

NATIONAL Assessment Centre Services

Form NA-101

Date In: 17/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19092201/13	SAS e-filing		
Veh No: SKW43835	E-mail (within 8hrs, AP: 2hrs)		
D.O.A: 17/12/19 1210	i-Motor Claim Form	MT/1076180 - 001	
OD (TP) Reporting Only	i-Motor W/O (Within: 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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: SLV60215	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 ()	

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

NA1909402	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idac 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		
	*N11: TP (N-n INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	Invoice date:	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	17/12/2019 17:34
Date Of Accident	17/12/2019 12:10
Exact Location Of Accident	ALONG JURONG GATEWAY RD/JURONG EAST CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4383S
Insured/Policyholder	
Name Of Registered Owner	LIM CHENG KIANG
NRIC No	S7301943E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92711885
Alternative Phone No	OTHERS-92711885

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094915737-02
Cover Note Number	

Driver

Name of Driver	LIM CHENG KIANG
NRIC No	S7301943E
Date Of Birth	11/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92711885
Fax Number	
Contact Number	OTHERS-92711885
Email Address	NOEMAIL

Address	BLK 564 ANG MO KIO AVE 3 #11-3483
Postcode	560564
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLV6021S
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)	

DETAILS OF INJURED PERSON 1

Name	LIM CHENG KIANG
------	-----------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKW4383S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

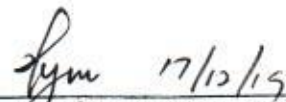
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

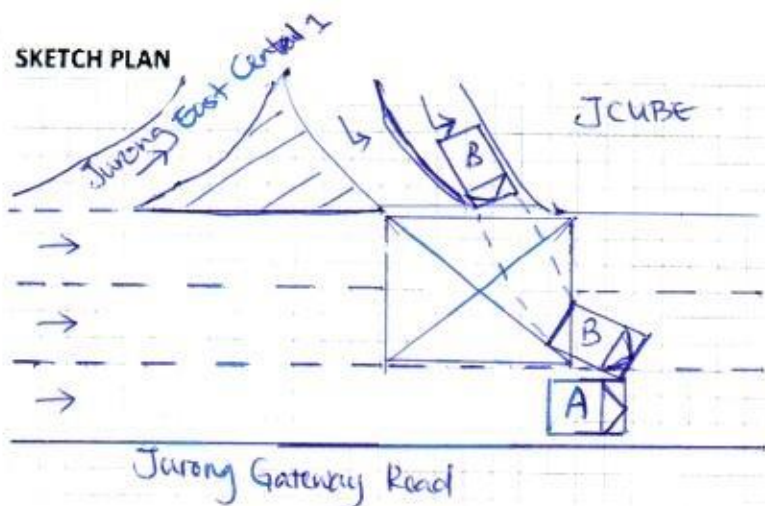


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = SKW4383S

B : SLV6021S


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On above said date & time, I was driving my vehicle A (SKW4383S) traveling along Jurong Gateway Road on first lane of a 3-lane road. Somewhere at the junction of Jurong East Central 1, Vehicle B (SLV6021S) drove out from Jurong East Central 1 and the front right portion of vehicle B collided onto front left of my vehicle.

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:

 17/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SKW 4383S	Model / Make	Toyota Harrier
Date of Accident	17/12/2019		
Time of Accident	1210	HRS	
Location of Accident	Along Jurong Gateway Rd / Jurong East Central 1		
Exact purpose use during accident	Work		
Name of Owner	Lim Cheng Kiang		
Telephone No.	H/P : 9271 1885	Home :	Office :
NRIC	S7301943E		
Address	BLK 564 Ang Mo Kio Avenue 3 # 11-3483 S(560564)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	1 NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5094915737 - 02		
Name of Driver	As Above If No,		
NRIC	Any Passengers : -		
Date of birth	11/1/1973		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	12/10/1995		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other Drizzling
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Lim Cheng Kiang 92711885		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLV6021S	Any Passengers :	
Name of Driver	Guo Yue	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front left portion		
Camera Recorder	Yes / No		
Email Address	eddiehomesecurity@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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: 5094915737-02

Cover : drive CLASSIC

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SKW43835 |
| Chassis Number | : ZSU600057039 |
| 2. Name of Policyholder | : LIM CHENG KIANG |
| 3. Effective Date of Insurance | : 29 Oct 2019 |
| 4. Expiry Date of Insurance | : 28 Oct 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHENG KIANG
NAMED DRIVER (1)	: ANG MEI CHERN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : NG ZHI FENG (00000602422)
Date of Issue : 17 Oct 2019 14:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1076180

Policy No.5094915737-02

Certificate No.

Policyholder NameLIM CHENG KIANG

Product CodePRIVATE CAR INSURANCE

Contact No.(Mobile)92711885

Email Address

KFKNoYes

NCD ProtectionNo

Vehicle No.SKW4383S

Cover TypePrivate Car/25%

Contact No.(Office)0

Special Remark

TCANoYes

NCD Entitlement(%)50

GST Registrat

Policyholder I

Loading

Contact No.(I

eCode

eCode Reason

Private Hire

Accident Details

Report Date17/12/2019 17:49

Date of Accident17/12/2019

Reporting Centre

Accident LocationALONG JURONG GATEWAY RD JURONG EAST CENTRAL

Accident Report Within 24 hrsYes

Time of Accident hh:mm17:31

Orange Force

Accident Type

Country of Ac

ICM No.

Total Excess Applicable

Excess TypePer Accident

Windscreen Excess100.00

OD Standard Excess2,000.00

YIED OD Excess0.00

Additional Excess0.00

Total OD Excess Applicable2,000.00

TP Standard Excess1,500.00

YIED TP Excess0.00

Total TP Excess Applicable1,500.00

Driver is Conv

Benefits

GST Registered Information

GST RegisteredNo

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Policyholder Mailing Address

Address 1BLK 504 #11-3453

Address 2ANG MO KIO AVENUE 3

Address 3

Address 4

Address TypeSingapore address

Post Code

Unit No.

Related Policy Number5094915737-02

O1 Driver Info

Driver NameLim Cheng Kiang

Unnamed driver Name

Register Date of Driver License12/10/1995

Contact No.(Mobile)92711885

Address 1BLK 504

Address 4

Unit No.#11-3453

Does he own a Singapore Registered car?YesNo

Driver TypeMain Driver

Driver NRICS7301943E

Driver Age46

Contact No.(Office)0

Address 2ANG MO KIO AVENUE 3

Address TypeSingapore address

Post Code

Driver Vehicle No.

Driver Insure

Declaration

Breathalyser or Blood Test Reading?0 mg

Any injury?YesNo

Modification History

Claim 001 OD-MXNew

Claim TypeOD-MX

Contact No.(Mobile)92711885

Email Address

Claim DescriptionSKW4383S / SLV6021S ON 17 Dec 2019

Insured NameL

Contact No.(Home)H

O1 Vehicle NumberS

Preferred Workshop

Insured LiabilityNot at Fault

Preferred Repair OptionPreferred Workshop, Name unknown

GIA reportReceived

Date Registered17/12/2019 17:53

Report Taken ByROSLINDA

Print AK letter

Claim Close Date

Workshop Repairer

Save Submit

Attachement

Accident No.	MTJ1076190	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/12/2019 09:00
Path <input type="text"/>		Category <input type="text"/>	
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Message Applied			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:52	Photos		Normal	PI

Video List

[Uploaded By/Date](#)
[Folder Date](#)
[File Name](#)
[Display in New Window](#)
[Scan and uploading](#)