NATIONAL Assessment Centre Services. (wef 1 Jan'08) NA1904/906582

Date In: 21/05/2019 13:45	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/900886714	SAS e-filling		
Veh No: SCR 2923T	E-mail (Ajaib 3hrs, AIC 2hrs)		
D.O.A: 18/05/2019 11:45	I-Motor Claim Form	NA1904/906582 . 21/05/2019 14:06	
OD / TP / 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 / OW: ( ) Tel: Fax:

TP Particulars: Veh No: SGJ7309L . 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 / Pre-Collision Examination	Completed by	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Action

NA1903746

Claimant / Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Jul 1:

2 / 3:

Invoice Charges	Amt($) Payable
1) AR : Accident Reporting ($30);	
2) DA : Damage Assessment ($100); INC ($30)	$40/$45
3) TP : Towing Fee	$120
4) FT : Follow-Through Survey	$30
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2009)	$75
6) TR : Re-Inspection	$160
7) N1 : Idas DA + SMRT Survey	
8) NTUC Additional Services:	
OD:	
*N5: Courtesy Car / Tpt Allowance	$5
*N6: Repair Co-ordination	$10
*N7: Post Repair Inspection	$25
*N8: DV / Collect Excess Coordination	$5
TP (N11) : TP (Non-INC) against INC	$20
9) N12: Idas Mobile	$0
Invoice dated *Fee Charged*	
Invoice dated *Fee Charged*	

MNA419065292 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 21/05/2019 13:49
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	21/05/2019 13:49
Date Of Accident	18/05/2019 11:45
Exact Location Of Accident	ALONG ORCHID CLUB ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCR2923T
Insured/Policyholder	
Name Of Registered Owner	LEONG NGIT BOEY
NRIC No	S2570537H
Email Address	JIAYI_LIM25@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98263965
Alternative Phone No	OTHERS-98263965
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	5099315380-01
Cover Note Number	
Driver	
Name of Driver	LIM JIA YI
NRIC No	S9534573E
Date Of Birth	25/09/1995
Occupation	INDOOR
Date Of Driving Pass	13/09/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98263965
Fax Number	
Contact Number	OTHERS-98263965
EMail Address	JIAYI_LIM25@YAHOO.COM

Address	501 SEMBAWANG ROAD #01-14
Postcode	757706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SLJ7329L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH YEN LING
NRIC/Passport Number	S8073799H
Contact Number	91509783
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

X

Policyholder's Signature
Date & Time:

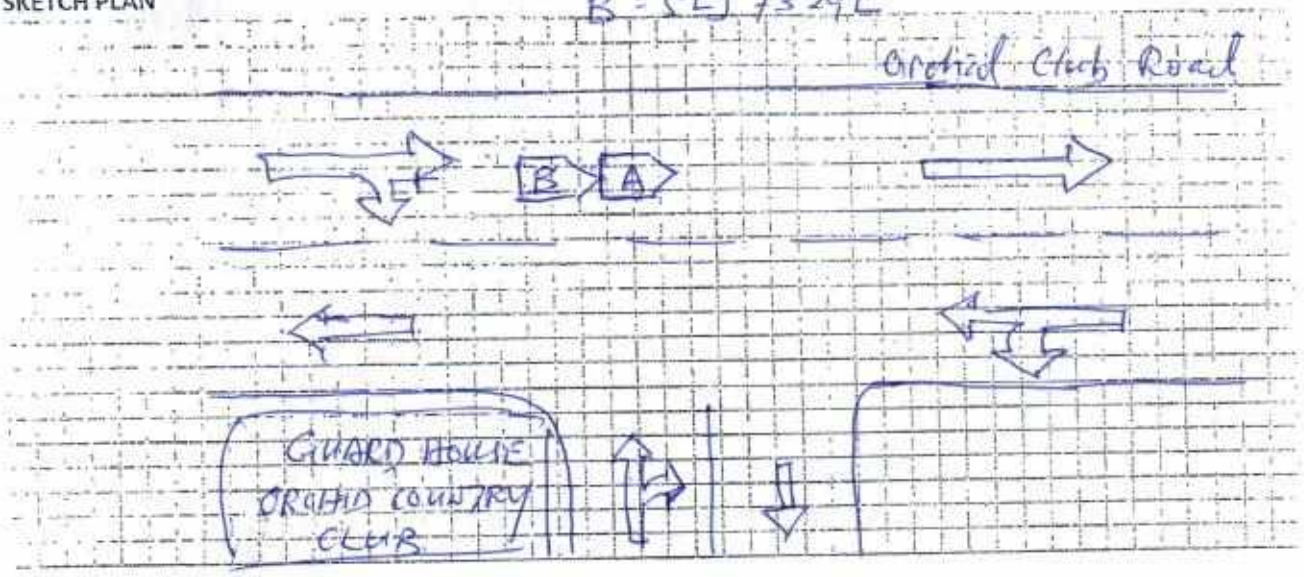
Driver's Signature
(If driver is not the policyholder)
Date & Time:

21/05/2015

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

A = SCR2923T
B = SLJ7329L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18th of May '2019 at around 11.45am I was inside Orchid Contry Club along the Orchid Club Road. I ~~was~~ was stopping my vehicle at a junction in front of the club guard house to prepare for a right turn. While I have stopped the vehicle for a short while, a car (SLJ7329L) suddenly hit my car from behind. There were two young children inside her car while accident occurred.

I have exchanged the personal particular with the driver and taken few photos at the scene. There seem to be no body injured in the incident.

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:

21/05/2019

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

Claim Handling

Accident MT/1045263

Policy No.	5099315380-01	Vehicle No.	SCR2923T	GST Registration No.	
Certificate No.				Policyholder NRIC	S2570537H
Policyholder Name	LEONG NGET BOEY			Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Contact No.(Home)	
Contact No.(Mobile)	98263965	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFK	No Yes	TCA	No Yes	Private Hire	No
NCD Protection	Yes	NCD Entitlement(%)	50		

Accident Details

Report Date	21/05/2019 13:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/05/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ORCHID CLUB ROAD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	501 SEMBAWANG ROAD	Address 2	#01-14 SELETARIS	Address 3	SINGAPORE 757706
Address 4		Address Type	Singapore address	Post Code	757706
Unit No.		Related Policy Number	5099315380-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	LIM JIA YI	Driver NRIC	S9534573E	Driver DOB	25/09/1995
Register Date of Driver License	13/09/2014	Driver Age	23	Driving Experience	4
Contact No.(Mobile)	98263965	Contact No.(Office)		Contact No.(Home)	
Address 1	501 SEMBAWANG ROAD	Address 2	#01-14 SELETARIS	Address 3	SINGAPORE 757706
Address 4		Address Type	Foreign address	Post Code	757706
Unit No.	01-14				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SCR2923T	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEONG NGET BOEY	Insured NRIC	S2570537H
Contact No.(Mobile)	98263965	Contact No. (Home)	67549178	Contact No. (Office)	
Email Address	kylm@sl.com	OI Vehicle Number	SCR2923T	TP Vehicle Number	SLJ7329L
Claim Description	SCR2923T / SLJ7329L ON 18 May 2019			Name of Preferred Workshop	
Preferred Workshop Selected		Insured Liability	Not at Fault		
Policy No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	SVA report	Received
Date Registered	21/05/2019 14:01	Claim Close Date		Date Received	21/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print as letter

Save Submit

Attachment

Accident No.	MT/1045263	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/05/2019 14:06

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	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:06	SAS	Normal	SAS 2019-5-21	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-21	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-21	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:02	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:02	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:02	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:02	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:02	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:01	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:01	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:01	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:01	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:01	Photos	Normal	Photos 2019-5-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:01	Photos	Normal	Photos 2019-5-21

▼ Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

Fax: 64597102
Email: admin.vac@vicom.com.sg
Tel: 66975243
I/C

VICOM ASSESSMENT CENTRE
VICOM LTD
385 Sin Ming Drive Singapore 575718
Mainline (65) 6458 4555
Facsimile (65) 6458 1040
www.vicom.com.sg
Company Registration No: 198100038K

PRELIM ACCIDENT REPORT FORM

Date of Accident : 18.5.2019 Accident Time: 11.45AM (24-HR-FORMAT)

Accident Place : Orchid Country Club

Vehicle Reg. No (Car plate No.) : SCR2923T Vehicle Make/Model: VIOS 1.5E

Insurance Company : NTUC INCOME Policy No. 509931538O-01

Name of Registered Owner : ~~Company~~ / Individual LEONG NGIT BOEY

ID of Registered Owner : Co ~~Reg~~ No: _____ Owner's NRIC No: S2570537H

: Co ~~Contact~~ No: _____ Owner's Contact No: 98263965

DRIVER'S Name : LIM JIA YI **DRIVER'S** NRIC No: S9534573E

DRIVER'S Date of Birth : 25.9.1995 **DRIVER'S** License Pass Date 13.9.2014

Relationship bet. Owner & Driver : ~~Spouse~~ \ ~~Parents~~ \(Children) \ ~~Sibling~~ \ ~~Employee~~ \ ~~Others:~~ _____

DRIVER'S Address : 501 SEMBAWANG ROAD, #01-14, SINGAPORE 757706

DRIVER'S Contact No./ Alt No. : 1) 96619645 2) _____

DRIVER'S Occupation : (INDOOR) \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)

Email Address : jiayi_lim25@yahoo.com

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): 1
Was the accident reported to the police? YES (NO)
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

Sin Ming
385 Sin Ming Drive Singapore 575718
Tel: (65) 6455 5358 Fax: (65) 6452 6621

Bukit Batok
511 Bukit Batok St 23 Singapore 659545
Tel: (65) 6560 3312 Fax: (65) 6569 0722

Kaki Bukit
23 Kaki Bukit Ave 4 Singapore 415933
Tel: (65) 6741 6697 Fax: (65) 6749 2305

VICOM ASSESSMENT CENTRE

VICOM LTD
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4655
Facsimile (65) 6458 1040

www.vicom.com.sg
Company Registration No: 198100320K

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLJ7329L

Vehicle Make\Model: TOYOTA

Name DRIVER: GOH YEW LING

IC No. DRIVER: S8073799H

DRIVER'S Contact & add: 91509783

Vehicle Reg No: _____

Vehicle Make\Model: _____

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

Signature of Driver

Driver request to send report to this E-mail address

ky_lim_88@yahoo.com

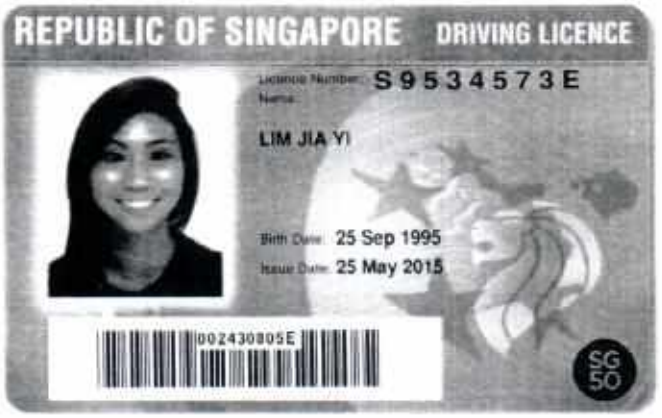
Signature of Driver **Date**

01.04.2019

Sin Ming
385 Sin Ming Drive Singapore 575718
Tel: (65) 6455 5358 Fax: (65) 6462 6621

Bukit Batok
511 Bukit Batok St 23 Singapore 659545
Tel: (65) 6560 3312 Fax: (65) 6569 0722

Kaki Bukit
23 Kaki Bukit Ave 4 Singapore 415933
Tel: (65) 6741 6697 Fax: (65) 6749 2305



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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	13 Sep 2014

Licence No:S9534573E

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9534573E

Name

LIM JIA YI

林 佳 仪

Race

CHINESE

Date of birth

25-09-1995

Sex

F

Country/Place of birth

SINGAPORE

5483533

NRIC No. S9534573E

Date of issue

25-05-2015

Address

501 SEMBAWANG ROAD
#01-14
SINGAPORE 757706

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2570537H

Name

LEONG NGIT BOEY

梁 月 梅

Race

CHINESE

Date of birth | Sex

20-03-1963 F

Country of birth

MALAYSIA

4611568

NRIC No. S2570537H

Date of issue

02-08-2010

Address

501 SEMBAWANG ROAD
#01-14
SINGAPORE 757706

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SCR2923T

Date of Accident 18/05/2019 14:15

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5099315380-01		LEONG NGIT BOEY	S2570537H	GPC	drivo CLASSIC	SCR2923T	SCR2923T	07/03/2019	06/03/2020

Continue