

NATIONAL Assessment Centre Services.

(ref: 1 Jan 00) MNA 19166005

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 12/1/19-15:21 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/19166005/24 | SAS e-filing | | |
| Veh No: 5CM8600L | E-mail (5 jobs 2hrs, AIG 2hrs) | | |
| DOA: 11/1/19-15:45 | 1-Motor Claim Form | 12/1/19 18:04 | |
| OD: TP: Reporting Only | 1-Motor W/O (With: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-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: unknown | 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: () |
|----------------|

| | | |
|---------------------------------|---|-------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$40) | |
| Damaged Portion: | 3) TP: Towing Fee | \$120 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey | \$30 |
| Additional Comments: | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| Date: | 6) TR: Re-inspection | \$75 |
| | 7) NI: Idea DA + SMRT Survey | \$160 |
| | 8) NTUC Additional Services: | |
| | OP: | |
| | • NS: Courtesy Car / Tpt Allowance | \$3 |
| | • NG: Repair Co-ordination | \$10 |
| | • NV: Post Repair Inspection | \$25 |
| | • ND: DV / Collect Excess Coordination | \$3 |
| | TP (NI): TP (Non INC) against INC | \$20 |
| | 9) NI: Idea Mobile | \$30 |
| | 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 | 17/12/2019 15:01 |
| Date Of Accident | 11/12/2019 10:45 |
| Exact Location Of Accident | CLUNY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SCM8600L |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM HONG LEE TONY |
| NRIC No | S2171139Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96391118 |
| Alternative Phone No | OFFICE-96391118 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | HARRIER 2.4A |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5013545433-13 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM HONG LEE TONY |
| NRIC No | S2171139Z |
| Date Of Birth | 09/09/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/06/1976 |
| Driving Experience | 43 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96391118 |
| Fax Number | |
| Contact Number | OFFICE-96391118 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 173 CHIN SWEE ROAD #05-01 |
| Postcode | 169878 |
| 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 | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | RAINING |
| 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? | 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) | 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

REFER TO 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 | UNKNOWN |
| 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:

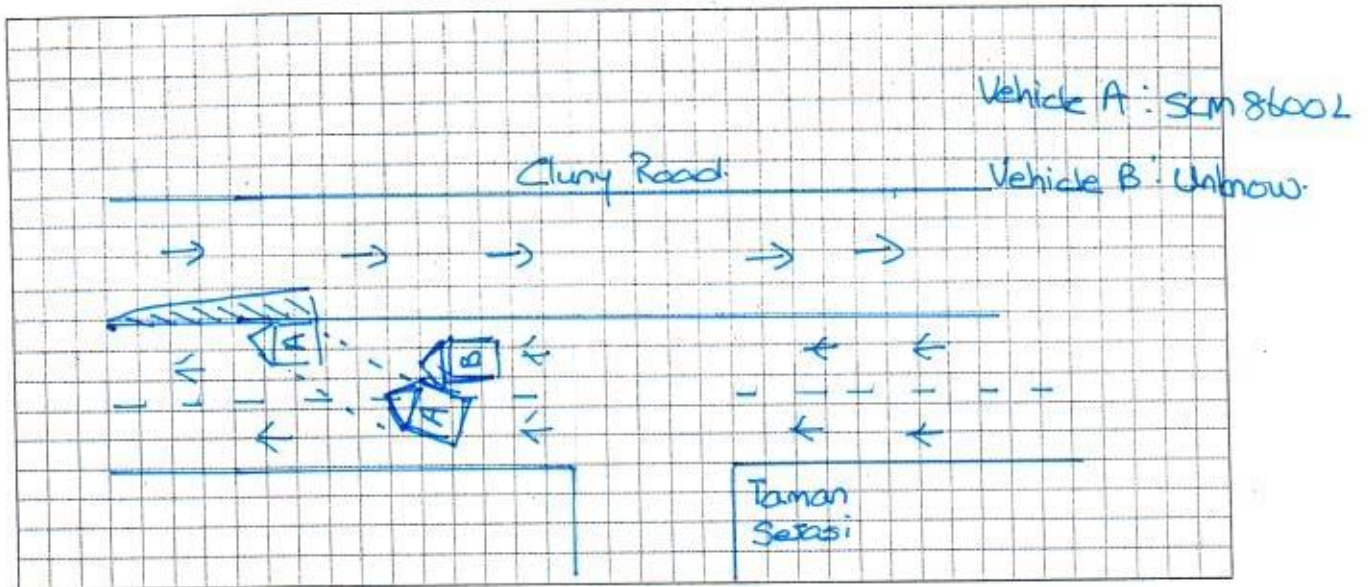
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



On 11 Dec 2019 I was driving my car from Taman Serasi to cluny road. while I was turn out to cluny road I hit onto a car (Unknown). And then much later I hit onto the road kerb.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name:

PERSONAL PARTICULARS

Date of Accident: 11 / 12 / 2019

Time of Accident: 10 45 (24Hrs)

Vehicle No: SCM 8600 L

Vehicle Make/Model: Harrier

Exact Location of Accident: Along Cluny road & Taman Serasi

Owner's Name/NRIC: Lim Hong Lee Tony I/C No: S2171138 2

Driver's Name/NRIC: Lim Hong Lee Tony I/C No: S2171138 2

Driver's Contact: 96391118 Insurance Co & Policy No: NTUC Ins

Driver's Email Address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Unknow

Vehicle No: Unknow

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

[My Desktop](#)
[Notice of Loss](#)

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="11/12/2019 10:45"/> |
| Vehicle No. (For Motor) | <input type="text" value="SCM8600L"/> | 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="checkbox"/> | 5013545433-13 | | LIM HONG LEE TONY | 521711392 | GPC | Third Party, Fire & Theft | SCM8600L | SCM8600L | 25/04/2019 | 24/04/2020 |

Claim Handling

• Exit

Accident MT/1075432

| | | | | | |
|---------------------|-----------------------|---------------------|---------------------------|----------------------|---------------|
| Policy No. | 5013545433-13 | Vehicle No. | SCM8600L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LIM HONG LEE TONY | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | 52171139Z |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NIL | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | | eCode | No |
| KPK | - No - Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | Not available |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|---------------|---------------------|---------------------------------|
| Report Date | 12/12/2019 14:20 | Accident Report Within 24 hrs | Non-Reporting | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 11/12/2019 | Time of Accident hh:mm | 10:10 | Country of Accident | Singapore |
| Reporting Centre | Administrator | Orange Force | No | ICM No. | |
| Accident Location | DALVEY ROAD | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|------|--------------------|----------------|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | Driver is Covered? | Not Applicable |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | | |
| Y2ED OD Excess | | Y2ED TP Excess | | | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | 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 10B #25-537 | Address 2 | BOON TIONG ROAD | Address 3 | TIONG BAHRU VIEW |
| Address 4 | SINGAPORE 164010 | Address Type | Singapore address | Post Code | 164010 |
| Unit No. | | Related Policy Number | 5013545433-13 | | |

O1 Driver Info

| | | | | | |
|---|----------|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes - No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 New

| | | | | | |
|-----------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | LIM HONG LEE TONY | Insured NRIC | 52171139Z |
| Contact No.(Mobile) | 96391118 | Contact No. (Home) | 67374938 | Contact No. (Office) | |
| Email Address | limtony@singnet.com.sg | O1 Vehicle Number | SCM8600L | TP Vehicle Number | UNKNOWN |
| Claim Description | SCM8600L / UNKNOWN ON 11 Dec 2019 | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Fully at Fault | | |
| Resistance No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | | Claim Close Date | 17/12/2019 18:04 | Date Received | 17/12/2019 00:00 |
| Report Taken By | Jackson | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|----------------|---------------|------------------|
| Accident No. | MT/1075432 | Claim No. | 002 |
| Last Doc. Received | Yes No | Upload Date | 17/12/2019 18:05 |
| Path * | | Category * | Confidential |
| Choose File | No file chosen | Urgency * | Normal |
| Choose File | No file chosen | Description * | |
| Choose File | No file chosen | | |
| Choose File | No file chosen | | |
| Choose File | No file chosen | | |
| Choose File | No file chosen | | |
| Message Read | | Send Message | Upload |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (GO) | Action |
|---|--|-----------------------|---------|----------------------------------|----------------|--------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:05 | NR3C/ Driving License | Normal | NR3C/ Driving License 2019-12-17 | | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:05 | SAS | Normal | SAS 2019-12-17 | | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:05 | Photos | Normal | Photos 2019-12-17 | | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:05 | Photos | Normal | Photos 2019-12-17 | | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:05 | Photos | Normal | Photos 2019-12-17 | | Edit |



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Dec 2019 18:04

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Dec 2019 18:04

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Dec 2019 18:04

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Dec 2019 18:04

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Dec 2019 18:04

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Dec 2019 18:04

Photos

Normal

Photos 2019-12-17

[Edit](#)

Photos

Normal

Photos 2019-12-17

[Edit](#)

Photos

Normal

Photos 2019-12-17

[Edit](#)

Photos

Normal

Photos 2019-12-17

[Edit](#)

Photos

Normal

Photos 2019-12-17

[Edit](#)

Photos

Normal

Photos 2019-12-17

[Edit](#)[Video List](#)

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)