

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 05] **MNA419166574**

Date In: 18/12/19 15:18	Job description	Date & Time Completed	Done by
Ref No: NBA/1219.02268/24	SAS e-Milling		
Veh No: 5MK 7877D	E-mail (e-mail 2hrs, AIC 2hrs)		
DOA: 8/12/19 11:45	I-Motor Claims Form	M/11/17 647001	18/12/19 15:35
QID: TP Reporting Only	I-Motor W/O (Wichler: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	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 ()	

() 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: _____

<p>NBA409485</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Eng-In-Charge):</p> <p>Adaptors Comments:</p> <p>Ref: 1:</p>	<p>Invoice/Assessment/Repair/Insurance/Other</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$120</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: No DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpt Allowance \$35</p> <p>*NG: Repair Coordination \$10</p> <p>*NT: Post Repair Inspection \$25</p> <p>*ND: DV / Collect Excess Coordination \$35</p> <p>TP (Nil) : TP (Nil INC) against INC \$30</p> <p>9) NT: Idea Mobile</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>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	18/12/2019 15:18
Date Of Accident	18/12/2019 11:45
Exact Location Of Accident	SLIP RD OUTRAM RD TWDS EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7877D
Insured/Policyholder	
Name Of Registered Owner	LIM CHA SENG
NRIC No	S0116905Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98299844
Alternative Phone No	OFFICE-98299844

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.4 MOONROOF CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5109774660
Cover Note Number	

Driver

Name of Driver	LIM CHA SENG
NRIC No	S0116905Z
Date Of Birth	13/09/1949
Occupation	INDOOR
Date Of Driving Pass	29/03/1969
Driving Experience	50 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98299844
Fax Number	
Contact Number	OFFICE-98299844
Email Address	NOEMAIL

Address	BLK 1 QUEEN'S ROAD #02-189
Postcode	260001
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 - HEAD TO REAR
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)	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	GR8073J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUBRAMANIAM SHANMUGAN
NRIC/Passport Number	S0093273F
Contact Number	94556060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

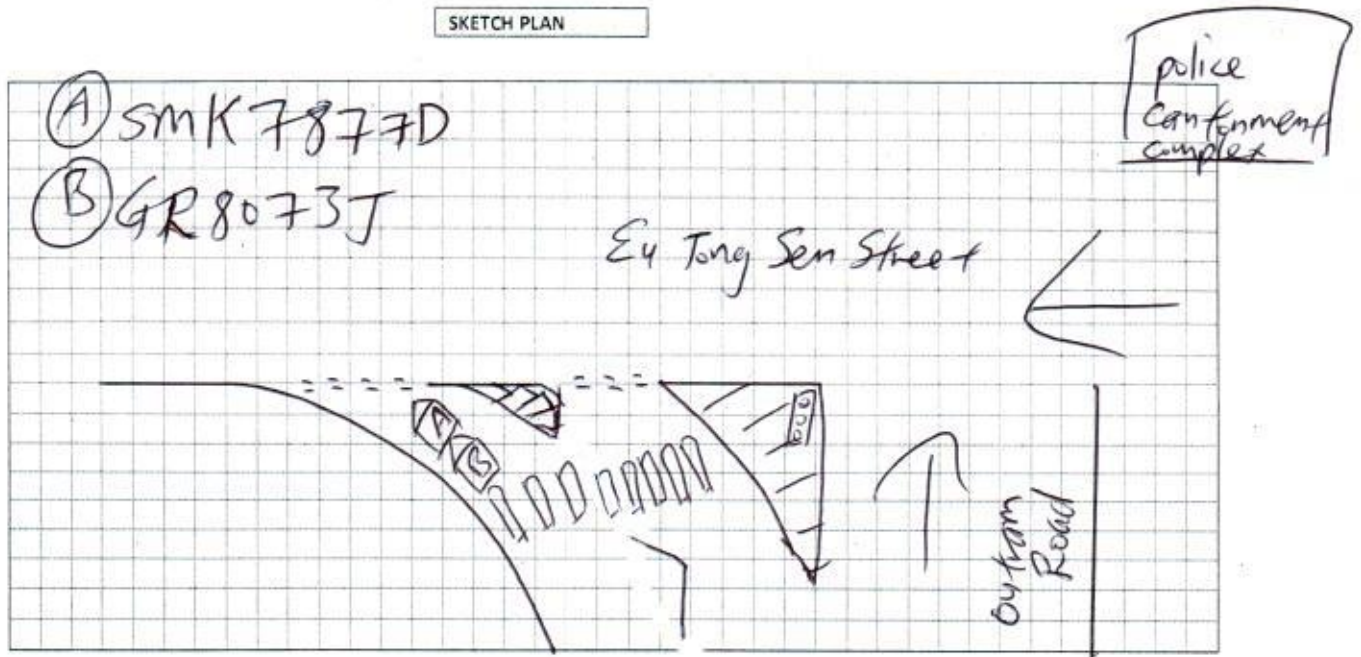


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



I was travelling along slip Road of outram Road towards Eu Tong Sen Street.

I slowed down and came to a complete stop to give way to oncoming vehicles.

However, vehicle (B) did not stop in time and hit my car (A) from behind.

We alighted and exchanged particulars.

DECLARATION

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



Policyholder's Signature
Date & Time



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


Reporting Centre Personnel's Signature
Name:

1 driver.

PERSONAL PARTICULARS

Date of Accident: 18 / 12 / 2019

Time of Accident: 11 47 (24Hrs)

Vehicle No: SMK 78 77D

Vehicle Make/Model: Toyota Alphard

Exact Location of Accident: Slip road of Outram road toward Eu Tong St. road.

Owner's Name/NRIC: Lim Cha Seng I/c No: S0116905 Z.

Driver's Name/NRIC: Lim Cha Seng I/c No: S0116905 Z.

Driver's Contact: 9829 9844

Insurance Co & Policy No: _____

Driver's Email Address: hancarrepairs@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? _____

1 driver.

The Other Party (Vehicle B) Details

I/c No: S00093273 F

Driver's Name/IC: Subramaniam Shanmugan

Vehicle No: GR 8073J

Insurance Company: _____

Driver's Contact: 94556060

(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.

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: 5109774660

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMK7877D |
| Chassis Number | : JTEGD21H408348268 |
| 2. Name of Policyholder | : LIM CHA SENG |
| 3. Effective Date of Insurance | : 23 May 2019 |
| 4. Expiry Date of Insurance | : 14 Sep 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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\$600
EXCESS (SECTION 2)	: N/A
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 CHA SENG
NAMED DRIVER (1)	: LIM ZHI HAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : ALFA CREDIT PTE LTD (00000613905)
Date of Issue : 23 May 2019 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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="18/12/2019 11:45"/>
Vehicle No. (For Motor)	<input type="text" value="SMK7877D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109774660		LIM CHA SENG	S0116905Z	GPC	drivo CLASSIC	SMK7877D	SMK7877D	23/05/2019	14/09/2020

▼ Policy Information

Policy No.	5109774660	Policyholder Name	LIM CHA SENG	Policyholder NRIC	S0116905Z
Certificate No.					
Address	BLK 1 #02-189 QUEEN'S ROAD FARRER GARDENS SINGAPORE 260001				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	23/05/2019	Effective Date	23/05/2019 00:00	Expiry Date	14/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 1 #02-189	Address 2	QUEEN'S ROAD	Address 3	FARRER GARDENS
Address 4	SINGAPORE 260001	Address Type	Singapore address	Post Code	260001
Unit No.	02-189	Related Policy Number	5109774660		

► Insured Object: SMK7877D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1076287

Policy No.	5109774660	Vehicle No.	SMK7877D	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHA SENG			Policyholder NRIC	S0116905Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	99299944	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	18/12/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/12/2019	Time of Accident hh:mm	11:43	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD OUTRAM RD TWOS EU TONG SEN ST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 1 #02-189	Address 2	QUEEN'S ROAD	Address 3	FARRER GARDENS
Address 4	SINGAPORE 260001	Address Type	Singapore address	Post Code	260001
Unit No.	02-189	Related Policy Number	5109774660		

01 Driver Info

Driver Name	LIM CHA SENG	Driver Type	Main Driver	Driver DOB	13/09/1949
Unnamed driver Name		Driver NRIC	S0116905Z	Driving Experience	50
Register Date of Driver License	29/03/1959	Driver Age	70	Contact No.(Home)	0
Contact No.(Mobile)		Contact No.(Office)	0	Address 3	FARRER GARDENS
Address 1	BLK 1	Address 2	QUEEN'S ROAD	Post Code	260001
Address 4	SINGAPORE 260001	Address Type	Singapore address		
Unit No.	02-189				
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 CHA SENG	Insured NRIC	S0116905Z
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		CI Vehicle Number	SMK7877D	TP Vehicle Number	GR8073J
Claim Description	SMK7877D / GR8073J ON 18 Dec 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	18/12/2019 15:35
Date Registered				Date Received	18/12/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076287	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/12/2019 15:36
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2019 15:36	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2019 15:36	SAS	Normal	SAS 2019-12-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2019 15:36	Photos	Normal	Photos 2019-12-18		Edit

12/18/2019

Claim Handling(accident reporting Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Dec 2019 15:36

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Dec 2019 15:36

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
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S (BUKIT MERAH)) on 18 Dec 2019 15:35

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Uploaded Bu/Date

Folder Date

File Name

Source

Action

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