

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MAIA/19/25896

Date In: 23/09/2009 16:01	Job description	Date & Time Completed	Done by
Ref No: NBA/MCC/90/16752/4	SAS e-filing		
Veh No: SGP 989E	E-mail (e-filing sheet, AIC 2hrs)		
D.O.A: 21/09/2009 18:15	I-Motor Claim Form	M7/10636/2001	23/09/2009 16:18
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:

Veh No: SCH 1945H

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	Assign

MAIA/19/220

Claimant's Particulars	1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	INC (\$10)
Driver/Owner:	3) TP: Towing Fee	340/345	
Contact No:	4) PT: Follow-Through Survey	\$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection	\$75	
Auditors' Comments:	7) NI: Idao DA + SMRT Survey	\$160	
Ref 1:	8) NTUC Additional Services:		
Ref 2:	ON:		
	*N5: Courtesy Car / Tpt Allowance	\$35	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$35	
	TP (Nil): TP (Non INC) against INC	\$20	
	9) N12: Idao 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	23/09/2019 16:01
Date Of Accident	21/09/2019 18:15
Exact Location Of Accident	200 TURF CLUB ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP989E
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE HOONG (LIN JIHONG)
NRIC No	S7800644G
Email Address	LIMCH989@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93684800
Alternative Phone No	OTHERS-93684800

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 (A)
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	5106548542
Cover Note Number	

Driver

Name of Driver	LIM CHEE HOONG (LIN JIHONG)
NRIC No	S7800644G
Date Of Birth	17/01/1978
Occupation	INDOOR
Date Of Driving Pass	26/07/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93684800
Fax Number	
Contact Number	OTHERS-93684800
Email Address	LIMCH989@YAHOO.COM

Address	19 PEPYS ROAD #10-01
Postcode	118450
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	SIDE SWIPE
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	SLH1945H
Vehicle Make/Model/Colour	HONDA GRACE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEE YAM
NRIC/Passport Number	S1769680G
Contact Number	96462331
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

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: 23/9/19
1300h

Driver's Signature

(If driver is not the policyholder)
Date & Time:

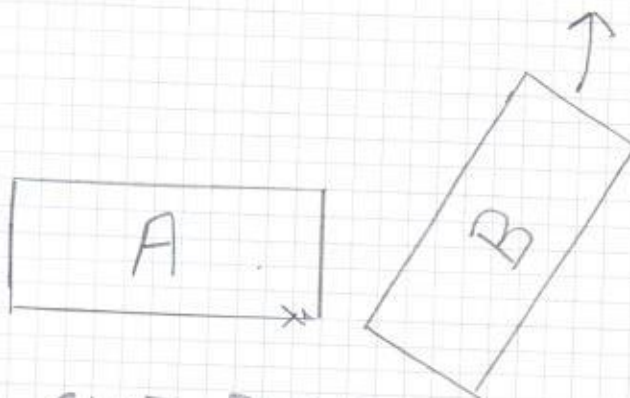
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

OPEN AIR CAR PARK



A) SAP 989E

B) SLH 1945H

TURF CLUB ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had entered my car (A) which was parked in the open air car park of 200 Turf Club Road, Premier Pitch. I put my gear stick into Drive mode, checked my surroundings for vehicles oncoming with my right foot firmly on the brake pedal. It was all clear so I released my right foot off the pedal as I prepared to drive off. Before the car had rolled forward, I suddenly felt contact on my right side of the vehicle. Car B was making a left turn coming at high speed from behind me and collided with my right ~~side~~ front bumper. As the Car B was traveling at high speed it did not stop in time but continued to travel forward scraping its left side of the chassis right across my front bumper causing my number plate to be torn off in the process.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/9/19

1300h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/09/2019

Res L. Loo

Claim Handling

Accident MT/1063612

Policy No.	S106348542	Vehicle No.	SGP989E	GST Registration No.		
Certificate No.						
Policyholder Name	LIM CHEE HOONG					
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Policyholder NRIC	S7800644G	
Contact No.(Mobile)	93684800	Contact No.(Office)		Loading	0	
Email Address		Special Remark		Contact No.(Home)		
KFK	No Yes	TCA	No Yes	eCode	No	
NCD Protection	No	NCD Entitlement(%)	50	eCode Reason		
Accident Details			Private Hire			No
Report Date	23/09/2019 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
Date of Accident	21/09/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	200 TURF CLUB ROAD OPEN SPACE CARPARK					
Excess						
Own damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess	600.00			
Benefits			0.00			
GST Registered Information						
GST Registered	No	GST Registration Date		GST Status Verified	Yes	
GST Registration No.						
Modification History						

Policyholder Mailing Address

Address 1	19 PEPPY ROAD #10-01	Address 2	PEPPY HILL CONDOMINIUM	Address 3	SINGAPORE 118450
Address 4		Address Type	Singapore address	Post Code	118450
Unit No.		Related Policy Number	S106348542		
OI Driver Info					
Driver Name	LIM CHEE HOONG(LIN JHONG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7800644G	Driver DOB	17/01/1976
Register Date of Driver License	01/01/2003	Driver Age	41	Driving Experience	16
Contact No.(Mobile)	93684800	Contact No.(Office)		Contact No.(Home)	
Address 1	19 PEPPY ROAD #10-01	Address 2	PEPPY HILL CONDOMINIUM	Address 3	SINGAPORE 118450
Address 4		Address Type	Singapore address	Post Code	118450
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SAGP989E	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Estimate No.

Finalisation

Date Registered

Report Taken By

Print AK letter

Attachment

Save Submit

Accident No.	MT/1063612	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	23/09/2019 16:18
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
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		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18		Photos	Normal

Send Message



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:18	Photos	Normal	Photos 2019-9-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:17	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:17	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:17	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:17	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:17	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 16:17	SAS	Normal	SAS 2019-9-23

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

ACCIDENT STATEMENT

ACCIDENT DATE: (21.9.2019) (DD/MM/YYYY), TIME: (18.15) (HH:MM)

LOCATION: 200 Turf Club Road, car park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGP 989E
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5106 548542
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VELLFIRE 3.5
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 CHEE HOONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S78006446 CONTACT: 93684800
c) ADDRESS: 19 PEPYS ROAD #10-01 SC118450

* 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: (17/01/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/7/2016

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: SLH 1945 H MODEL: HONDA GRACE
b) DRIVER'S NAME: LEE WEE YAM
c) NRIC/FIN/PASSPORT: S17696806 CONTACT: 9646 2331

9. THIRD PARTY VEHICLE

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

email = limch989@yahoo.com
VIDEO

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: 5106548542

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGP989E**
Chassis Number : GGH208011707
2. Name of Policyholder : LIM CHEE HOONG
3. Effective Date of Insurance : 31 Dec 2018
4. Expiry Date of Insurance : 30 Dec 2019
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	: LIM CHEE HOONG(LIN JIHONG)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : VITESSE INSURANCE AGENCY PTE. LTD. (00000615107)
Date of Issue : 28 Dec 2018 14:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive