

NATIONAL Assessment Centre Services. [ver 1 Jan 08]

MNA419109635-01

Date In: 20/08/2019 18:08	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19014613/F	SAS e-filing		
Veh No: GBD 866Z	E-mail (by date, AIC then)		
D.O.A 20/08/2019 14:05	I-Motor Claim Form	M/1058735-002	21/08/2019
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:33
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars:	Veh No: SKJ 1918M	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: (\$)	Landing: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reprior.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date: _____

Location: _____

<p>MNA1906335</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Additional Comments:</p> <p>Ref: 1:</p> <p>2 / 3</p>	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (110)
	3) TP: Towing Fee	\$10/\$45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Idas Mobile	\$30
	10) NI: Courtesy Car / Tpl Allowance	\$35
11) NI: Repair Coordination	\$10	
12) NI: Post Repair Inspection	\$25	
13) NI: DV / Collect Excess Coordination	\$35	
14) NI: TP (N-in INC) against INC	\$20	
15) NI: TP (N-in INC) against INC	\$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	20/08/2019 18:08
Date Of Accident	20/08/2019 14:05
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD866Z
Insured/Policyholder	
Name Of Registered Owner	LIM MENG HWA TRADING
Co Reg No	-
Email Address	LIMMENGHWA19@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96875042

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	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	5066060978-05
Cover Note Number	

Driver

Name of Driver	HO KIM CHYE
NRIC No	S7329265D
Date Of Birth	16/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96815042
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

Lim Meng Hwa Trading
Unit 10, York Hill
111-125 Singapore 152019
Tel: 6734 5433 Fax: 6734 6001

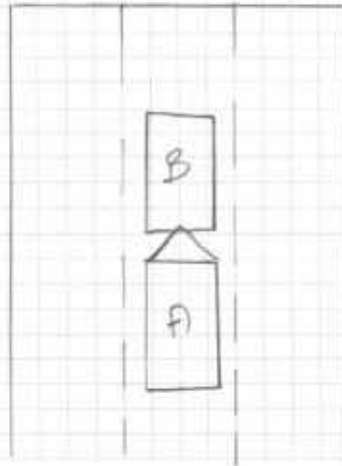
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

TRAFFIC LIGHT



VEH A: 8G8D866Z
VEH B: SK51918m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEH B was Stationary. I couldn't brake on time.
and hit into the veh B rear.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/03/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1654735

Policy No.	3264060978-05	Vehicle No.	GBD66Z	GST Registration No.	MX0873280C
Certificate No.					
Policyholder Name	LIM HENG HWA TRADING			Policyholder NRIC	18989300E
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Issuing	5
Contact No.(Mobile)	96875042	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Ng
ATE	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	21/08/2019 15:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/08/2019	Time of Accident (h:mm)	14:05	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	BOUWDAIRY ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00		
VEDD OD Excess	0.00	VEDD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	800.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2006
GST Registration No.	MX0873280C	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 13 #01-08	Address 2	100K HILL	Address 3	SINGAPORE 162013
Address 4		Address Type	Singapore address	Post Code	162013
Unit No.		Related Policy Number	306060878-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HO KIM CHYE	Driver NRIC	573292450	Driver DOB	16/07/1975
Register Date of Driver License	20/06/2000	Driver Age	48	Driving Experience	19
Contact No.(Mobile)	96875042	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1 #01-187	Address 2	JALAN KUKOH	Address 3	SINGAPORE 161001
Address 4		Address Type	Singapore address	Post Code	161001
Unit No.	05-187				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 002 [Back](#)

Claim Type *	OD-MK	Insured Name	LIM HENG HWA TRADING	Insured NRIC	18989300E
Contact No.(Mobile)		Contact No.		Contact No.(Office)	87335453
Email Address		Vehicle Number	GBD66Z	Vehicle Number	5A21918H
Claim Description	GBD66Z / 5A21918H ON 20 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Robust No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	21/08/2019 14:33
Date Registered				Date Received	21/08/2019 00:00
Report Taken By	ROSLI WAHAB				

☒ Print KK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1654735	Opin No.	002
Last Doc. Received	* Yes = No	Upload Date	21/08/2019 14:33
File *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)	A
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 14:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 14:33	Photos	Normal	Photos 2019-8-21		



NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:33

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

Photos

Normal

Photos 2019-8-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
5 (BUKIT MERAH)) on 21 Aug 2019 14:32

SAS

Normal

SAS 2019-8-21

Video List

Uploaded By/Date

Folder/Date

File Name

?

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 20.08.2019 (DD/MM/YYYY), TIME: 14:05 (HH:MM)

LOCATION: Boundary RD

Company Stamp

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRD 866Z
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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 MENG TWA Trading (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96875742
 c) ADDRESS: BLK 13, YORK HILL, #01-08 (S) 162013

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: SKJ 1918M MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email =

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Personal Identification Number: S7329265D

Name: HO KIM CHYE

For LKK/NAC Use Only

Birth Date: 16 Jul 1973

Issue Date: 08 Dec 2011

002024662K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7329265D

Name: HO KIM CHYE

For LKK/NAC Use Only

Race: CHINESE

Date of Birth: 16-07-1973

Sex: M

Country of Birth: SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg 20 Jun 2000

Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg 08 Dec 2011

*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg

For LKK/NAC Use Only

Licence No: S7329265D

NP 426A

ADD

S7329265D

For LKK/NAC Use Only

Group: B+

Date of issue: 22-03-2001

APT BLK 1 JALAN KUKOH #05-167
SINGAPORE 161001

NRIC No: S7329265D Date: 02/08/2019

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5066060978-05

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : GBD866Z
 Chassis Number : JTFHT02P200141826
2. Name of Policyholder : LIM MENG HWA TRADING
3. Effective Date of Insurance : 16 Jun 2019
4. Expiry Date of Insurance : 15 Jun 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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : CREDENTIAL MOTOR PTE LTD (00000613028)

Date of Issue : 13 May 2019 16:50 hrs

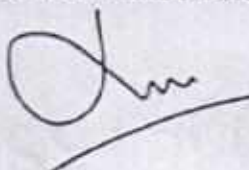
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer

JENNIFER CHONG

Chief Executive

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 : MNA419109635 Vehicle Registration No: GBD866Z
Name (as shown in NRIC) : HO KIM CHYE NRIC/FIN/Passport No : S73292650
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BIK 1 JALAN KUKOH #05-187 Singapore (161001)
Contact (Tel) : - Mobile No. : 96815042
Email Address : LIMMETHWA19@Hotmail.com
Date of Accident : 20/08/2019 Time of Accident : 14:05
Place of Accident : Boundary Road
Insurance Company : NTUC

(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:

Error in name of driver.

Policyholder / Driver's Signature
Date:


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