

NATIONAL Assessment Centre Services. (ver 1 Jan 2003)

MANA/913497

Date In: 04/10/2009 14:19	Job description	Date & Time Completed	Done by
Ref No: N/A/2009017517/1	SAS e-filing		
Veh No: SIM 8864K	E-mail (Subula Blue, AIC Blue)		
DOA: 03/10/2009 2:20	I-Motor Claims Form	04/10/2009 15:35	
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SKD 3427	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 ()	

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

() 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: _____

Client's Identification:	MANA/907494	Invoice No: _____	Invoice Date: _____
Driver/Owner:		1) AR: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120	
Auditor's Comments:		5) FT: Follow-Through Survey (Resurvey) \$30	
Est. #:		For claiming against INC Only (ver 10 Jan 2003)	
		6) TR: Re-inspection \$75	
		7) NI: Idau DA + SMRT Survey \$160	
		8) NTUC Additional Services:-	
		ON:	
		* NS: Courtesy Car / Tpl Allowance	\$3
		* NG: Repair Coordination	\$10
		* NY: Post Repair Inspection	\$25
		* ND: DV / Collect Excess Coordination	\$3
		TE (NI) / TP (N-in INC) against INC	\$20
		* 9) NI: Idau 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	04/10/2019 14:19
Date Of Accident	03/10/2019 21:20
Exact Location Of Accident	AT 31 WOODLANDS CLOSE SPORE 737855
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8864K
Insured/Policyholder	
Name Of Registered Owner	LIM YEW CHEONG (LIN YAOCHANG)
NRIC No	S7304710B
Email Address	LIMYEWCHEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93820550
Alternative Phone No	OTHERS-93820550

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5110773973
Cover Note Number	

Driver

Name of Driver	LIM YEW CHEONG (LIN YAOCHANG)
NRIC No	S7304710B
Date Of Birth	06/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1993
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93820550
Fax Number	
Contact Number	OTHERS-93820550
EMail Address	LIMYEWCHEONG@GMAIL.COM

Address	BLK 2 CHOA CHU KANG GROVE #13-02
Postcode	688238
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

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	SKQ42T
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COLLINS LEE SWEE SONG
NRIC/Passport Number	F8480208P
Contact Number	98503505
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.
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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:



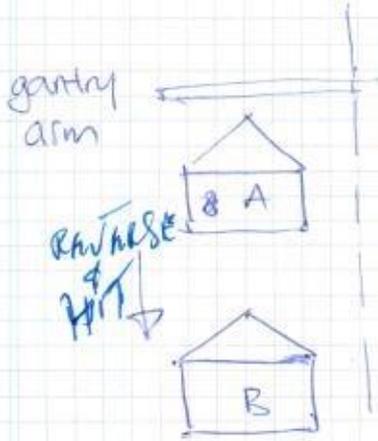
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

31, Woodlands Close (S 737855)



A) SUM 886YK
 B) SKQ 342T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I want to drop my passenger at 31 Woodlands Close. The carpark gantry arm didn't lift up when my car arrived - I then proceed to reverse my car without realising there is a car behind me. My car rear bumper banged into the third party car SKQ342T. My car got no damage.

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.:

Claim Handling

Accident NT/1065418

Policy No.	SL10773973	Vehicle No.	SLM8864K	GST Registration No.	
Certificate No.					
Policyholder Name	LIN YEW CHEONG (LIN YAOCHANG)			Policyholder NRIC	S7304710B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	93820550	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Report Date	04/10/2019 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/10/2019	Time of Accident (h:mm)	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT 31 WOODLANDS CLOSE S'PORE 737855				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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

Policyholder Mailing Address					
Address 1	2 CHOA CHU KANG GROVE	Address 2	#13-02 SOL ACRES	Address 3	SINGAPORE 688238
Address 4		Address Type	Singapore address	Post Code	688238
Unit No.		Related Policy Number	SL10773973		

O1 Driver Info					
Driver Name	LIN YEW CHEONG (LIN YAOCHANG)	Driver Type	Main Driver	Driver DOB	04/02/1973
Unnamed driver Name		Driver NRIC	S7304710B	Driving Experience	26
Register Date of Driver License	22/06/1993	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	93820550	Contact No.(Office)		Address 1	2 CHOA CHU KANG GROVE
Address 1	2 CHOA CHU KANG GROVE	Address 2	#13-02 SOL ACRES	Address 3	SINGAPORE 688238
Address 4		Address Type	Singapore address	Post Code	688238
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLM8864K	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **New**

Claim Type *	OD-HX	Insured Name	LIN YEW CHEONG (LIN YAOCHA)	Insured NRIC	S7304710B
Contact No.(Mobile)	93820550	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		O1 Vehicle Number	SLM8864K	TP Vehicle Number	SKQ342T
Claim Description	SLM8864K / SKQ342T ON 3 Oct 2019				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Sanction No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received	Claim Close Date	04/10/2019 15:34
Report Taken By				Date Received	04/10/2019 00:00
					ROSLI WAHAB

Print AK letter

Attachment

Accident No.	NT/1065418	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/10/2019 15:35
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	Please Select
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Message Read			

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:35	Photos	Normal	Photos 2019-10-4		
	NAC_BUKIT_MERAH_810676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:35	Photos	Normal	Photos 2019-10-4		



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:35	Photos		Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:35	Photos		Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:35	Photos		Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:35	Photos		Normal	Photos 2019-10-4
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:34	Photos		Normal	Photos 2019-10-4
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:34	Photos		Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:34	Photos		Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 15:34	SAS		Normal	SAS 2019-10-4

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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ACCIDENT STATEMENT

ACCIDENT DATE: (03/10/2019) (DD/MM/YYYY), TIME: (21:20) (HH:MM)

LOCATION: 31 WOODLANDS CLOSE 8927855

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 8864K
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5110773973
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GOJEK
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 CHEONG (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S7304108 CONTACT: 93820550
C) ADDRESS: 2 CHOA CHU KANG GROVE
#13-02 8688238

* 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: (06/02/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22 JUNE 1993

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: SKQ342T MODEL: VOLKSWAGON GOLF
b) DRIVER'S NAME: COLLINS LEE SWEE SONG
c) NRIC/FIN/PASSPORT: F8480208P CONTACT: 98503505

9. THIRD PARTY VEHICLE

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

PAX (M)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
(0)

No of passenger
(including driver)
()

email = limyewcheong@gmail.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: 5110773973 ✓

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SLM8864K**
 Chassis Number : JM6BN22A8H0149373
2. Name of Policyholder : LIM YEW CHEONG (LIN YAOCHANG)
3. Effective Date of Insurance : 28 Jun 2019
4. Expiry Date of Insurance : 27 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 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	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM YEW CHEONG (LIN YAOCHANG)
NAMED DRIVER (1)	: LEE CHIN CHIN CINDY (LI JINGJING CINDY)
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GUAN MOTOR LEASING 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
 Date of Issue : 28 Jun 2019 10:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

LQ INSURANCE AGENCY PTE LTD
 180B BENCŒLEN STREET
 #04-01 THE BENCŒLEN
 SINGAPORE 189648
 TEL: 6-334-0783 FAX: 6-334-0624
 Co. Reg. No: 199005500W