONG
NRIC No	S1428693D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98287828
Alternative Phone No	OFFICE-98287828

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	5091585399-01
Cover Note Number	-

Driver

Name of Driver	LIM ZHENG HAO JEFFREY
NRIC No	S9249849B
Date Of Birth	19/09/1992
Occupation	INDOOR
Date Of Driving Pass	25/03/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94875819
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 122 PAYA LEBAR WAY #04-2899
 Postcode 381122
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - LEARNER
 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?
 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) 2
 Passenger 1
 NAME: : LIM PIEN HONG
 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

I STOP AT THE SLIP RD FROM KAKI BUKIT RD 1 TO CHECK ON THE TRAFFIC FROM KAKI BUKIT AVE 1, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SLT654R) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 SLT654R
 Vehicle Make/Model/Colour
 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)

SKETCH PLAN

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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.**
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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.

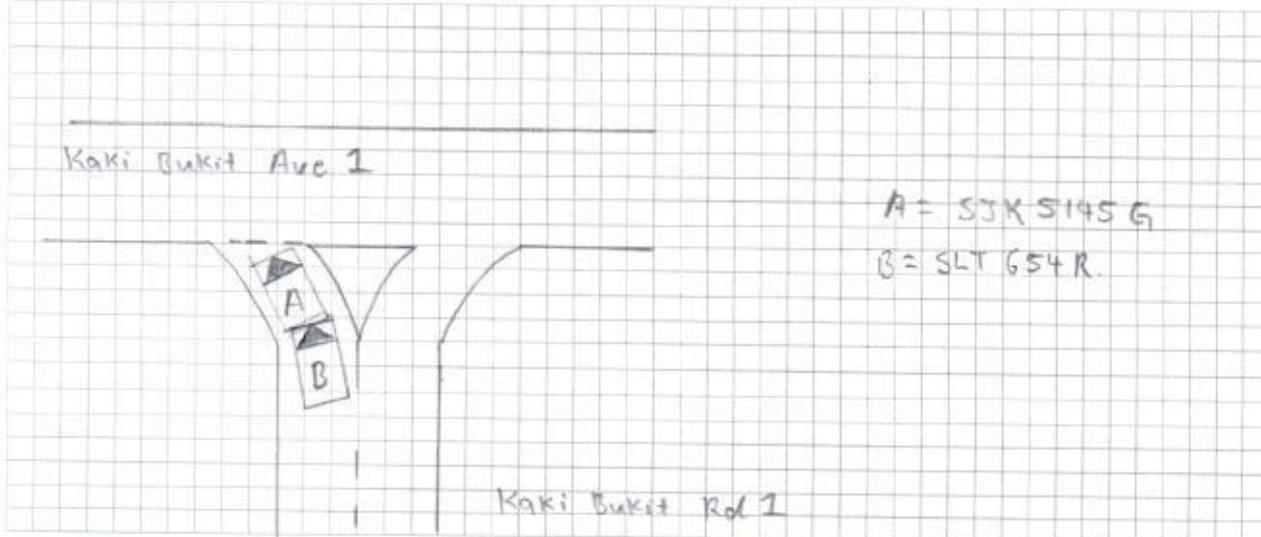


Policyholder's Signature
Date & Time:

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

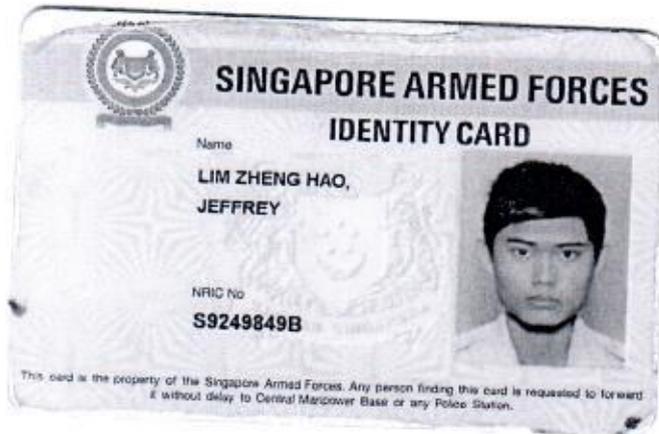
DECLARATION

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.:



SINGAPORE ARMED FORCES
IDENTITY CARD

Name
**LIM ZHENG HAO,
JEFFREY**

NRIC No
S9249849B



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

ORNLAT058PV10460506111

0000000140044

NRIC No / Colour
S9249849B / PINK

Race
CHINESE

Date Of Birth
19/09/1992

Service Status
NSF

Address
**Bik 122 PAYA LEBAR WAY
#04-2899 SINGAPORE 381122**

Blood Group
B (*)

Country Of Birth
VIETNAM

Military Rank Status
ENLISTEE

Sex
M





Qualified Driving Licence

You are not a valid Singapore Driving Licence Holder.

Provisional Driving Licence

Ask Jamie

Provisional Driving Licence Number

S9249849B

Status of Provisional Driving Licence

Valid

Class(es) of Provisional Driving Licence

3

Expiry Date

26/03/2021



EMERGENCY CALL



EMERGENCY SMS



I-WITNESS

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"/>	5091585399-01		LIM PIEN HONG	S1428693D	GPC	drive CLASSIC	SJK5145G	SJK5145G	24/10/2018	23/10/2019

Claim Handling

Accident MT/1040202

Policy No.	5091585399-01	Vehicle No.	SJK5145G	GST Registration No.	
Certificate No.					
Policyholder Name	LIM PIEN HONG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S1428
Contact No.(Mobile)	98287828	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

Accident Details

Report Date	15/04/2019 16:04	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	15/04/2019	Time of Accident hh:mm	10:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT RD 1 SLIP RD INTO KAKI BUKIT AVE 1				

Excess

Own damage Excess	600.00	Additional Excess	1000	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess	600.00		
			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	BLK 557 #10-354	Address 2	HOUANG STREET 51	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53055
Unit No.		Related Policy Number	5091585399-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/09/
Unnamed driver Name	LIM ZHENG HAO JEFFREY	Driver NRIC	S9249849B	Driving Experience	0
Register Date of Driver License	25/03/2019	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	94875819	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 122 #04-2899	Address 2	PAYA LEBAR WAY	Post Code	38112
Address 4		Address Type	Singapore address		
Unit No.	04-2899	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM PIEN HONG
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SJK5145G
Claim Description	SJK5145G / SLT654R ON 15 Apr 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
		Claim Close Date	15/04/2019 16:08
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1040202 Claim No. 001

Last Doc. Received

Yes No

Upload Date

15/04/2019 16:09

Path *

- 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 15 Apr 2019 16:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:09	SAS	Normal	SAS 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:09	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:09	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:09	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:08	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:08	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:08	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:08	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:08	Photos	Normal	Photos 2019-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2019 16:08	Photos	Normal	Photos 2019-4-15

Video List

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