

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MA0491/9515

Date In: 20/08/09 12:35	Job description	Date & Time Completed	Done by
Ref No: N/A 19015589	SAS e-filing		
Veh No: SKM 3108C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/08/2009 12:05	I-Motor Claims Form	MA/1060154001	20/08/2009 12:37
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/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SMD 1916B	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Action

N/A 1906589

Driver/Owner:	1) ARI: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (Non INC) against INC \$20	
	9) NI: Ideal 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	30/08/2019 11:33
Date Of Accident	29/08/2019 12:05
Exact Location Of Accident	CTE TOWARDS AYE BEFORE BALESTIER ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM3109C
Insured/Policyholder	
Name Of Registered Owner	LIM KAI SIANG
NRIC No	S8418992H
Email Address	CLINTONCMD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97271685
Alternative Phone No	OTHERS-97271685

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 200
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?	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	5106732857
Cover Note Number	

Driver

Name of Driver	LIM KAI SIANG
NRIC No	S8418992H
Date Of Birth	03/07/1984
Occupation	INDOOR
Date Of Driving Pass	03/07/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97271685
Fax Number	
Contact Number	OTHERS-97271685
Email Address	CLINTONCMD@GMAIL.COM

Address	BLK 461 SEGAR ROAD #15-203
Postcode	670461
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	SMD1916B
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ENG POH CHYE
NRIC/Passport Number	S7413345B
Contact Number	93887011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 30/08/19

1122h3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

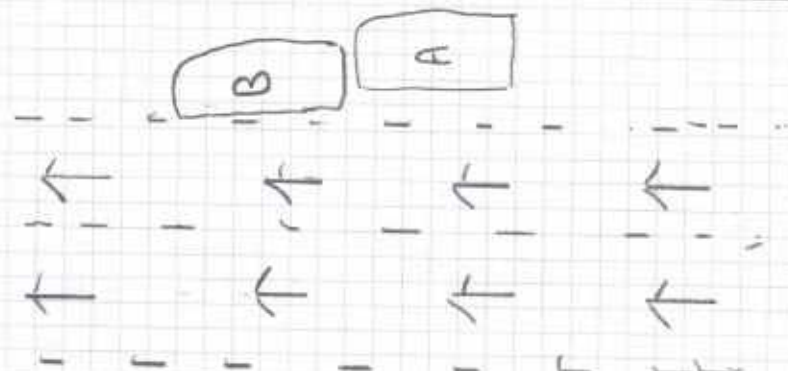
SKETCH PLAN

Balestier Road Exit

CTE - AYE

Overhead Bridge

A) SKM3109C
B) SMD 1916B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/08/19 at about 1205pm, i was driving on the first lane towards CTE - AYE before Balestier Road exit when a mitsubishi outlander bearing license plate number SMD 1916D suddenly jam braked in front of me. I jam braked immediately but was unable to avoid contact with the car in front. Both the driver of SMD 1916D and me alighted from the vehicles and inspected the damages. There were some minor scratches on the front of my car and some scratches on the Mitsubishi Outlander rear. The driver of SMD 1916D is a grab car driver and he was carrying a passenger. Both the driver of SMD 1916D and the passenger did not complain of any injuries at the time of the accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 30/08/19 @ 1135hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/08/19 @ 1135hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident HT/1060154

Policy No.	3106722937	Vehicle No.	SKH3109C	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KAI SIANG			Policyholder NRIC	S8418992H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	C
Contact No.(Mobile)	97271685	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
ePK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	30/08/2019 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2019	Time of Accident (hr:min)	12:05	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	CTE TOWARDS AYE BEFORE BALESTIER ROAD EXIT				

Excess

Own Damage Excess	500.00	Additional Excess	0	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

Coverage		Sum Insured	9999999.99		
Transport Allowance					

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK #61 #15-203	Address 2	SEGAR ROAD	Address 3	SEGAR MEADOWS
Address 4	SINGAPORE 670481	Address Type	Singapore address	Post Code	670481
Unit No.	15-203	Related Policy Number	SKH3109C		

OI Driver Info

Driver Name	LIM KAI SIANG	Driver Type	Main Driver	Driver DOB	03/07/1988
Unnamed driver Name		Driver NRIC	S8418992H	Driving Experience	10
Register Date of Driver License	03/07/2009	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	97271685	Contact No.(Office)		Address 1	SEGAR MEADOWS
Address 1	BLK #61 #15-203	Address 2	SEGAR ROAD	Post Code	670481
Address 4	SINGAPORE 670481	Address Type	Singapore address		
Unit No.	15-203				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKH3109C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
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Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	LIM KAI SIANG	Insured NRIC	S8418992H
Contact No.(Mobile)	97271685	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SKH3109C	Vehicle Number	SKH3109C
Claim Description	SKH3109C / SHD1916B ON 29 Aug 2019			Name of Preferred Workshop	
Preferred Workshop	Yes	Insured Liability	Fully at Fault	Preferred Workshop, Name unknown	
Contact No.		Repair Option		Report	Received
Date Registered	30/08/2019 12:34	Claim Close Date		Date Received	30/08/2019 00:00
Report Taken By	ROSLI WANAR				

Print Air Letter

Save Submit

Attachment

Accident No.	HT/1060154	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	30/08/2019 12:37		
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_806678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 12:37	SAS	Normal	SAS 2019-8-30	
	NAC_BUKIT_MERAH_806678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 12:37	NRIC/ Driving Licence	Y	NRIC/ Driving Licence 2019-8-30	

ACCIDENT STATEMENT

ACCIDENT DATE: 29/08/2019 (DD/MM/YYYY). TIME: 12:05 (HH:MM)

LOCATION: CTE-AYE Before Balestier Road Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 3109C
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes CLA 200
 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) (YES)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Kai Sing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8418924 CONTACT: 93221685
 c) ADDRESS: Blk 461 Sagar Road, #15-203

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Kai Sing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8418924 CONTACT: 93221685
 c) ADDRESS: Blk 461 Sagar Road, #15-203, S(476461)

* d) DATE OF BIRTH: 03/07/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03/07/09

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 clear)

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

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: SMD 1916B MODEL: Mitsubishi Outlander
 b) DRIVER'S NAME: Eng Poh Chye
 c) NRIC/FIN/PASSPORT: S7413345B CONTACT: 93887011

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email = clintonhand@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8418992H



For LKK/NAC Use Only

LIM KAI SIANG

林 凱 祥

Race

CHINESE

Date of birth

03-07-1984

Country/Place of birth

SINGAPORE

Sex

M

5651454



NRIC No. S8418992H



For LKK/NAC Use Only

Date of issue

03-09-2016

Address

APT BLK 461 SEGAR ROAD
#15-203
SINGAPORE 670461

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8418992H

Name

LIM KAI SIANG

For LKK/NAC Use Only

Birth Date 03 Jul 1984

Issue Date 03 Jul 2009



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

PASS DATE

Class 3 Motor Cars < 2000kg with ≤ 4 passengers, exclusive of the driver; and other motor vehicles < 2500kg 03 Jul 2009

For LKK/NAC Use Only



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="29/08/2019 11:23"/>
Vehicle No. (For Motor)	<input type="text" value="SKM3109C"/>	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"/>	5106732857		LIM KAI SIANG	S8418992H	GPC	drive CLASSIC	SKM3109C	SKM3109C	02/01/2019	01/01/2020

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 : MNA45114515 Vehicle Registration No: SKM 3109 C
Name (as shown in NRIC) : LIM KAI SIANG NRIC/FIN/Passport No : SD418452H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 97271685

Email Address : _____

Date of Accident : 29/08/2019 Time of Accident : 12:05

Place of Accident : C7K TOWARDS DYK BARFOR BAKSAR RD PHA 17

Insurance Company : _____

(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:

INSURE HANDPHONE NUMBER 97271685

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: ROSL
NRIC/FIN No.: 123456789
Date: _____