

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005] *MWA 19 08 0006*

Date In: <i>2/2/14-14:07</i>	Job description	Date & Time Completed	Done by
Ref No: <i>WALINC 1901741/24</i>	SAS e-filing		
Veh No: <i>WOL 1138R</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>2/2/14-13:45</i>	i-Motor Claim Form	<i>M7 1105140-001</i>	<i>2/2/14 14:36</i>
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: <i>W5065717</i>	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)

Remarks:-	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		Amt (\$)	Amt (\$)
			Est Bill	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			
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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		
	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	02/07/2019 14:07
Date Of Accident	02/07/2019 13:45
Exact Location Of Accident	UBI TECKPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1138R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOMNOTEK (S) PTE LTD
Co Reg No	200301277Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68203770

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109454654
Cover Note Number	

### Driver

Name of Driver	LIM KIAN HENG, RAYMOND (LIN JIANXING, RAYMOND)
NRIC No	S8219392H
Date Of Birth	21/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90032448
Fax Number	
Contact Number	OFFICE-90032448
EMail Address	NOEMAIL

Address	BLK 220A SUMANG LANE #05-85
Postcode	821220
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN ON THE STATED VENUE, SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT PORTION.

#### 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	GBD6871T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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.

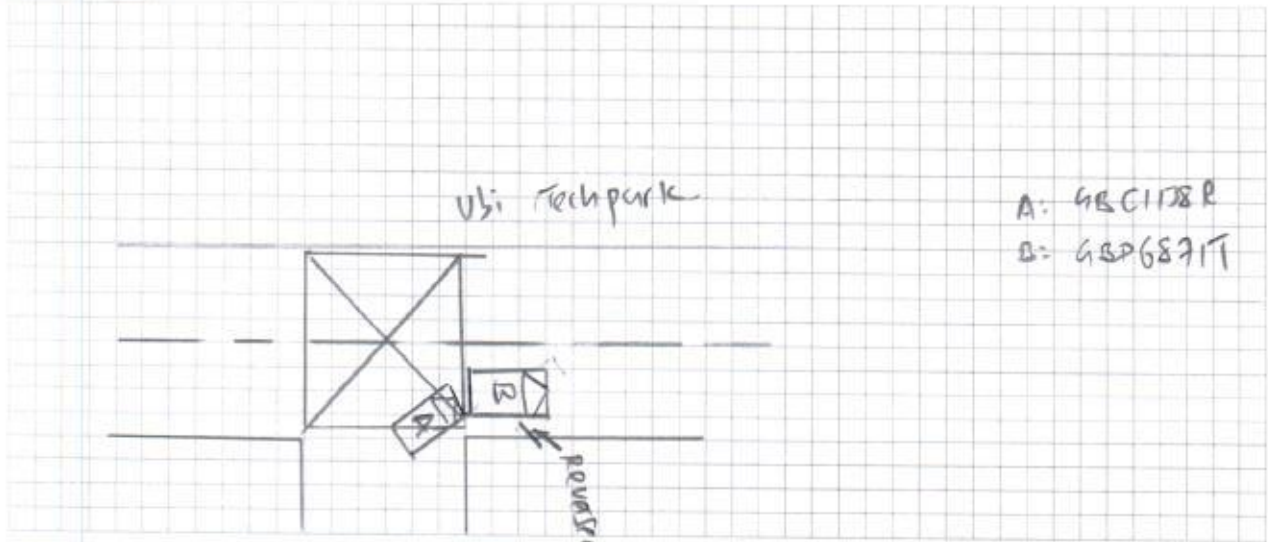
Somnotec (S) Pte Ltd  
50 Ubi Crescent

Policyholder's Signature  
Date & Time:  
701-03 Ubi Techpark  
Singapore 408568  
Tel: +65 6844 0002  
Fax: +65 6844 2032

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

[The remaining lines of the form are crossed out with a diagonal blue line.]

DECLARATION

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

Somnotec (S) Pte Ltd  
58 Ubi Crescent  
Ubi Techpark  
Singapore 408568  
Tel: +65 6844 0002  
Fax: +65 6844 2032

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8219392H**

Name  
**LIM KIAN HENG, RAYMOND**  
(LIN JIANXING, RAYMOND)

Birth Date: **21 Jun 1982**

Issue Date: **04 Nov 2003**

000976830K



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8219392H**



Name  
**LIM KIAN HENG, RAYMOND**  
**林建興**

Race  
**CHINESE**

Date of birth **21-06-1982** Sex **M**

Country of birth  
**SINGAPORE**




For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 2B	Motorcycles <= 200 CC	29 Nov 2001
Class 2A	Motorcycles between 201 CC and 400 CC	04 Nov 2001
Class 2	Motorcycles > 400 CC	24 May 2005
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	30 Nov 2006

S / No. 9000051944

S8219392H

Licence No: S8219392H



NP 428A

For LKK/NAC Use Only

4899316



NRIC No: **S8219392H**



Date of issue  
**25-10-2012**

APT BLK 220A SUMANG LANE #05-05  
SINGAPORE 821220  
NRIC No: **S8219392H** Date: **18/04/2018**

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109454654	5109454654-000001	SOMNOTECH (S) PTE. LTD.	2003012772	GFM	Comprehensive	GBC1138R	GBC1138R	01/07/2019	30/06/2020

Continue

**Policy Information**

Policy No.	5109454654	Policyholder Name	SOMNOTECH (S) PTE. LTD.	Policyholder NRIC	2003012772
Certificate No.	5109454654-000001				
Address	50 UBI CRESCENT #01-03 UBI TECHPARK SINGAPORE 408568				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/05/2019	Effective Date	01/07/2019 00:00	Expiry Date	30/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JMT INSURANCE AGENCY	Agent Tel.	96200140	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	50 UBI CRESCENT	Address 2	#01-03 UBI TECHPARK	Address 3	SINGAPORE 408568
Address 4		Address Type	Singapore address	Post Code	408568
Unit No.		Related Policy Number	5110618146		

**Insured Object: 5109454654-000001**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b>Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content



Claim Handling

Exit

Accident MT/1051610

Policy No.	5109454654	Vehicle No.	GBC1138R	GST Registration No.	200812229K
Certificate No.	5109454654-000001				
Policyholder Name	SOMNOTEC (S) PTE. LTD.			Policyholder NRIC	200301277Z
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	68203770	Contact No.(Home)	0
Email Address		Special Remark		eCode	TL
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	02/07/2019 19:54	ACCIDENT Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	02/07/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI TECHPARK				

**Total Excess Applicable**

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

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	26/05/2003
GST Registration No.	200301277Z	GST Status Verified	Yes
Modification History	02/07/2019 19:55:19 System changed GST Registration No. from 200812229K to 200301277Z 02/07/2019 19:55:19 System changed GST Registration Date from 01/01/2015 to 26/05/2003 02/07/2019 19:55:19 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	50 UBI CRESCENT	Address 2	#01-03 UBI TECHPARK	Address 3	SINGAPORE 408568
Address 4		Address Type	Singapore address	Post Code	408568
Unit No.		Related Policy Number	5110618146		

**Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/06/1982
Unnamed driver Name	LIM KIAN HENG, RAYMOND (LP)	Driver NRIC	50219392H	Driving Experience	12
Register Date of Driver License	30/11/2006	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	90032448	Contact No.(Office)	0	Address 3	MATILOA EDGE
Address 1	BLK 220A	Address 2	SUNANG LANE	Post Code	821220
Address 4	SINGAPORE 821220	Address Type	Singapore address		
Unit No.	05-85	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-NK	Insured Name	SOMNOTEC (S) PTE. LTD.	Insured NRIC	200301277Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68440002
Email Address	vanessa@somnotec.net	DI Vehicle Number	GBC1138R	TP Vehicle Number	GBC6871T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBC1138R / GBC6871T ON 2 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/07/2019 19:56	Claim Close Date		Date Received	02/07/2019 00:00
Report Taken by	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1051610	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/07/2019 19:57

Page \*

Browse Clear Category \* Confidential Urgency \* Description \*

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	10	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	10	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	10	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	10	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	10	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	SAS	Normal	SAS 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:56	Photos	Normal	Photos 2019-7-2		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				