

NATIONAL Assessment Centre Services [Print & Jotter] *MAH904946*

Date In: <i>01/07/2019 10:27</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NB01MC190156117</i>	SAS e-illing		
Veh No: <i>SN 2874M</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>01/06/2019 07:20</i>	i-Motor Claim Form	<i>MT1051242001</i>	<i>01/07/2019</i>
OD <input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>11.14</i>
	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: *SMC 168E* 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

Claimant's Particulars:	Invoice Preparation Checklist:	Am't (\$) In Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wof 10 Jan 2023)		
	6) TR: Re-inspection \$75		
	7) N1: Idno 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 (Non INC) against INC \$20		
	N12: Idno Mobile \$0		
	Invoice dated: _____		
	For 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	01/07/2019 10:27
Date Of Accident	29/06/2019 07:30
Exact Location Of Accident	SLIP ROAD OF AIRPORT ROAD FROM BARTLEY ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2374M
Insured/Policyholder	
Name Of Registered Owner	VSL SINGAPORE PTE LTD
Co Reg No	197501943C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90038808
Alternative Phone No	OFFICE-94574043

Vehicle Particulars

Manufacturer	ISUZU
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5063715583-05
Cover Note Number	

Driver

Name of Driver	LIM AH CHAI
NRIC No	S1368439A
Date Of Birth	08/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90038808
Fax Number	
Contact Number	OTHERS-94574043
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 777 YISHUN AVENUE 2 #03-1571
Postcode	700777
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	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	SMC168E
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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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:

PF

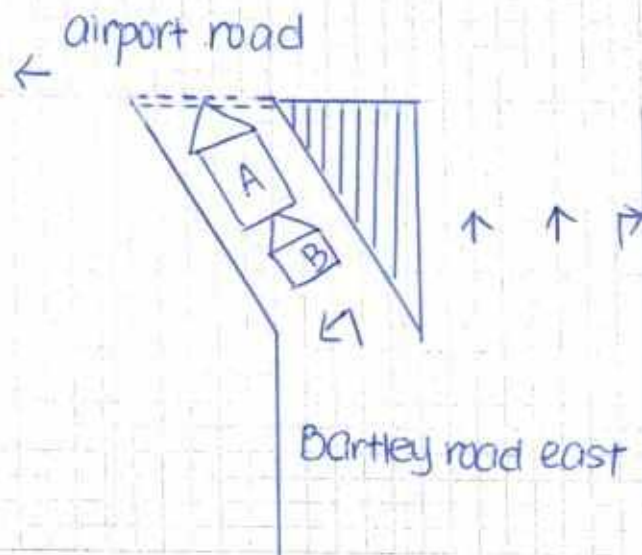
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Driver

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

01/02/2019
Rashid

SKETCH PLAN



Vehicle A: YN2374M
Vehicle B: SMC168E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bartley Road East on 29-06-19
at about 0730Hrs.
As I drove at the slip road turning to airport road,
I stopped to give way to incoming traffic.
Suddenly, vehicle B came from behind and hit onto me.
The lady driver then got off and apologised by saying that
she wasn't in a good mood to drive.

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.:

Claim Handling

Accident MT/1051242

Policy No.	5063715581-05	Vehicle No.	YN2374H	GST Registration No.	M100225690
Certificate No.					
Policyholder Name	VSL SINGAPORE PTE LTD			Policyholder NRIC	197501943C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	80038808	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
FR	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	20	Private rate	No

Accident Details

Report Date	01/07/2019 12:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	29/06/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	SLIP ROAD OF AIRPORT ROAD FROM BARTLEY ROAD EAST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M100225690	GST Status Verified	Yes
Modification History	01/07/2019 11:12:25 System (changed GST Registration Date from 01/01/2015 to 01/04/1994) 01/07/2019 11:12:21 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	25 SENOKO WAY	Address 2	SINGAPORE 758047	Address 3	
Address 4		Address Type	Singapore address	Post Code	758047
Unit No.		Related Policy Number	5063715581-05		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	LIH AH CHAI	Driver NRIC	S2368436A	Driver DOB	08/02/1959
Register Date of Driver License	25/08/1979	Driver Age	60	Driving Experience	39
Contact No.(Mobile)	84574043	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 777 #03-1571	Address 2	YISHUN AVENUE 2	Address 3	KHATTIN VALE
Address 4	SINGAPORE 760777	Address Type	Foreign address	Post Code	760777
Unit No.	03-1571				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	YN2374H	Driver Insurer Company	NTUC

Destination					
Breakdown or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001

New

Claim Type *	OD-RX	Insured Name	VSL SINGAPORE PTE LTD	Insured NRIC	197501943C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	85591278
Email Address	andy.wong@vat.com	OR		TP	
Claim Description	YN2374H / SNC LANE ON 29 Jun 2019	Vehicle Number	YN2374H	Vehicle Number	SNC108E
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Reported by	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/07/2019 11:17	Claim Date	01/07/2019 11:17	Date Received	01/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1051242	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	01/07/2019 11:17
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			
Attachment List			

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:17	Photos	Normal	Photos 2019-7-1	
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:17	Photos	Normal	Photos 2019-7-1	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:17	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:17	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:17	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:17	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:16	Photo	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:16	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:16	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:16	Photos	Normal	Photos 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:16	SAS	Normal	SAS 2019-7-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 11:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	

PERSONAL PARTICULARS

Date of Accident: 29/06/2019 Time of Accident: 7 30pm (24Hrs)
Vehicle No: YN 2374m Vehicle Make/Model: Isuzu Lorry (2999cc)
Exact Location of Accident: Slip road to airport road from bartley road east
Owner's Name/NRIC: VSL Singapore Pte Ltd / 197501943C
Driver's Name/NRIC: Lm Ah Chai / S1368439A
Driver's Contact: 90038808 94574043 Insurance Co & Policy No: _____
Driver's Email Address: hancarrepairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer/Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: SMC168E

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1368439A**

LIM AH CHAI

Birth Date: **08 Feb 1959**
Issue Date: **16 Jul 2003**

0006592220

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1368439A**

LIM AH CHAI
林亞財

CHINESE
Date of Birth: **08-02-1959** Sex: **M**
Place of Birth: **SINGAPORE**

94574043

90038808 (Tan)

S1368439A

08-02-1959

08-06-1994

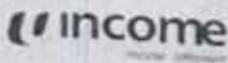
NP 423A

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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	08 Nov 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Aug 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Mar 1983

Licence No. **S1368439A**

NP 423A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1980 (MALAYSIA)

Certificate Number: 001275083-05

Cover: Comprehensive

1. Make Mark and Registration Number of vehicle

TK2278M

Chassis Number

JAAKAPRASHI/2100512

2. Name of Policyholder

VIG SINGAPORE PTE LTD

3. Effective Date of Insurance

27 Apr 2020

4. Expiry Date of Insurance

26 Apr 2021

5. Persons or Classes of Persons entitled to Drive

(A) The Policyholder

(B) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation to that effect from driving the Motor Vehicle.

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

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

(c) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) \$5400

EXCESS (SECTION 2) N/A

WINDSCREEN EXCESS \$5100

INSURE WITH COE YES

HIRE PURCHASE COMPANY N/A

SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agency: 02 INSURANCE AGENCY PTE LTD (00000633123)

Date of Issue: 27 Mar 2020 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED.

Countersigned By:

Authorized Officer

Chief Executive