

NATIONAL Assessment Centre Services		25/06/2019 08:37	
Date to: 25/06/2019 08:37	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/19011461	SAS e-filing		
Veh No: GW 3900D	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 25/06/2019 07:30	i-Motor Claim Form	MT/1050884-001	25/06/2019 11:22
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 / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SHA1960Y	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()	
Insured/Driver Liability: () %	[Note-Ext Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$)	Landing: \$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

N/A/1904727	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)		
Contact No:	3) TP: Towing Fee	\$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey	\$120		
	5) RT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2019)			
	6) TR: Re-inspection	\$75		
	7) N1: Idm DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	N3: Courtesy Car / Tpt Allowance	\$5		
	N6: Repair Co-ordination	\$10		
	N7: Post Repair Inspection	\$25		
	N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N-in INC) against INC	\$20		
	9) N12: Idm Mobile	\$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fax Charged		
Auditors' Comments:	Invoice dated	Fax Charged		
Cal. 1:				
Cal. 2/3:				
1/1/18				

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 25/06/2019 09:37
Date Of Accident 25/06/2019 07:30
Exact Location Of Accident ALONG SENJA LINK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW3900D
Insured/Policyholder
Name Of Registered Owner LION CITY ELECTRIC PTE LTD
Co Reg No 199300982H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91195549
Alternative Phone No OFFICE-91195549

Vehicle Particulars

Manufacturer SUZUKI
Model CARRY-1.3 D (M)
Exact Purpose for which vehicle was being used at time of accident ON THE WAY TO WORK
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 5049112455-08
Cover Note Number

Driver

Name of Driver LIM SENG LEE
NRIC No S2600368G
Date Of Birth 19/05/1957
Occupation INDOOR
Date Of Driving Pass 29/10/1975
Driving Experience 43 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91195549
Fax Number
Contact Number OFFICE-91195549
Email Address NOEMAIL

Address	BLK 630 SENJA ROAD #11-208
Postcode	670630
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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

PLEAS 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	SHA1960Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG CHYE HOCK
NRIC/Passport Number	S0761852B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

25.6.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/06/2019

ROSLINTA

SKETCH PLAN

SANTA ROAD



A) GW 3900D

B) SHA 1960Y

SANTA WAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/06/2019 AT ABOUT 07:30HRS I WAS DRIVING MY VAN GW 3900D ALONG SANTA ROAD & WAS IN THE LEFT LANE WANTED TO TURN INTO SANTA WAY. SUDDENLY ON MY RIGHT WAS A TAXI SHA 1960Y. INSTEAD OF TURNING RIGHT HE DROVE STRAIGHT & BOUL INTO MY VAN THAT ALL.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 25.6.19

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

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



Claim Handling

Accident MT/1050384

Policy No.	SD49112455-08	Vehicle No.	GW3900D	GST Registration No.	
Certificate No.				Policyholder NRIC	199300982H
Policyholder Name	LION CITY ELECTRIC PTE LTD	Cover Type	Third Party	Loading	E
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91185549	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KYC	No Yes	NCD Endowment(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	25/06/2019 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	25/06/2019	Time of Accident (h:mm)	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SENJA LINA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver Is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	27/01/2014
GST Registration No.	199300982H	GST Status Verified	Yes
Modification History	25/06/2019 11:24:59 System changed GST Registered from No to Yes 25/06/2019 11:29:59 System changed GST Registration No. from null to 199300982H 25/06/2019 11:19:59 System changed GST Registration Date from null to 27/01/2014		

Policyholder Mailing Address

Address 1	BLK 1001 #01-45	Address 2	BUKIT MERAH LANE 3	Address 3	SINGAPORE 159718
Address 4		Address Type	Singapore address	Post Code	159718
Unit No.		Related Policy Number	SD49112455-08		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/05/1957
Unnamed driver name	LIM SENG LEE	Driver NRIC	S26003665	Driving Experience	43
Register Date of Driver License	24/10/1975	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 870630
Address 1	BLK 630 #11-208	Address 2	SENJA ROAD	Post Code	470630
Address 4		Address Type	Foreign address		
Unit No.	11-208			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GW3900D		

Declaration

Streptokinase or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001

Next

Claim Type *

Contact No.(Mobile)

Email Address:

Claim Description

Preferred Workshop
Selected No.
Prescription
Date Registered

Insured Liability: Not at Fault
 Insured: Insured
 Preferred Workshop, Name unknown
 Date Registered: 25/06/2019 11:21
 Report Taken By: ROSLI WANAB

Report Taken By

Print Ack letter

Save Submit

Attachment

v

Accident No.

MT/1050384

Last Doc. Received

Yes No

Claim No.

001

Upload Date

25/06/2019 11:22

Path *

Choose File No file chosen

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Message Read

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Category * Confidential Urgency * Description *

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Send Message

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent (0)



NAC_BUKIT_MERAH_800676% NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 11:22

Photos

Normal

Photos 2019-6-25

NAC_BUKIT_MERAH_800676% NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 11:22

Photos

Normal

Photos 2019-6-25

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 11:22	Photos	Normal	Photos 2019-6-25
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 11:21	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 11:21	SAS	Normal	SAS 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 11:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-25
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2600368G



LIM SENG LEE

林勝利

Race
CHINESE
Date of Birth
19-05-1957 M
Country of Birth
MALAYSIA

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S2600368G

LIM SENG LEE

Birth Date: 19 May 1957

Issue Date: 19 Sep 2003



3016104



NRIC No. S2600368G

Blood Group
B+ Date of issue
24-03-1998

For LKK/NAC Use Only

APT BLK 630 SENJA ROAD #11-208
SINGAPORE 670630
NRIC No: S2600368G

Date: 23-02-2003 No: 4431320

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

	VALID DATE
Class 2B Motorcycles <= 200 CC	23 Dec 1975
Class 2A Motorcycles between 201 CC and 400 CC	23 Dec 1975
Class 2 Motorcycles > 400 CC	23 Dec 1975
Class 3 Motor cars <= 3000 kg with <= 7 passengers, excluding of the driver; and motor tractors/vehicles <= 2500 kg	29 Oct 1975
Class 4 Heavy motor cars and motor tractors > 2500 kg	22 Mar 2005

S2600368G

5 / No. 9000031350



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="25/06/2019 09:35"/>
Vehicle No.(For Motor)	<input type="text" value="GW3900D"/>	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"/>	5049112455-08		LION CITY ELECTRIC PTE LTD	199300982H	GCV	Third Party	GW3900D	GW3900D	18/06/2019	17/06/2020