

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

Date In 07/06/19	Job description	Date & Time Completed	Done by
Ref No 117/6A519010068/13	SAS e-filing		
Veh No 5LDS115G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 06/06/19 1725	i-Motor Claim Form		
OD TP 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 / QW: (ZERO GRAVITY Tel: Fax:)

TP Particulars:	Veh No: 4N17154	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 repairer.
 () 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

NA1904234

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: 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			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	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: Idac Mobile 30			
	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	07/06/2019 15:22
Date Of Accident	06/06/2019 17:25
Exact Location Of Accident	PIONEER SECTOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5115G
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON YONG
NRIC No	S9044025Z
Email Address	BLAZER_RULZ@MSN.COM
Mobile Phone No	(LOCAL) +65-91185174
Alternative Phone No	OTHERS-91185174

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVP000003826-00-000
Cover Note Number	

Driver

Name of Driver	LIM CHOON YONG
NRIC No	S9044025Z
Date Of Birth	19/11/1990
Occupation	INDOOR
Date Of Driving Pass	12/07/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91185174
Fax Number	
Contact Number	OTHERS-91185174
EMail Address	BLAZER_RULZ@MSN.COM

Address	BLK 324 SEMBAWANG CLOSE #08-319
Postcode	750324
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	SIDE SWIPE
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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1715U
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG LOCK MENG
NRIC/Passport Number	S0190468Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

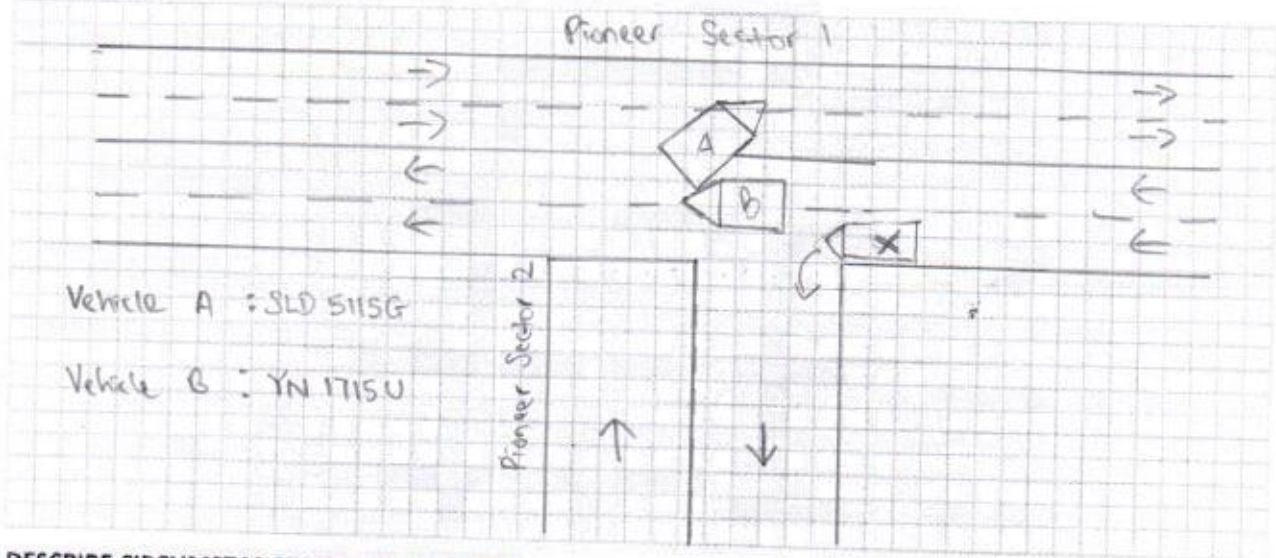
 7/6/19

Policyholder's Signature
Date & Time:

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

 07/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/6/2019, at 1725H, after I have check clear and moving off from Pioneer Sector 2 turning to Pioneer Sector 1, as vehicle B is still a distance away from vehicle X which is turning to Pioneer Sector 2, I was hit at the right rear portion of my car as the lorry e brake and swerve into me.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

As 7/6/19

Policyholder's Signature
Date & Time:

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

fgr 07/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 6/6/2019 Time 1725 Hrs
 Exact Location Of Accident * Pioneer Sector 1

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * 3LD 5115 G
 Insured Policyholder
 Name of Registered Owner * LIM CHUON YONG
 NRIC/FIN/Passport Number * S9044025Z

Vehicle Information
 Manufacturer TOYOTA
 Model COROLLA
 Exact Purpose for which vehicle was being used at time of accident
 * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify _____
 Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others _____
 If No, please state action to be taken
 * Third Party Claim ☐ Reporting Only ☒
 Vehicle Category
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company
 Name of Insurance Company * Great American Insurance Company
 Type of Coverage * Third Party only
 Fleet Policy Yes ☐ No ☒
 Policy Number * MOMVP - MOMVP000003826-00-000
 Cover Note Number _____

Driver
 Name of Driver * LIM CHUON YONG
 NRIC/FIN/Passport Number * S9044025Z
 Date of Birth * 19/11/1990
 Occupation * Regular
 Date of Driving Pass * 12/7/2010
 Gender * Male ☒ Female ☐
 Mobile Number 9118 5174
 Address Blk 324 Sembawang Close #08-319
S750324
 Email Address blazer_rulz@msn.com
 Was driver an employee of the Insured's Company?
 * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured
 * OWNER

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		JLD 5115G	
Insurance Company of Driver's Own Vehicle (if applicable)		Great American Insurance Company	
General Information of the Accident			
Type of Accident	* Collision head to side		
Weather Conditions	* Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
Road Surface	* Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Others <input type="checkbox"/>
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of Injured Persons			
Name	[Redacted]		
Address	[Redacted]		
Approximate Age	[Redacted]		
Injuries Sustained	[Redacted]		
If vehicle Occupants, state in which vehicle?	[Redacted]		
Were seat belts worn?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of Police Action			
Was the Accident reported to the Police?	* Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If Yes, please state which Police Station			
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If Yes, against whom?	[Redacted]		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	* YN 1715 U		
Vehicle Make / Model / Colour	ISUZU LORRY, Blue color		
Detail Of Properties	[Redacted]		
Name of Driver	* WONG LOCK MENG		
NRIC/Passport Number	S0190468Z		
Contact Number	[Redacted]		
Email Address	[Redacted]		
Address	[Redacted]		
Insurance Company Name	[Redacted]		
Nature of Damage	[Redacted]		
Details Of Witness			
Name	[Redacted]		
Phone Number	[Redacted]		
Email Address	[Redacted]		



SINGAPORE ARMED FORCES IDENTITY CARD

Name

LIM CHOON YONG

NRIC No

S9044025Z



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.

GENERAL TOGGPU/105451080418

00000050725498

NRIC No / Colour

S9044025Z/ PINK

Race

CHINESE

Date Of Birth

19/11/1990

Service Status

REGULAR

Address

Bik 324 SEMBAWANG CLOSE

#08-319 SINGAPORE 750324

Blood Group

A (-)

Country Of Birth

SINGAPORE

Military Rank Status

MILITARY EXPERT

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9044025Z**

Name:

**LIM CHOON YONG
(LIN JUNRONG)**

Birth Date: **19 Nov 1990**

Issue Date: **12 Jul 2010**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	22 May 2014
Class 2A	Motorcycles between 201 CC and 400 CC	11 Oct 2016
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	12 Jul 2010

S9044025Z

S / No. 9000252808



NP 428A

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)

Policy Details

Certificate Number	: MOMVP000003826-00-000	Cover	: Private Car (Third Party Only)
Policyholder Name	: Lim Choon Yong	Chassis Number	: AE1013008484
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 4A4569047
Hire Purchase	: N/A	Registration Number	: SLD5115G
Period of Insurance	: From 16/06/2018 (00:00) To 15/06/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) The Policyholder

b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business
This Policy does not cover:

a) Use for Hire and Reward

b) Use for racing, pace making, reliability trial or speed testing

c) Use for carriage of goods (other than samples) in connection with any trade of business

d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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

Workshop : Not Applicable

Excess (Section 2) : N/A

Off Peak Car : No

Windscreen Excess : N/A

NCD Protection : Yes

Driver Details

Main Driver	: Lim Choon Yong
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: AVA Insurance Brokers Pte Ltd
Date of Issue	: 20/06/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

gaw

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No. :	S9044025Z
Owner ID Type :	Singapore NRIC
Owner Name :	LIM CHOON YONG
Registered Address :	APT BLK 324 SEMBAWANG CLOSE #08-319 SINGAPORE 750324
Mailing Address :	-
Birth Date :	19 Nov 1990

Vehicle Particulars

Vehicle No. :	SLD5115G
Previous Vehicle No. :	-
Effective Date of Ownership :	16 Jun 2018
Original Regn Date :	18 Dec 1991
Registration Date :	18 Dec 1991
Year of Manufacture :	1991
Vehicle Type :	Passenger Motor Car
Vehicle Scheme :	-
Vehicle Attachment 1 :	No Attachment
Vehicle Attachment 2 :	-
Vehicle Attachment 3 :	-
Vehicle Make :	TOYOTA
Vehicle Model :	COROLLA 1.6M
Primary Colour :	White
Secondary Colour :	-
Passenger Capacity :	4
Chassis No. :	AE1013008484
Engine No. :	4A4569047
Engine Capacity / Power Rating :	1587 cc / -
Maximum Power Output :	-
Propellant :	Petrol
Max Unladen Weight :	0 kg
Maximum Laden Weight :	0 kg
Open Market Value :	\$15,851.00
PARF Eligibility :	Forfeited
PARF Eligibility Expiry Date :	-
Minimum PARF Benefit :	-
No. of Transfers :	11
IU Label No. :	1021862718
COE No. :	1991120102000513D
COE Expiry Date :	30 Apr 2019
COE Category :	A - Car (1600cc & below)
COE Registration Category :	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium :	\$12,958.00 / -
PQP Paid :	\$3,864.00
QP (Regn Cat) :	\$12,958.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$12,958.00
Additional Registration Fee Rate :	150.00 %
Actual ARF Paid :	\$23,777.00
Vehicle Lifespan Expiry Date :	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message :	To renew the COE, the Prevailing Quota Premium payable is that of Category A.