

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 119102590.-01

Date In: 518/19 16:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19013665/h4.	SAS e-filing		
Veh No: SJY 2217 D	E-mail (within 2hrs, AIC 2hrs)		
DDA: 318/19 16:00.	I-Motor Claim Form	MT/1056573-001	6/8/19 09:13
<input checked="" type="radio"/> TP / Rep 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		

Professional Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SLN 2458 J.	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%; P: 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:	Complete	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

MA1905811

Claimant's Particulars:	Invoice Information	Am (S)	Ref (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	3000	
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		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Ref:	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	05/08/2019 16:24
Date Of Accident	03/08/2019 16:00
Exact Location Of Accident	CTE TWDS TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY2217D
Insured/Policyholder	
Name Of Registered Owner	CHENG SHI HUI (ZENG SHIHUI)
NRIC No	S8431999F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96929333
Alternative Phone No	OFFICE-96929333
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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?	YES
If No, Please state action to be taken	
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	5082156577-02
Cover Note Number	-
Driver	
Name of Driver	LIM ZHI CHONG TERENCE
NRIC No	S8401769H
Date Of Birth	06/01/1984
Occupation	INDOOR
Date Of Driving Pass	17/06/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96929333
Fax Number	
Contact Number	OFFICE-96929333
EMail Address	NOEMAIL

Address	BLK 404A FERNVALE LANE #17-129
Postcode	791404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	
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 ATTACHED STATEMENT.

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	SLN2458J
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

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. 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:

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

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

SKETCH PLAN

Refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

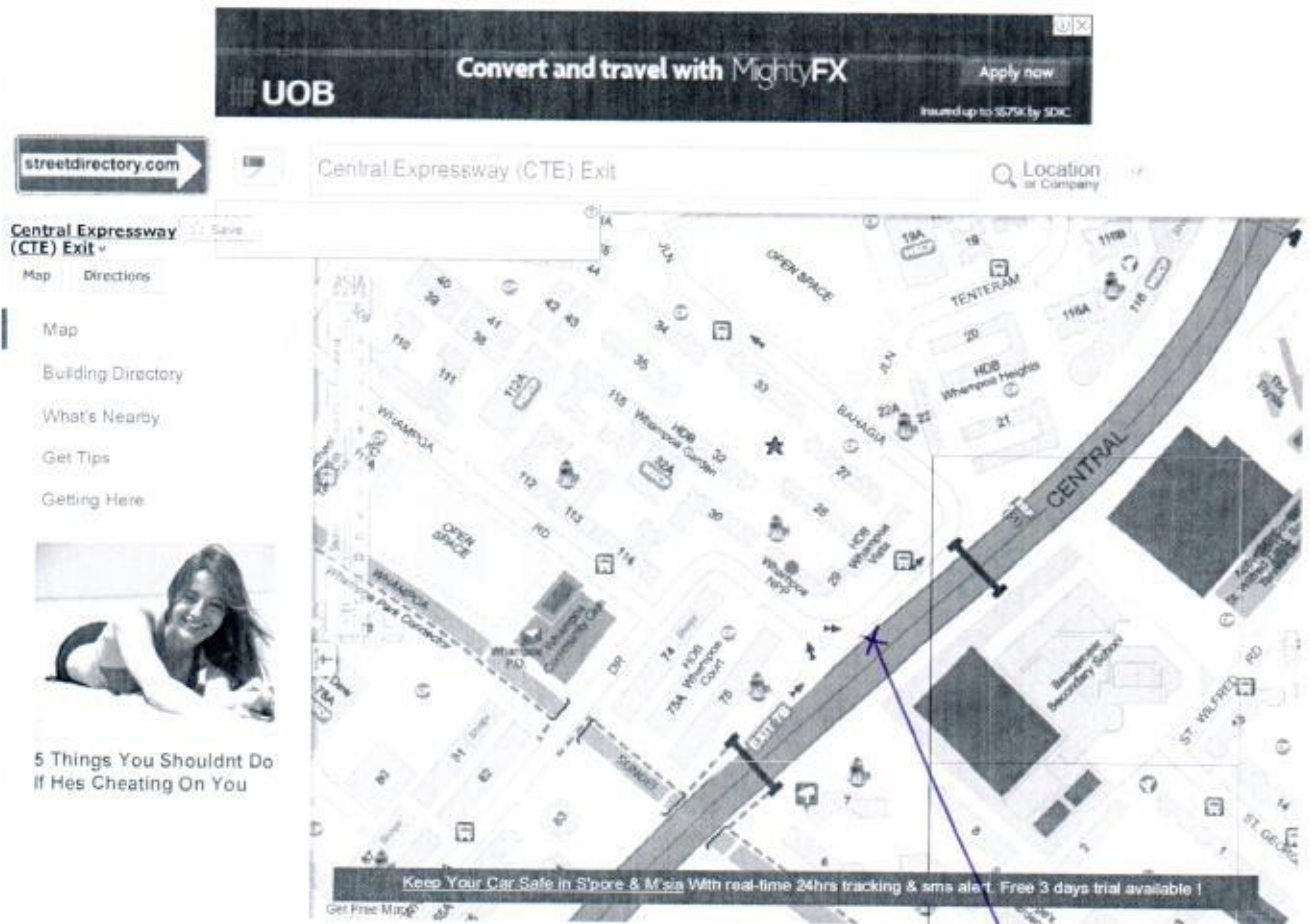
DECLARATION

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.:

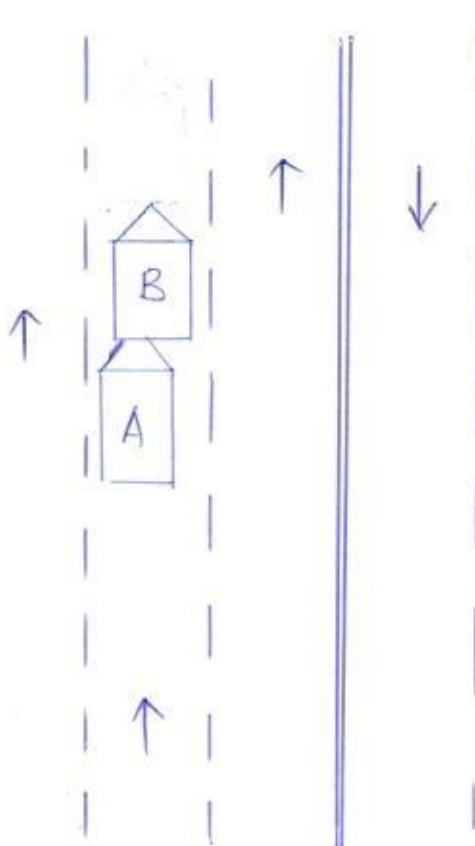


Accident site

A - SJY2217D

B - SLN2458J

CTE Toward Toa Payoh



Teck

S8401769H

Accident Statement

On 3rd of Aug 2019, at around 1600hrs, I was driving my vehicle (SJY2217D) along CTE towards Toa Payoh. Suddenly the front vehicle (SLN2458J) activated emergency brake, I did not manage to stop on time to avoid the collision and hit onto the rear of the front vehicle. I'm making this report for the purpose of reporting only.



Name: Lim Zhi Chong Terence
NRIC: S8401769H

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 11910 2590 Vehicle Registration No: SJY 2217 D
Name (as shown in NRIC) : Lim Zhi Chong Terence NRIC/FIN/Passport No : S 8401769 H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96929333
Email Address : _____
Date of Accident : 3/8/19 Time of Accident : 16:00
Place of Accident : CTE twds Toa Payoh
Insurance Company : MTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Revert from Reporting to own Damage
claim

Policyholder / Driver's Signature
Date:

06/08/2019

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Date: 6/8/19.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8401769H**



LIM ZHI CHONG TERENCE
(LIN ZHICHONG TERENCE)

Birth Date: **06 Jan 1984**

Issue Date: **24 Sep 2014**



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8401769H**



Name

LIM ZHI CHONG TERENCE
(LIN ZHICHONG TERENCE)

林志冲

Race

CHINESE

Date of birth

06-01-1984

Country/Place of birth

SINGAPORE

Sex

M

S8401769H

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 07 Nov 2002
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Jun 2003

For LKK/NAC Use Only



Licence No: **S8401769H**

5369226



NRIC No: **S8401769H**



Date of issue
24-09-2014

Address

APT BLK 404A FERNVALE LANE
#17-129
SINGAPORE 791404

NP 428A

Hello, NAC_PAYA_UBI_800601

[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="03/08/2019 16:17"/>							
Vehicle No.(For Motor)	<input type="text" value="SJY2217D"/>	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"/>	5082156577-02		CHENG SHI HUI (ZENG SHIHUI)	S8431999F	GPC	drivo CLASSIC	SJY2217D	SJY2217D	16/08/2018	11/08/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1056573

Policy No.	5082156577-02	Vehicle No.	SJY2217D	GST Registration No.
Certificate No.				
Policyholder Name	CHENG SHI HUI (ZENG SHIHUI)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96929333	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	50	Private Hire

▼ Accident Details

Report Date	06/08/2019 09:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/08/2019	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS TOA PAYOH			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	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 477B #16-574	Address 2	UPPER SERANGOON VIEW	Address 3
Address 4	SINGAPORE 532477	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5082156577-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM ZHI CHONG TERENCE	Driver NRIC	S8401769H	Driver DOB
Register Date of Driver License	17/06/2003	Driver Age	35	Driving Experience
Contact No.(Mobile)	96929333	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 404A #17-129	Address 2	FERNVALE LANE	Address 3
Address 4	SINGAPORE 791404	Address Type	Singapore address	Post Code
Unit No.	17-129			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHENG S
Contact No.(Mobile)	98777701	Contact No. (Home)	NIL
Email Address	joannechengsh@gmail.com	OI Vehicle Number	SJY2217D
Claim Description	SJY2217D / SLN2458J ON 3 Aug 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	06/08/2019 09:12	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.	MT/1056573	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/08/2019 09:13
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:13	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:13	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Aug 2019 09:12	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Tuesday, 6 August 2019 11:44 AM
To: 'ODsupport'
Subject: VEH NO:SJY 2217D CLAIMS NO:MT/1056573
Attachments: SJY2217D_03082019(NEW).PDF

Hi All,

Above mentioned vehicle, Driver amend revert from reporting to own damage claims. Driver send the vehicle to smrt automobile services pte ltd at 60 Woodlands Industrial Park E4 to do damage assessment, Please open the D/A and transfer to smrt to complete the D/A.

Thanks

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)