

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 05]

1/10/2019 15/270

Date In: 22/1/2019 12:30	Job description	Date & Time Completed	Done by
Ref No: NBA/MC49020/30/1	SAS e-filing		
Veh No: 3DS 32K	E-mail (Within 2hrs, A/C 2hrs)		
DOA 21/1/2019 19:00	I-Motor Claims Form	MP/10/25/5-001	22/1/2019
OD TP: Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		16:36
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SUP 887TH	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: ()

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

Injury: _____

Date/Time	Assign	Completed	Done by

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2007)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N1): TP (N-in INC) against INC \$20	
	9) N12: Idas Mobile \$0	

QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
Anchor's Comments:	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	22/11/2019 12:39
Date Of Accident	21/11/2019 19:00
Exact Location Of Accident	BLK 345 JURONG EAST STREET 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS32K
Insured/Policyholder	
Name Of Registered Owner	LIM LAY SIM
NRIC No	S1480683J
Email Address	PAMELALIM32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96940444
Alternative Phone No	OTHERS-96940444

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 ES250 AUTO (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106092607
Cover Note Number	

Driver

Name of Driver	LIM LAY SIM
NRIC No	S1480683J
Date Of Birth	27/06/1961
Occupation	INDOOR
Date Of Driving Pass	09/04/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96940444
Fax Number	
Contact Number	OTHERS-96940444
Email Address	PAMELALIM32@GMAIL.COM

Address	105 PETIR ROAD #12-13
Postcode	678274
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191122/7009

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8877H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.

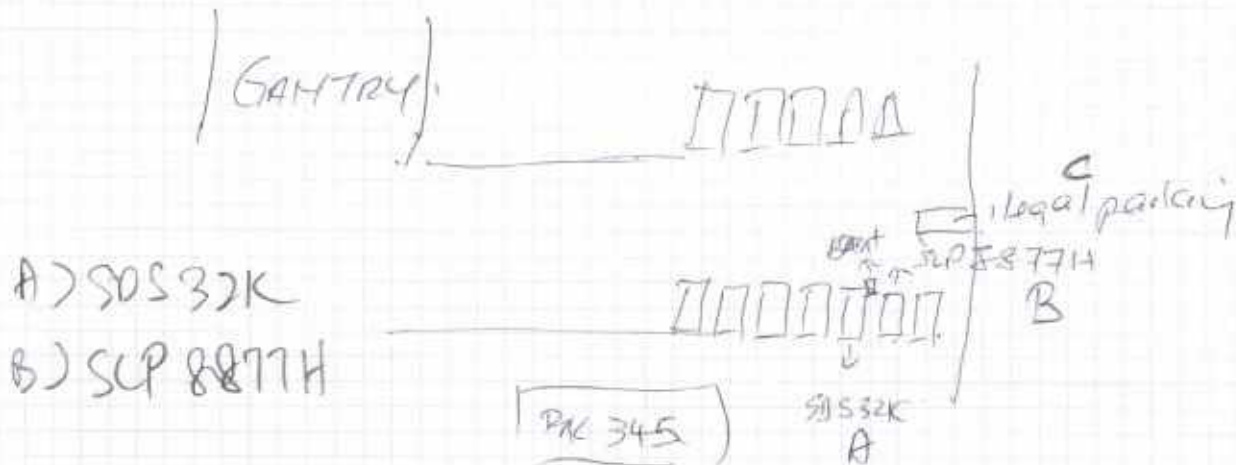
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BLK 345 JURONG EAST STRAIT 31 CAR PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The mercedes trying hard to come out of his parking lot. but he try 2 to 3 time. cannot cos there is one car park in front of him.

Eventually he hit my front car right bumper. finally he stop and comes out to take a look, realize he hit my car.

When I go and drive my car. I didn't know front right bumper was dented until I reach home. my son took out the front & back recording cam to look at it and notice he is the culprit. It happens at 700pm.

Pamela Lim
46940444
51480683

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.:

22/11/2019



SINGAPORE POLICE FORCE



T/20191122/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191122/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2019 12:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM LAY SIM			Address: 105 PETIR ROAD #12-13 SINGAPORE 678274		
ID Type / ID No.: NRIC NO / S1480683J			Contact No.: Home/Office: Mobile: 96940444		
Nationality: SINGAPORE CITIZEN			Email: PAMELALIM32@GMAIL.COM		
Sex: Female	Age: 58	Date of Birth: 27/06/1961	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Advertising copywriter			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/11/2019 19:00	Type of Location: Car Park
Location: JURONG EAST STREET 31				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDS32K	Car	TOYOTA	ES LEXUS 2.5	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDS32K	NTUC Income Insurance Co-Operative Limited	5106092607	12/12/2018	11/12/2019



**SINGAPORE
POLICE FORCE**



T/20191122/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191122/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIM LAY SIM	ID No.	S1480683J
Related Vehicle	SDS32K (Car)	Contact No.	96940444
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle is park stationary at the carpark lot at Blk 345 Jurong East St 31, when the said vehicle hit the lower right side of my car bumper. It is a Brown vehicle with a car plate bearing SLP 8877H.



**SINGAPORE
POLICE FORCE**



T/20191122/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191122/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/11/2019 12:11

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (21/11/19) (DD/MM/YYYY), TIME: (7pm) (HH:MM)

LOCATION: BK313 Jln Puchong 71887 5731

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SPS 32 K
 b) INSURANCE COMPANY: AITUC
 c) POLICY NUMBER: 5106092607
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA LEXUS ES 250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARIC STATION
 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 Lay Sim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51406537 CONTACT: 96944444
 c) ADDRESS: 105 PETIR ROAD #12-13
678314

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As 960VR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (21/06/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9.4.1979

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: BEATRIFIC POLICE

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLPS877H MODEL: MERCEDES

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No. of passengers
 (including driver)
(1)

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()

email = Pamela Lim 32@Gmail.com
 VIDEO

Claim Handling

Accident MT/1072575

Policy No.	5106092607	Vehicle No.	SDS32K	GST Registrant
Certificate No.				
Policyholder Name	LIM LAY SIM			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96940444	Contact No.(Office)		Contact No.(Hi)
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	22/11/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/11/2019	Time of Accident hh:mm	19:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 345 JURONG EAST STREET 31			
Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
Benefits				
Coverage		Sum Insured	99999999.99	
Excess Waiver			99999999.99	
Transport Allowance			99999999.99	
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	105 PETIR ROAD	Address 2	#12-13 FORESQUE RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-13	Related Policy Number	5106092607-01	
OI Driver Info				
Driver Name	LIM LAY SIM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1480683J	Driver DOB
Register Date of Driver License	09/04/1979	Driver Age	59	Driving Experi
Contact No.(Mobile)	96940444	Contact No.(Office)		Contact No.(Hi)
Address 1	105 PETIR ROAD	Address 2	#12-13 FORESQUE RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-13			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SDS32K	Driver Insurer
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
 Repair No. Insured Liability Not at Fault
 Finalisation Preferred Repair Option Preferred Workshop, Name unknown

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name LTH
 Contact No. (Home) 641
 Email Address pamelaim32@gmail.com
 OI Vehicle Number SD

SDS32K / SLP8R77H On 21 Nov 2019

22/11/2019 16:35 Claim Close Date
 BCSLI WAHAB

▼

Attachment List

📺 Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

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="21/11/2019 16:40"/>
Vehicle No. (For Motor)	<input type="text" value="SDS32K"/>	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 checked="" type="checkbox"/>	5106092607		LIM LAY SIM	514806833	GPC	drive PREMIUM	SDS32K	SDS32K	12/12/2018	11/12/2019