

NATIONAL Assessment Centre Services [Ver 1 Jan 2015] NA1906071			
Date In: 10/05/2018 15:32	Job description	Date & Time Completed	Done by
Ref No: NA190003494	SAS e-filing		
Veh No: SKS 31E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/05/2018 12:00	i-Motor Claim Form	MT1043922-001	10/05/2018 16:07
OD: TP <u>Reporting Only</u>	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: SHD 1083M	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 ()			

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairs.

() 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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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: Idem DA + SMRT Survey \$160		
	8) NTUC: Additional Services:		
	()		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N1): TP (N in INC) against INC \$20		
	9) N12: Idem Mobile 30		
	Invoice dated	Pen 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	10/05/2019 15:32
Date Of Accident	09/05/2019 12:00
Exact Location Of Accident	CLEMENTI ROAD FROM NUS TOWARDS CLEMENTI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS31E
Insured/Policyholder	
Name Of Registered Owner	LIM LEEI SHIN (LIN LEIXIN)
NRIC No	S8034655G
Email Address	DENNISLIM31@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85688228
Alternative Phone No	OFFICE-85688228

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 COUPE
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	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	5101628929
Cover Note Number	

Driver

Name of Driver	LIM LEEI SHIN (LIN LEIXIN)
NRIC No	S8034655G
Date Of Birth	01/11/1980
Occupation	INDOOR
Date Of Driving Pass	16/10/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85688228
Fax Number	
Contact Number	OFFICE-85688228
Email Address	DENNISLIM31@GMAIL.COM

Address	BLK 692B CHOA CHU KANG CRESCENT #15-22
Postcode	682692
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 PLAN

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	SHD1083M
Vehicle Make/Model/Colour	KIA SILVER
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PNG KAY TONG
NRIC/Passport Number	S0034812J
Contact Number	96249056
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.
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: 10/5/19

Driver's Signature

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

Reporting Centre Personnel's Signature

Name: ROSE K. A. HAN
NRIC/FIN No.:

SKETCH PLAN

CHAMPANI ROAD FROM MUS TOWARDS CHAMPANI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The taxi brake and I couldn't brake in time and knock into rear of taxi.

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:

10/05/2019
Reporting Centre Personnel's Signature
Name: Rod Notter
NRIC/FIN No.:

LETTER of LOYALTY.

S0034812J

I "PNG KAY TONG will

not further claim any more


money after Lim Lee Shin

S8034655G

pay ~~\$350~~ for accident
\$250 fine

occurred 9/5/19 1208pm

PNG KAY TONG

S0034812J 

Lim Lee Shin

S8034655G



HP: 85688228

Claim Handling

Accident MY/1043922

Policy No.	5101828929	Vehicle No.	SKS31E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM LEE SHIN			Policyholder NRIC	S8034655G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drivn CLASSIC	Leading	0
Contact No.(Mobile)	95688228	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	10/05/2019 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/05/2019	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	CLEMENTI ROAD FROM NUS TOWARDS CLEMENTI				

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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 200 #07-73	Address 2	BOON LAY DRIVE	Address 3	BOON LAY GARDENS
Address 4	SINGAPORE 640200	Address Type	Singapore address	Post Code	640200
Unit No.	#07-73	Related Policy Number	5101828929		

OI Driver Info

Driver Name	LIM LEE SHIN (LIN LEE SHIN)	Driver Type	Main Driver	Driver DOB	01/11/1980
Unnamed driver Name		Driver NRIC	S8034655G	Driving Experience	8
Register Date of Driver License	01/01/2010	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	95688228	Contact No.(Office)		Address 1	BOON LAY GARDENS
Address 1	BLK 200 #07-73	Address 2	BOON LAY DRIVE	Address 3	BOON LAY GARDENS
Address 4	SINGAPORE 640200	Address Type	Singapore address	Post Code	640200
Unit No.	#07-73				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKS31E	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	LIM LEE SHIN	Insured NRIC	S8034655G
Contact No.(Mobile)	95688228	Contact No. (Home)	97643563	Contact No. (Office)	
Email Address	dennislim31@gmail.com	OT Vehicle Number	SKS31E	TP Vehicle Number	SHD1083H
Claim Description	SKS31E / SHD1083H ON 9 May 2019				
Preferred Workshop		Insured Liability	Fully at Fault		
Examine No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/05/2019 16:06	Claim Date		Date Received	10/05/2019 00:00
Report Taken By	ROSLI WANAB				

Print All Letter

Save Submit

Attachment

Accident No.	MY/1043922	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	10/05/2019 16:02
Path *		Category *	Confidential
No file chosen		Please Select	Normal
No file chosen		Please Select	Normal
No file chosen		Please Select	Normal
No file chosen		Please Select	Normal
No file chosen		Please Select	Normal
No file chosen		Please Select	Normal
No file chosen		Please Select	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	Photos	Normal	Photos 2019-5-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 May 2019 16:07	SAS	Normal	SAS 2019-5-10
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (09/05/99) (DD/MM/YYYY), TIME: (12:01) (HH:MM)

LOCATION: Clementi Road from NUS toward Clementi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8K331E
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 541 628929
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Clio Merc Coupe
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: route use
 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 Leei Shin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88024655G CONTACT: 80688228
 c) ADDRESS: 11C 692B CKE Cres #15-22
 5682692

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Same as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (01/11/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Oct 2000

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: SHD 1083M MODEL: KIA
 b) DRIVER'S NAME: PNG KAY TONG
 c) NRIC/FIN/PASSPORT: 80034812J CONTACT: 96249056

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)
 (1)

* No of passenger
 (including driver)
 ()

email = dennislim31@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8034655G



LIM LEE SHIN
(LIN LEIXIN)
林 磊 森

Race
CHINESE
Date of Birth
01-11-1980
Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8034655G



LIM LEE SHIN
(LIN LEIXIN)

Birth Date: 01 Nov 1980
Issue Date: 28 Jan 2018

00027678560

ADD 1819



NRIC No: S8034655G



Valid Group: A+ Date of issue: 18-03-2001

APT BLK 692B CHOA CHU KANG CRESCENT #15-22
SINGAPORE 682692
NRIC No: S8034655G Date: 08/12/2011 No: 6951771

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	16 Oct 2000
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	11 May 2004
Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	

NP 428A



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="09/05/2019 14:47"/>							
Vehicle No.(For Motor)	<input type="text" value="SK531E"/>	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 checked="" type="radio"/>	5101628929		LIM LEEI SHIN	S8034655G	GPC	drivo CLASSIC	SK531E	SK531E	04/07/2018	31/10/2019
<input type="button" value="Continue"/>										