

NATIONAL Assessment Centre Services.

[ver 1 Jan'00] MAY 19/156739

Date In: 27/11/2009 14:51	Job description	Date & Time Completed	Done by
Ref No: N/A/2009021004/4	SAS e-filing		
Veh No: SL9 251S	E-mail (3 jobs 3hrs, AIC 2hrs)		
DOA: 26/11/2009 12:50	I-Motor Claims Form	27/11/2009 15:46	
OID: TIC Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGQ 5930K	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 repair.
() Total Loss Case:	to e-mail Insurer URGENTLY.
Drive-In () / Towed-In ()	Invoice: YES () / NO () ; Towing Co: ()
Special Instructions:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Damage:	

N/A1909052	
Claimant 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
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil) / TP (Non INC) against INC \$30
	9) NI: Idea Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	27/11/2019 14:51
Date Of Accident	26/11/2019 12:50
Exact Location Of Accident	80 PLAYFAIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2151S
Insured/Policyholder	
Name Of Registered Owner	LIM YONG MENG
NRIC No	S1231688G
Email Address	DARYLIMFH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97711146
Alternative Phone No	OTHERS-97728702

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (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	5109777741
Cover Note Number	

Driver

Name of Driver	LIM FUHUI, DARYL
NRIC No	S9324413C
Date Of Birth	12/07/1993
Occupation	INDOOR
Date Of Driving Pass	19/01/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363806
Fax Number	
Contact Number	OTHERS-97711146
Email Address	DARYLIMFH@YAHOO.COM.SG

Address	250 LORONG CHUAN #15-06
Postcode	556748
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SGQ5930K
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YAP CHONG
NRIC/Passport Number	S8081429A
Contact Number	97399712
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 27/11/19


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

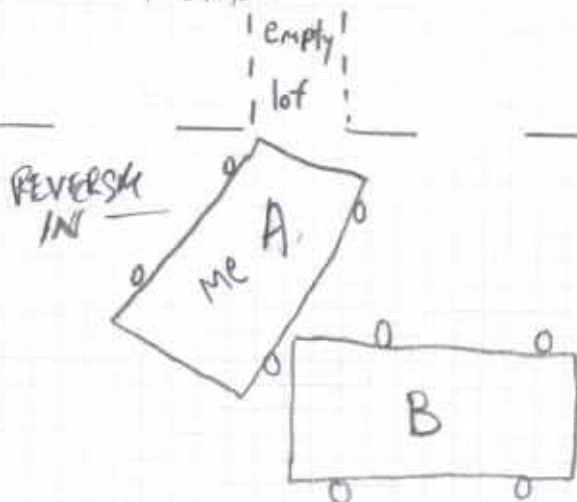
3:08pm

SKETCH PLAN

80 Playfair Road

A) SLS 2151S

B) SGQ 5930K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

when I reach 80 Playfair Road, I saw an empty lot, I reversed my car, while parking, I have back up half way, I need to adjust the angle, so I moved forward, the guy behind reversed up and pass me on the left.

Hence hitting my LH bumper.

DECLARATION

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

Policyholder's Signature
Date & Time:

Paul
Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/11/19
3.08 pm

27/11/2019
Reporting Centre Personnel's Signature
Name: *Paul*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 26.11.2019 (DD/MM/YYYY), TIME: 12:50 (HH:MM)

LOCATION: 80 Playfair road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL5 2151 S
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: 5109777741
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Kia K3 (2017)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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 YONG MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1231688G CONTACT: 97711146 / 9712 8702
 c) ADDRESS: 250 Lor Chuan, #15-06, S(556748)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM FUHUT PARYL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9324413C CONTACT: 96362206
 c) ADDRESS: 250 Lor Chuan, #15-06 S(556748)

* d) DATE OF BIRTH: 12/07/1993 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 19/01/2012

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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: Yuli TP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGQ 5930 K MODEL: Toyota Vios
 b) DRIVER'S NAME: TAN YAP CHONG
 c) NRIC/FIN/PASSPORT: S8021429A CONTACT: 9739 9712

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)
(1)

* No of passenger
(including driver)
()

email = darylimfh@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1073292

Policy No.	5109777741	Vehicle No.	SLS21515	GST Registrati
Certificate No.				
Policyholder Name	LIM YONG MENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97711146/97728702	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	= No : Yes	TCA	= No : Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire

▼ Accident Details

Report Date	27/11/2019 15:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/11/2019	Time of Accident hh:mm	12:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	80 PLAYFAIR ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	4500.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	250 LORONG CHUAN	Address 2	#15-06 CHUAN PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109777741	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM FUHUI, DARYL	Driver NRIC	S9324413C	Driver DOB
Register Date of Driver License	19/01/2012	Driver Age	26	Driving Experi
Contact No.(Mobile)	96363806	Contact No.(Office)		Contact No.(Hi
Address 1	250 LORONG CHUAN	Address 2	#15-06 CHUAN PARK	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	15-06			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLS21515	Driver Insurer

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM
Contact No.(Mobile)	97711146	Contact No. (Home)	977
Email Address	danlimym@yahoo.com.sg	Vehicle Number	SLS
Claim Description	SLS21515 / SGQ5930K ON 26 Nov 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Workshop No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	27/11/2019 15:45	Received	Claim Close Date
Report Taken By	ROSLI WAHAB		

Print AK letter

Attachment

Accident No. MT/1073292 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 27/11/2019 15:46

Path *		Category *		Confider
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:46	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:46	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:46	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:46	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:45	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:45	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:45	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 15:45	SAS		Normal	Si

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="26/11/2019 14:38"/>
Vehicle No. (For Motor)	<input type="text" value="SLS2151S"/>	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="radio"/>	5109777741		LIM YONG MENG	S1231688G	GPC	drivo CLASSIC	SLS2151S	SLS2151S	22/05/2019	13/03/2020