

# NATIONAL Assessment Centre Services

[Print / Export]

MAA919092687

Date In: 15/07/2019 21:00	Job description	Date & Time Completed	Done by
Ref No: NMAA919092687	SAS e-illing		
Veh No: SKC 5KIL	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 15/07/2019 08:50	I-Motor Claim Form	mtl1053566-001	16/07/2019
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:45
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: UNKNOWN CAR	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: 678816616)	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

NMA905271		Invoice Preparation Checklist		Amo (\$)	Amo (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		10 Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors Comments:		For claimant against INC Only (wef 10 Jan 2019)			
Cat. 1:		6) TR: TR Inspection \$75			
Cat. 2/3:		7) N1: Idm DA + SMRT Survey \$160			
P. 1/1		8) NTUC Additional Services:			
		9) N12: Idm Mobile 30			
		Invoice dated		Pen Charged	
		Pen Charged			

07-MAY-2019 16:39



## 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	15/07/2019 21:00
Date Of Accident	15/07/2019 08:50
Exact Location Of Accident	KPE ENTRANCE (SENGKANG) JUST AFTER ERP GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5751L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ZHI JIE, KEVIN
NRIC No	S9243868F
Email Address	VINZJ92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92331423
Alternative Phone No	OTHERS-92331423

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 (A)
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	REPORTING ONLY
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	5091968165-01
Cover Note Number	

### Driver

Name of Driver	LIM ZHI JIE, KEVIN
NRIC No	S9243868F
Date Of Birth	18/11/1992
Occupation	INDOOR
Date Of Driving Pass	19/07/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92331423
Fax Number	
Contact Number	OTHERS-92331423
Email Address	VINZJ92@GMAIL.COM

Address	BLK 148 RIVERVALE CRESCENT #16-42
Postcode	540148
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

#### 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	UNKNOWN
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

### 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.
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: 15/7/2019  
1640H

Driver's Signature

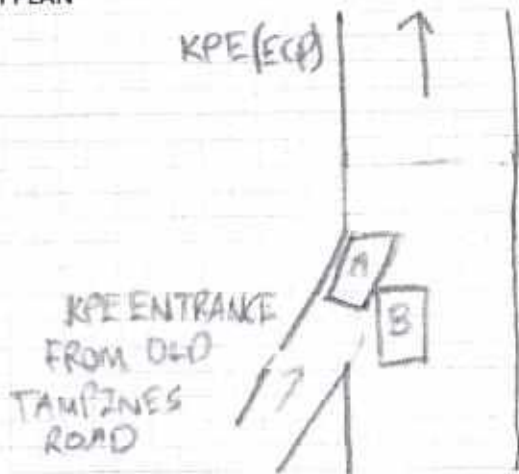
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



A → SKC5751L

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS FILTERING INTO THE MAIN ROAD TO ENTER KPE.  
I DID NOT KNOW THAT MY CAR BRUSH AGAINST A VEHICLE WHILE  
FILTERING INTO THE MAIN ROAD AS IT WAS RAINING HEAVILY.  
I FOUND THAT MY CAR WAS SCRATCHED UPON REACHING MY  
OFFICE CARPARK.

## DECLARATION

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

Policyholder's Signature

Date & Time: 15/7/2019  
1640H

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

16 Oct 2018

## Claim Handling

Accident MT/1053566

Policy No.	001988165-01	Vehicle No.	SKCS751L	GST Registration No.	
Certificate No.					
Policyholder Name	UM ZHE JIE, KEVIN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Policyholder NRIC	S9243868P
Contact No. (Mobile)	93321423	Contact No. (Office)		Loading	S
Email Address		Special Remarks		Contact No. (Home)	
KPI	= No / Yes	TCA	= No / Yes	eCode	No *
NCD Protection	No	NCD Entitlement(%)	#0	eCode Reason	
				Private Hire	No

## Accident Details

Report Date	15/07/2019 10:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	15/07/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GPE ENTRANCE (SINGAPORE) JUST AFTER ERP GANTRY				

## Excess

Own Damage Excess	600.00	Additional Excess	\$00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 148 #16-42	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 540148
Address 4		Address Type	Singapore address	Post Code	540148
Unit No.	16-42	Related Policy Number	001988165-01		

## OI Driver Info

Driver Name	UM ZHE JIE KEVIN	Driver Type	Main Driver	Driver DOB	18/11/1992
Unnamed driver Name		Driver NRIC	S9243868P	Driving Experience	+
Register Date of Driver License	15/07/2011	Driver Age	28	Contact No. (Home)	
Contact No. (Mobile)	93321423	Contact No. (Office)		Address 3	SINGAPORE 540148
Address 1	BLK 148 #16-42	Address 2	RIVERVALE CRESCENT	Post Code	540148
Address 4		Address Type	Singapore address		
Unit No.	16-42				
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	S	Driver Insurer Company	

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes / No
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## Modification History

Claim 001 **Ren**

## Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop  Insured liability  Partially at Fault

Co-insured No.  Endorsed  Repair Option  Preferred Workshop, Name unknown  GIA report  Received

Date Registered

Report Taken By

Print All letter

OD-RC	Insured Name	UM ZHE JIE, KEVIN	Insured NRIC	S9243868P
	Contact No. (Home)		Contact No. (Office)	
	OI Vehicle Number	SKCS751L	TP Vehicle Number	UNKNOWN CAR
SKCS751L / UNKNOWN CAR ON 15 Jul 2019		Name of Preferred Workshop		
15/07/2019 10:54	Claim Close Date		Date Received	18/07/2019 00:00
RDSLT WYAHAB				

Save Submit

## Attachment

Accident No.	MT/1053566	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	16/07/2019 10:55
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

## Attachment List

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:55	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:55	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:55	Photos	Normal	Photos 2019-7-15	



	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:55	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:54	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:54	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:54	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:54	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:54	SAS	Normal	SAS 2019-7-16
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 10:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16

[Video List](#)

Uploaded By/Date	Folder/ Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 7 / 2019 (DD/MM/YYYY), TIME: 08 : 55 (HH:MM)

LOCATION: KPE ENTRANCE (SENGKANG) JUST AFTER ERP GANTRY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC 5751 L  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5091968165-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: CHEVROLET CRUZE 1.6A  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: LIM ZHI JIE KEVIN (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S9243868F CONTACT: 92331423  
C) ADDRESS: 148 RIVERVALE CRESCENT #16-42

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 18 / 11 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 JUL 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKOWN CAR MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PAX (F)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = Vin2592@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9243868F



**For LKK/NAC Use Only**

Name  
LIM ZHI JIE, KEVIN  
(LIN ZHIJIE)

林智傑

Race  
CHINESE  
Date of birth  
18-11-1992  
Sex  
M  
Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S9243868F



LIM ZHI JIE, KEVIN  
(LIN ZHIJIE)

**For LKK/NAC Use Only**

Birth Date: 18 Nov 1992  
Issue Date: 19 Jul 2011



001963585G



4133561

NRIC No. S9243868F



**For LKK/NAC Use Only**

Date of issue  
19-11-2007

Address  
APT BLK 148 RIVERVALE CRESCENT  
#18-42  
SINGAPORE 540148

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  3500kg 19 Jul 2011

**For LKK/NAC Use Only**



Licence No: S9243868F

NP 428A

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="15/07/2019 16:47"/>
Vehicle No. (For Motor)	<input type="text" value="SKC5751L"/>	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 checked="" type="radio"/>	5091968165-01		LIM ZHI JIE, KEVIN	S9243868F	GPC	drive CLASSIC	SKC5751L	SKC5751L	09/09/2018	08/09/2019