

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NA/1908506

Date In: 12/11/2009 12:21	Job description	Date & Time Completed	Done by
Ref No: NA/1908506/0028/4	SAS e-illing		
Veh No: 0655657M	E-mail (to John Aire, AIC 2hrs)		
D.O.A: 11/11/2009 11:20	I-Motor Claim Form	11/10/2009	12/11/2009
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:48
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / WH312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCA 60584	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 repolior.

() 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 Cont:	Accident:

NA/19085062	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/143	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Additional Comments:	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$73	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* N5: Courtesy Car / Tpt Allowance \$3	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$23	
	* N8: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) N12: Idas 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	12/11/2019 12:21
Date Of Accident	11/11/2019 11:20
Exact Location Of Accident	CTE TOWARDS CITY NEAR BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6057M
Insured/Policyholder	
Name Of Registered Owner	SIM LEE HENG INVESTMENTS PTE LTD
Co Reg No	198105690E
Email Address	SLHENG32DS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96819494
Alternative Phone No	OFFICE-96519495

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110827896
Cover Note Number	

Driver

Name of Driver	LIM WEE MENG
NRIC No	S6936686D
Date Of Birth	22/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96519495
Fax Number	
Contact Number	OTHERS-96819494
Email Address	SLHENG32DS@GMAIL.COM

Address	BLK 116 ANG MO KIO AVENUE 4 #08-429
Postcode	560116
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	SKA6058J
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG CHEE FATT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

利興私人有限公司
SIM LEE HENG INVESTMENTS PTE LTD
20 BUKIT BATOK CRESCENT
#01-25 ENTERPRISE CENTRE
SINGAPORE 658080
TEL: 6270 0960 FAX: 6270 0986

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 12/11/2019
NRIC/FIN No.: Res 21 12/11/2019

SKETCH PLAN

CTE TOWARDS CITY NEAR BRADDELL EXIT

BRADDELL ROAD

A) GRB 6057M
B) SKA 6058J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2019 AT ABOUT 11:20HRS I WAS AT CTE TOWARDS SHANGHAI. JUST NEAR BRADDELL ROAD EXIT my lorry GRB 6057M WAS HIT FROM THE REAR: SKA 6058J HIT THE REAR OF MY LORRY THAT ALL

DECLARATION

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

利興私人有限公司
SIM LEE HENG INVESTMENTS PTE LTD
20 BUKIT BATOK CRESCENT
#01-25 ENTERPRISE CENTRE

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11/11/19) (DD/MM/YYYY), TIME: (11:20) (HH:MM)

LOCATION: CTE Towards Serangoon PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 6057M
 b) INSURANCE COMPANY: MISC
 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: WORKING PURPOSE
 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: Sim Lee Heng Investments (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 198105690E CONTACT: 96819494
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Wee Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6536686/D CONTACT: 96519495
 c) ADDRESS: B1K 116 Ang Mo Kio Ave 4 #03-429

* d) DATE OF BIRTH: (24/10/69) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/12/2016

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: S1KA 6058J MODEL: Volkswagen
 b) DRIVER'S NAME: Leong Chee Fat
 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)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email =

VIDEO

Claim Handling

Accident MT/1071009

Policy No.	5110827896	Vehicle No.	GB86057M	GST Registrat
Certificate No.				
Policyholder Name	SIM LEE HENG INVESTMENTS PTE LTD			Policyholder N
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading
Contact No.(Mobile)	96819494	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	12/11/2019 12:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/11/2019	Time of Accident hh:mm	11:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TOWARDS CITY NEAR BRADDELL ROAD EXIT			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	M200446674	GST Status Verified	Yes
Modification History	12/11/2019 12:42:51 System changed GST Registration Date from 01/01/2015 to 01/04/1994 12/11/2019 12:42:51 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	20 BUKIT BATOK CRESCENT	Address 2	#01-25 ENTERPRISE CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5094856082-02	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM WEE MENG	Driver NRIC	S6936686D	Driver DOB
Register Date of Driver License	30/12/2016	Driver Age	50	Driving Experi
Contact No.(Mobile)	96519495	Contact No.(Office)		Contact No.(H
Address 1	BLK 116 #08-429	Address 2	ANG MO KIO AVENUE 4	Address 3
Address 4	SINGAPORE 560116	Address Type	Foreign address	Post Code
Unit No.	08-429			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GB86057M	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SLH
Contact No.(Mobile)	NIL	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GB
Claim Description	GB86057M / SKA6058J ON 11 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/11/2019 12:47
			ROSLI WAHAB

Print AK letter

Attachment

Accident No.	MT/1071009	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	12/11/2019 12:48

Path *		Category *		Confider
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 12:46	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 12:46	Photos		Normal	Pht
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 12:46	Photos		Normal	Phi
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 12:46	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 12:46	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 12:46	SAS		Normal	S

▼ Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

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="11/11/2019 12:20"/>
Vehicle No.(For Motor)	<input type="text" value="GBB6057M"/>	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"/>	5110627896		SIM LEE HENG INVESTMENTS PTE LTD	19B105690E	GCV	Third Party	GBB6057M	GBB6057M	20/07/2019	19/07/2020

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5110827896
The Policyholder	: SIM LEE HENG INVESTMENTS PTE LTD 20 BUKIT BATOK CRESCENT #01-25 ENTERPRISE CENTRE SINGAPORE 658080

Period of Insurance	: 20 Jul 2019 To 19 Jul 2020
Sum Insured	: N/A
Premium (inclusive GST)	: S\$1,154.14

Interest Insured

Cover Type	: Third Party	Number of Seater	: 2
Make/Model	: TOYOTA/DYNA 1500	Registration Date	: 20 Jul 2009
Capacity	: 1.85 ton(s)	Insure with COE	: N/A
Registration Number	: G8B6057M	NCD Entitlement	: 10%
Chassis Number	: JTFAT35Y20K200790	Loyalty Discount	: 5%
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M1

Agency	: PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue	: 04 Jul 2019 09:56 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive