

NATIONAL Assessment Centre Services

Date In: 13/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014059/13	SAS e-filing		
Veh No: SMJ24042	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/08/19 1840	i-Motor Claim Form	MT/1057445-001	
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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SJR1800A	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

NA1906067	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	13/08/2019 18:14
Date Of Accident	08/08/2019 18:40
Exact Location Of Accident	ALEXANDRA RD INFRT OF IKEA TWDS TELOK BLANGAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2404Z
Insured/Policyholder	
Name Of Registered Owner	HDBTERMINAL
Co Reg No	53369903K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92718723

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107696136
Cover Note Number	

Driver

Name of Driver	LIM KOON BENG,NORMAN(LIN KUNMING,NORMAN)
NRIC No	S7336778F
Date Of Birth	06/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718723
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 592C MONTREAL LINK #17-32
Postcode	753592
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 - 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?	NO
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

I WAS DRIVING ALONG ALEXANDRA RD TWDS TELOK BLANGAH ON THE CENTRE LANE OF A3-LANES RD. SOMEWHERE AFTER IKEA B4 THE JUNC OF JLN BUKIT MERAH, I SLOWED DOWN AND STOP ACCORDINGLY BEHIND VEH B AS TO COMPLY TRAFFIC RED LIGHT AHEAD. OUT OF THE SUDDN, VEH B STARTED TO ROLL BACK AND REVERSED TWDS MY DIRECTION. UPON SEEING, I STARTED TO HORN AT HIM BUT VEH B DRIVER KEEP ON REVERSING AND HIT ONTO THE FRONT PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR1822A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO YONG BENG
NRIC/Passport Number	
Contact Number	92294872
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

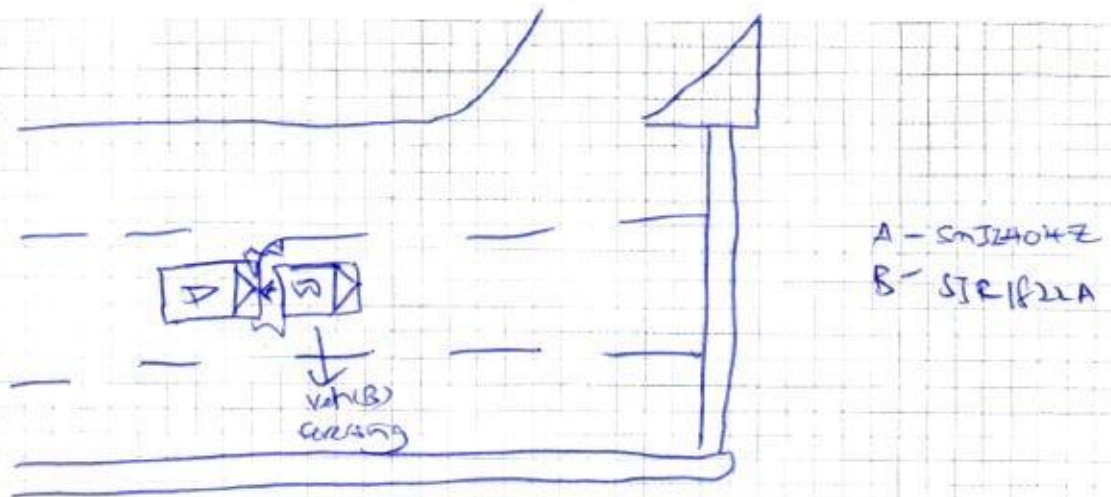
Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name: *lyn* 13/08/19
NRIC/FIN No.:

SKETCH PLAN



Alexandra Rd in front of IKEA (towards Telok Singah)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Alexandra Rd towards Telok Singah in the center lane of a 3-lane road. Somewhere before IKEA before the junction of Jalan Bukit Merah, I slowed down and stopped accordingly behind veh (B) as to comply traffic and light ahead. Out of the sudden, veh (B) started to roll back and reverse towards my direction. Upon seeing, I started to horn at veh (B). However, veh (B) still reversed and collided into the front portion of my vehicle.

A - SMJ 2404Z
B - STR 1822A

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.:

sfym 13/08/19

Vehicle No.	SMJ 2404 Z	Model / Make	Honda Civic
Date of Accident	8/8/19		
Time of Accident	6.42 pm	HRS	
Location of Accident	Alexandra Rd. front of Ikea (Pavilion Telok Sengat)		
Exact purpose use during accident	Pte. for use		
Name of Owner	HOBSTERMANN		
Telephone No.	H/P : 92718723	Home :	Office :
NRIC	53369903K		
Address	592G, Montreal Link, Montreal Ville (755592)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5107696156		
	\$		
Name of Driver	As Above If No, Lim Koon Beng, Norman		
NRIC	C7336775F	Any Passengers :	NI
Date of birth	6/10/1973		
Occupation	(Outdoor)	/	Indoor
Driving License Pass Date	08/08/1997		
Gender	Male	/	Female
Contact No.	H/P : 92718723	Home :	Office :
Address	As above		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner of company	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJR 1822A	Any Passengers :	NI
Name of Driver	Neo Yong Beng	Contact No. :	92294872
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front Bumper		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	NSI Automotive Pte		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Helen / Zeng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7336778F



Name

LIM KOON BENG, NORMAN
(LIN KUNMING, NORMAN)

林 坤 明

Race
CHINESE

Date of birth
06-10-1973

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7336778F
Name:

LIM KOON BENG, NORMAN
(LIN KUNMING, NORMAN)



Birth Date: 06 Oct 1973
Issue Date: 04 Aug 2003



For LKK/NAC Use Only



4904928

NRIC No: S7336778F

For LKK/NAC Use Only



Date of issue
14-11-2012

APT BLK 592C MONTREAL LINK #17-32
SINGAPORE 753592

NRIC No: S7336778F

Date: 03/08/2014

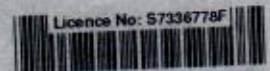
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

08 Aug 1997

For LKK/NAC Use Only



Licence No: S7336778F

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107696136

Cover : drive CLASSIC

- | | |
|---|---------------|
| 1. Index mark and Registration Number of Vehicle | : SMJ2404Z |
| Chassis Number | : GK82001286 |
| 2. Name of Policyholder | : HDBTERMINAL |
| 3. Effective Date of Insurance | : 26 Feb 2019 |
| 4. Expiry Date of Insurance | : 25 Feb 2020 |
| 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 in that behalf 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SANCARZ PTE LTD
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 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 21 Feb 2019 13:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

 Authorised Officer

 Chief Executive

Claim Handling

Accident MT/1057445

Policy No.	5107696136	Vehicle No.	SMJ2404Z	GST Registration No.
Certificate No.				
Policyholder Name	HDBTERMINAL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92718723	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	13/08/2019 19:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/08/2019	Time of Accident hh:mm	18:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALEXANDRA RD INFRT OF IKEA TWDS TELOK BLANGAH			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00	

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 592C #17-32	Address 2	MONTREAL LINK	Address 3
Address 4	SINGAPORE 753592	Address Type	Singapore address	Post Code
Unit No.	17-32	Related Policy Number	5107696136	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM KOON BENG,NORMAN(LIN K	Driver NRIC	S7336778F	Driver DOB
Register Date of Driver License	08/08/1997	Driver Age	45	Driving Experience
Contact No.(Mobile)	92718723	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 592C	Address 2	MONTREAL LINK	Address 3
Address 4	SINGAPORE 753592	Address Type	Singapore address	Post Code
Unit No.	#17-32			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	HDBTERMINAL
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SMJ2404Z
Claim Description	SMJ2404Z / SJR1822A ON 8 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	13/08/2019 19:17	GIA report	Received
		Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.

MT/1057445

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

13/08/2019 00:00

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

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Clear

Clear

Clear

Clear

Category *

Please Select

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Confidential

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:17	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:17	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:16	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
		Display in New Window Scan and uploading