

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

MAAY20000472

Date In: 01/01/2009 15:03	Job description	Date & Time Completed	Done by
Ref No: N/A/INC200000474	SAS e-filing		
Veh No: SU 1147A	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 31/12/2009 07:20	I-Motor Claim Form	01/01/2009 15:27	01/01/2009
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SUK 7165L	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 repair.
() 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: _____	Location: _____
_____	_____
_____	_____
_____	_____

NA20000114	
Driver/Owner:	1) AL: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TT: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Co-ordination \$3
	TP (NI) / TP (Non INC) against INC \$25
	9) NI2: Idas 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	02/01/2020 15:03
Date Of Accident	31/12/2019 07:20
Exact Location Of Accident	ALONG LOWER KENT RIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1147A
Insured/Policyholder	
Name Of Registered Owner	LIM TZE WEI, DEAN (LIN ZHIWEI, DEAN)
NRIC No	SXXXX552E
Email Address	DEANLIM5937@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97622582
Alternative Phone No	OTHERS-97622582

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104899886-01
Cover Note Number	

Driver

Name of Driver	LIM TZE WEI, DEAN (LIN ZHIWEI, DEAN)
NRIC No	SXXXX552E
Date Of Birth	10/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97622582
Fax Number	
Contact Number	OTHERS-97622582
Email Address	DEANLIM5937@GMAIL.COM

Address	BLK 437 YISHUN AVENUE 6 #12-2050
Postcode	760437
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	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK7165L
Vehicle Make/Model/Colour	VOLKSWAGEN BETTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH BEE SEE
NRIC/Passport Number	SXXXX508B
Contact Number	97882053
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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: 02-01-20 1123am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

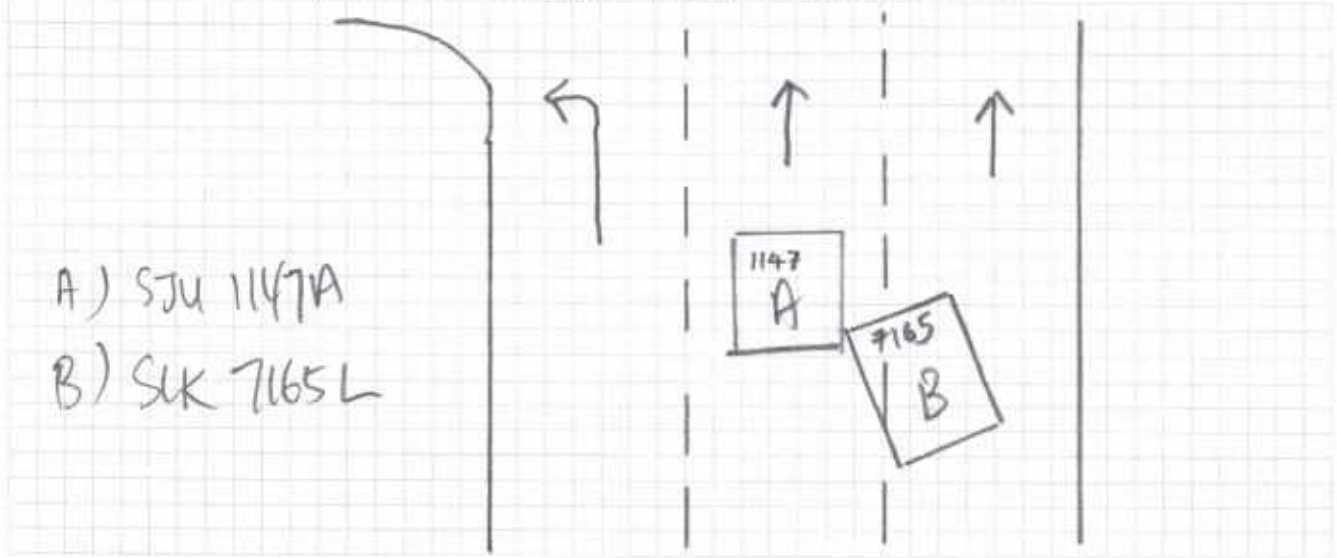
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG LOWER KENT RIDGE ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ferrying a "Grab" passenger (Grab booking no. 10S-1431216-8-264) to NUH Main Building Lobby A. While I was driving on a straight lane on lower kent ridge rd, vehicle SLK 7165L suddenly switch into my lane and hit the right mirror of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 02-01-20 1123am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 12 / 19 (DD/MM/YYYY) TIME: 07 : 20 (HH:MM)

LOCATION: Lower Kent Ridge Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S34 1147A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5104899886-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Uva Neo 93
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Ride Hailing Service
 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 Tze Wei Dean (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 80105528 CONTACT: 9762 2582
 c) ADDRESS: Blk 437 Yishun Ave 6 #12-2050 760437

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: A.S. ABOLK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 10 / 04 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/06/05

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 7165L MODEL: Volkswagen Beetle
 b) DRIVER'S NAME: Teh Bee See
 c) NRIC/FIN/PASSPORT: S 2658505 B CONTACT: 9788 2053

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

PAY - F

No. of passengers
 (including driver)
(2)

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()

Email: deanlin5937@gmail.com

VIDEO

Claim Handling

Accident MT/1078172

Policy No.	013889988-01	Vehicle No.	SJ1147A	GST Registration No.	
Certificate No.					
Policyholder Name	UM TZE WEI DEAN	Driver Type	DRIVER CLASSIC	Policyholder NRIC	S801952E
Product Code	HUYA3 CAR INSURANCE	Contact No.(Office)		License	0
Contact No.(Mobile)	97622582	Special Remarks		Contact No.(Home)	
Email Address		TCA	- No - Yes	eCode	No
HKF	- No - Yes	NGD Entitlement(%)	50	aCode Reason	
NGD Protection	No			Private Hire	No

Accident Details

Report Date	02/01/2020 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Lane
Date of Accident	31/12/2019	Time of Accident (hr:min)	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ALONG LOWER KENT RIDGE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver Is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
FBD OD Excess	0.00	V20 TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2,000.00	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	BLK 437 #12-2020	Address 2	HOSHIA AVENUE 6	Address 3	SINGAPORE 760437
Address 4		Address Type	Singapore address	Post Code	760437
Unit No.	12-2020	Related Policy Number	010489888-01		

Q1 Driver Info

Driver Name	UM TZE WEI DEAN	Driver Type	Main Driver	Driver DOB	10/04/1986
Unnamed Driver Name		Driver NRIC	S801952E	Driving Experience	0
Register Date of Driver License	01/01/2010	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	97622582	Contact No.(Office)		Address 1	SINGAPORE 760437
Address 1	BLK 437 #12-2020	Address 2	HOSHIA AVENUE 6	Post Code	760437
Address 4		Address Type	Singapore address		
Unit No.	12-2020				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJ1147A	Driver Insurer Company	NTUC

Declaration			
Is the driver a valid driver's license holder?	0 mg	Any injury?	Yes - No

Modification History

Claim DBL

DBL

Claim Type *	OO-MS	Insured Name	UM TZE WEI DEAN	Insured NRIC	S801952E
Contact No.(Mobile)	94773862	Contact No.(Home)	94583433	Contact No.(Office)	
Email Address		TP		Vehicle Number	SJ1147A
Claim Description	SJ1147A / SJ1147A ON 31 Dec 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA Input	Received	
Subsidiary No.	Repaired	Preferred Workshop, Name unknown			
Date Registered	02/01/2020 15:29	Claim Date	02/01/2020 00:00	Date Received	02/01/2020 00:00
Report Taken By	ROSLI WAHAB				

Print as letter

Save Submit

Attachment

Accident No.	MT/1078172	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	02/01/2020 15:27

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Tags	Verdicts	Description	Msg Sent? (SQ)	Action
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 15:27	Photos		Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 15:27	Photos		Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 15:27	Photos		Normal	Photos 2020-1-2		Edit

	Photo	Status	Photo	Edit
NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:27	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:27	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:27	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:27	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:27	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:27	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	Photos	Normal	Photos 2020-1-2	Edit
NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	NRIC/ Driving License	"	NRIC/ Driving License 2020-1-2	Edit
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2020 15:26	SAS	Normal	SAS 2020-1-2	Edit

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/12/2018 11:38"/>							
Vehicle No. (For Motor)	<input type="text" value="SUJ1147A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No. SUH4255855-02	Certificate Number	Policyholder Name LIM TZE WEI DEAN	Policyholder NRIC S60109528	Product IPC	Cover Type Drive CLASSIC	Vehicle No. SUJ1147A	Insured Object SUJ1147A	Commence Date 18/11/2018	Expiry Date 17/11/2020
<input type="button" value="Continue"/>										