

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MMA 119162476

Date In: 10/12/19 13:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021721/64	SAS e-illing		
Veh No: SKN 2322D	E-mail (within 3hrs, AIC 2hrs)		
DDA: 9/12/19 22:15	I-Motor Claim Form	MT/1075088-001	10/12/19 14:29
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: SJT 1934A.	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:	(INC Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Actions

<p>WA 1909195</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>Q11:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>
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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	10/12/2019 13:55
Date Of Accident	09/12/2019 22:15
Exact Location Of Accident	GEYLANG RD INFRONT UOB GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2322D
Insured/Policyholder	
Name Of Registered Owner	LIM CHIEH NIH
NRIC No	S2620287F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91469439
Alternative Phone No	OFFICE-91469439

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
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	5094218840-02
Cover Note Number	

Driver

Name of Driver	LIM CHIEH NIH
NRIC No	S2620287F
Date Of Birth	13/05/1967
Occupation	INDOOR
Date Of Driving Pass	18/09/1992
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91469439
Fax Number	
Contact Number	OFFICE-91469439
Email Address	NOEMAIL

Address	2C CRANBORNE RD
Postcode	439377
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	NO COLLISION
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?	
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20191210/2032

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	SJT1934A
Vehicle Make/Model/Colour	
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)

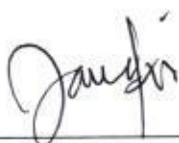
SKETCH PLAN

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:
NRIC/FIN No.:

Geylang Rd

UOB Geylang

UOB Geylang

A

B

Aljunied Rd

A = SKN 2322D

B = SJT 1934A

Refer to Police Report # 20191210/2032.

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.:



SINGAPORE POLICE FORCE



G/20191210/2032

1 of 2

POLICE REPORT (NP299)

Report No. G/20191210/2032

Police Station Of Origin
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Date/Time Report Made 10/12/2019 12:40	Vide Report No.	Station Diary No. 4
Name Of Informant LIM CHIEH NIH	Address 2C CRANBORNE ROAD SINGAPORE 439377	
ID Type / ID No. NRIC NO / S2620287F	Contact No. Home/Office Mobile 91469439	
Nationality MALAYSIAN	Email Address	
Occupation SELF EMPLOYED	Sex Female	Age 52
Institution/School Name	Date of Birth 13/05/1967	Race Chinese
Date/Time Of Incident 09/12/2019 22:15	Location Of Incident LORONG 25A GEYLANG SINGAPORE IN FRONT OF UOB	

Brief details.

On 09/12/19 at around 2215hrs, I was travelling in my vehicle SKN2322D to Lor 25a Geylang UOB to drop off a cheque. After I have completed my errands, I went back inside my car which was parked in front of another vehicle (SJT1934A). I reversed and I wanted to move off and go back home. As I was reversing halfway, I thought that I might have collided into the vehicle behind me (SJT1934A) as such, I went out to make a check and I realized that there was no collision and no damage to any property. The driver demanded for my particulars and I demanded for his too. Initially he did not wanted to give me his particulars, as such I called for police assistance.

Signature Of Officer Recording The Report:

G / Sgt 3 CHANG JUN KAI

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp FU ZHANWEI
Contact No.: 62447200

Signature Of Informant:

Date/Time:
10/12/2019 12:40

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20191210/2032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191210/2032

The driver kept insisting that the interior of the bumper is damaged however I made a check there was no damages to both his and my vehicle. After the police arrived, they told us to settle this matter privately and we both manage to have each others' particulars. We both left the area and I am lodging this report for record purposes. I was not a victim of crime and I am not hurt.

Signature Of Officer Recording The Report:

G / Sgt 3 CHANG JUN KAI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp FU ZHANWEI
Contact No.: 62447200

Signature Of Informant:

Date/Time:
10/12/2019 12:40

Classification Of Case:

Authentication Stamp



Hello, NAC_PAYA_UBI_800601

[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="09/12/2019 13:42"/>
Vehicle No.(For Motor)	<input type="text" value="SKN2322D"/>	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"/>	5094218840-02		LIM CHIEH NIH	S2620287F	GPC	drivo CLASSIC	SKN2322D	SKN2322D	08/11/2019	07/11/2020

Claim Handling

Accident MT/1075088

Policy No.	5094218840-02	Vehicle No.	SKN2322D	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHIEH NIH	Cover Type	drive CLASSIC	Policyholder NRIC	S2620287F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91469439	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
▼ Accident Details					
Report Date	10/12/2019 14:26	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	09/12/2019	Time of Accident hh:mm	22:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD INFRONT UOB GEYLANG				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 11 #01-923	Address 2	UPPER BOON KENG ROAD	Address 3	BOON KENG VILLE
Address 4	SINGAPORE 380011	Address Type	Singapore address	Post Code	380011
Unit No.	01-923	Related Policy Number	5094218840-02		
▼ OI Driver Info					
Driver Name	LIM CHIEH NIH	Driver Type	Main Driver	Driver DOB	13/05/1967
Unnamed driver Name		Driver NRIC	S2620287F	Driving Experience	27
Register Date of Driver License	18/09/1992	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	91469439	Contact No.(Office)		Address 3	BOON KENG VILLE
Address 1	BLK 11 #01-923	Address 2	UPPER BOON KENG ROAD	Post Code	380011
Address 4	SINGAPORE 380011	Address Type	Singapore address		
Unit No.	01-923				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
Declaration					*
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 New











Claim Type *	OD-MX	Insured Name	LIM CHIEH NIH	Insured NRIC	S2620287F
Contact No.(Mobile)	91852852	Contact No.(Home)	83373352	Contact No.(Office)	
Email Address		CI Vehicle Number	SKN2322D	TP Vehicle Number	SJT191
Claim Description	SKN2322D / SJT1934A ON 9 Dec 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	10/12/2019 14:28
Report Taken By				Date Received	10/12/2019
					LIEW SHAN HUI


Print AK letter


Save Submit

Attachment

Accident No.	MT/1075088	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	10/12/2019 14:29
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			
▼ Attachment List			

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:29	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:29	SAS		Normal	SAS 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:29	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:29	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:28	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:28	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:28	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:28	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:28	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2019 14:28	Photos		Normal	Photos 2019-12-10

 Video List

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