

NATIONAL Assessment Centre Services.

Form 1 Jan 2003

NA19/0900

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 17/08/2005 13:52 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC/90/43384 | SAS e-filing | | |
| Veh No: FBF 8801Z | E-mail (Within 2hrs, AIC 2hrs) | | |
| DOA: 17/08/2005 01:40 | I-Motor Claim Form | 17/10/2005 12:00 | 17/10/2005 |
| OD: TP / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| 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: Vch No: SMG 8801Z 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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time / Action:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

NA1905999

Claimant's Particulars:

Driver/Owner: 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$20)

Contact No: 3) TP: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors Comments: For claiming against INC Only (ref 10 Jan 2003)

Date: 6) TR: Re-inspection \$75

7) NI: Idas DA + SMRT Survey \$160

8) NTUC Additional Services:

9) NI2: Idas 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 | 17/08/2019 13:52 |
| Date Of Accident | 14/08/2019 07:40 |
| Exact Location Of Accident | ALONG LORNIE HIGHWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | FBF8301Z |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM YEW HONG |
| NRIC No | S1809144E |
| Email Address | LIM_YEWHONG@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-94377628 |
| Alternative Phone No | OTHERS-94377628 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HONDA |
| Model | SUPRA X125R-125CC |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY TO WORK |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5069075131-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | LIM YEW HONG |
| NRIC No | S1809144E |
| Date Of Birth | 28/08/1967 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/06/1987 |
| Driving Experience | 32 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94377628 |
| Fax Number | |
| Contact Number | OTHERS-94377628 |
| EMail Address | LIM_YEWHONG@YAHOO.COM.SG |

| | |
|---|--|
| Address | BLK 367A TAMPINES STREET 34 #05-103 |
| Postcode | 521367 |
| 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? | 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 | SMG1293Z |
| Vehicle Make/Model/Colour | NISSAN SYLPHY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LOH KIA LOK |
| NRIC/Passport Number | S1126027F |
| Contact Number | 97791587 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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:

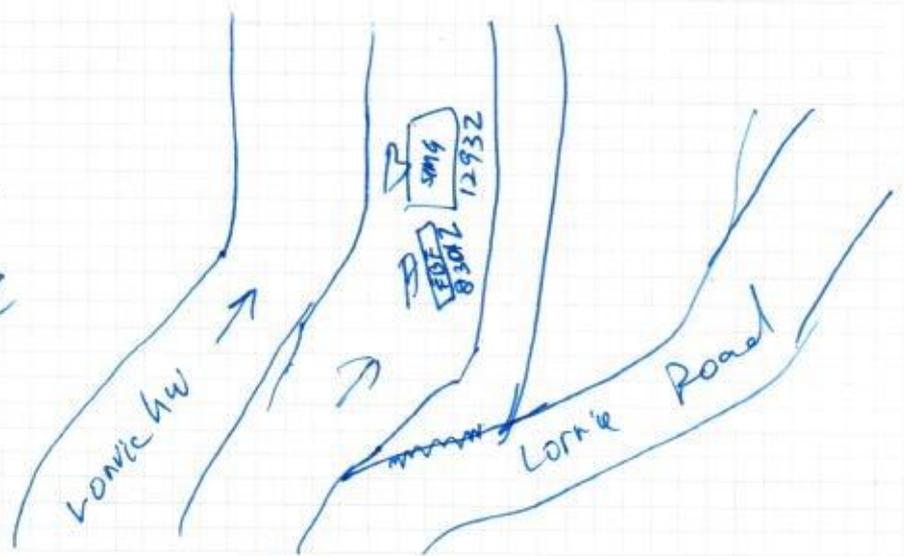


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


Name: Ash Warton
NRIC/FIN No.:

SKETCH PLAN

- A) KBF 8301 Z
- B) SMG 1293 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car filter to the left and jam brake suddenly. I got not ~~eng~~ enough time to brake and hit the back of the car SMG 1293 Z.

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: *Korh Wasth*
NRIC/FIN No.:

Claim Handling

Accident MT/1058113

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5069075131-04 | Vehicle No. | FBF8301Z | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | LIM YEW HONG | | | Policyholder NRIC |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party | Loading |
| Contact No.(Mobile) | 94377628 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|----------------------|-------------------------------|-------|---------------------|
| Report Date | 17/08/2019 14:09 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 14/08/2019 | Time of Accident hh:mm | 07:40 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ALONG LORNIE HIGHWAY | | | |

▼ Excess

| | | | | |
|-----------------------|------|-----------------------------|--|-------------------|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | |

▼ 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 367A #05-103 | Address 2 | TAMPINES ST 34 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 03-11 | Related Policy Number | 5069075131-04 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|----------------------|
| Driver Name | LIM YEW HONG | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S1809144E | Driver DOB |
| Register Date of Driver License | 10/06/1987 | Driver Age | 51 | Driving Experience |
| Contact No.(Mobile) | 94377628 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 367A #05-103 | Address 2 | TAMPINES ST 34 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 03-11 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | FBF8301Z | Driver Insurer Comp. |

Declaration

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

Modification History

Claim 001 **New**

| | | | |
|---|------------------------------------|----------------------------------|----------------|
| Claim Type * | OD-MX | Insured Name | LIM YEW |
| Contact No.(Mobile) | 94377628 | Contact No.(Home) | 67822471 |
| Email Address | | OI Vehicle Number | FBF8301Z |
| Claim Description | FBF8301Z / SMG1293Z ON 14 Aug 2019 | | |
| Preferred Workshop | Yes | Insured Liability | Fully at Fault |
| Workshop No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 17/08/2019 14:13 | Received | |
| Report Taken By | ROSLI WAHAB | Claim Close Date | |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

Accident No. MT/105B113 Claim No. 001
 Last Doc. Received Yes No Upload Date 17/08/2019 14:14

Path *

Category *

Confidential

- Choose File No file chosen
- Message Read

| | | |
|-------|---------------|----|
| Clear | Please Select | NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|------------|--|-----------------------|---------|------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:14 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:14 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | Photos | Normal | Photos 2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | SAS | Normal | SAS 20 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 14:13 | NRIC/ Driving License | Normal | NRIC/ Driving Li |

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

POLICE REPORT

ACCIDENT STATEMENT

ACCIDENT DATE: 14/8/2019 (DD/MM/YYYY), TIME: 07:40 (HH:MM)

LOCATION: Lornie highway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 83012
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (~~COMPREHENSIVE~~ THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA SUPRA 125
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: TO WORK
- 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 YEW HONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S18091442 CONTACT: 94377628
- c) ADDRESS: Blk 367-A #05-103, Tampines Street 34 S (521367)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 10/6/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: FBF 83012 MODEL: Supra DS
- b) DRIVER'S NAME: Loh Yew Hong
- c) NRIC/FIN/PASSPORT: S18091442 CONTACT: 94377628

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMG1293Z MODEL: Nissan (S4LPHY)
- e) DRIVER'S NAME: Loh Kia Lok
- f) NRIC/FIN/PASSPORT: S1126027F CONTACT: 97791587

* No of passenger (including driver) ()

* No of passenger (including driver) (1)

* No of passenger (including driver) ()

email = Lim_yewhong@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1809144E

For LKK/NAC Use Only



LIM YEW HONG
 林友堃

Race
 CHINESE

Date of birth
 28-08-1967

Sex
 M

Country of birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1809144E
 Name: LIM YEW HONG

For LKK/NAC Use Only

Birth Date: 28 Aug 1967
 Issue Date: 06 Aug 2010

001880279J

380931



NRIC No. S1809144E

For LKK/NAC Use Only

Date of issue
 11-01-2005

Address
 APT BLK 367A TAMPINES STREET 34
 #05-103
 SINGAPORE 521367

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

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc 10 Jun 1987
 Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 23 Apr 1986

214 372 768

For LKK/NAC Use Only

NP 428A

License No: S1809144E

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5069075131-04 | | LIM YEWE HONG | S1809144E | GMC | Third Party | FBF8301Z | FBF8301Z | 22/12/2018 | 21/12/2019 |