

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

MA420003842

Date In: 05/01/2020 12:50	Job description	Date & Time Completed	Done by
Ref No: MA420003842	SAS e-filing		
Veh No: SLX 0534	E-mail (4 jobs 3hrs, AIC 2hrs)		
DOA: 8/12/2019 10:00	I-Motor Claims Form	MA420003842 05/01/2020	14:25
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: —

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 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: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Additional Comments: ( )

Ref: ( )

2/3

MA420003842

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Fee Charged

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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	09/01/2020 12:50
Date Of Accident	28/12/2019 10:00
Exact Location Of Accident	65 CAIRNHILL ROAD (229721)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX653Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO IMPERIAL CARS PTE LTD
Co Reg No	2XXXXX106W
Email Address	JAMESLIM3389@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96388888
Alternative Phone No	OFFICE-96388888

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLE400-3.0 4MATIC (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089515350-02
Cover Note Number	

### Driver

Name of Driver	SIA HOCK KIAN
NRIC No	SXXXXX073J
Date Of Birth	28/11/1958
Occupation	INDOOR
Date Of Driving Pass	11/12/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388888
Fax Number	
Contact Number	OTHERS-96388888
Email Address	JAMESLIM3389@GMAIL.COM

Address	BLK 1 KIM SENG WALK #16-09
Postcode	239403
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO STATEMENT AND PHOTO (NO PHOTO TAKEN DRIVER COME ON BEHALF OF BOSS TO SUBMIT DOCS)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 December 2019, at 10.00am, I came to 65 Cairnhill Road S229721. While the main gate was half way open, I drove the car in. The left rear view mirror dragged the gate and unfortunately the gate broke and fell. (See picture attached) The car just had a minor scratch on the left rear view mirror assembly.

That's all I have to say.

## 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:

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



*aw* 09/01/2020  
Kopie Luchtong



# ACCIDENT STATEMENT

ACCIDENT DATE: 28/12/2019 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: 65 CARNALL ROAD S229721

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCX 653Y  
 b) INSURANCE COMPANY: NYUC ENCOMET  
 c) POLICY NUMBER: 508951330-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES BENZ, GLK 300 4MATIC AUTO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: THIRD PARTY CLAIM / REPORTING ONLY  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SURAMPO KARISA ANNE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S93708112 CONTACT: 96288888  
 c) ADDRESS: 9 RAPHAN ROAD #04-04 S228730

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: SIA BOON KUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 96288888 CONTACT: 96288888  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

## 6. WAS ANYBODY INJURED (YES / NO) NO

## 7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: VA MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email: janeslim3389@gmail.com

VIDEO

## Claim Handling

Edit

## Accident MT/1078176

Policy No.	3285515700-02	Vehicle No.	DLK633Y	GST Registration No.	201703106W
Certificate No.					
Policyholder Name	AUTO IMPERIAL OAS PTE LTD			Policyholder NRIC	201703106W
Product Code	FLEET INSURANCE	Cover Type	Drive Premium	Leading	0
Contact No (Mobile)	N/A	Contact No (Office)		Contact No (Home)	
Email Address		Special Remarks		eCode	No
KFR	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	02/01/2020 15:34	Accident Report within 24 hrs	Yes	Accident Type	Confiscated Property
Date of Accident	28/12/2019	Time of Accident In hours	00:00	Country of Accident	Singapore
Reporting Centre		Orange-Force		ICM No.	
Accident Location	The Ritz-Carlton Residences Singapore, Central				

## Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	28/11/2017
GST Registration No.	201703106W	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	215 HENDERSON ROAD	Address 2	F11-114 HENDERSON INDUSTRIAL	Address 3	SINGAPORE 159556
Address 4		Address Type	Singapore address	Post Code	159556
Dist No.	11-04	Related Policy Number	3285515700-02		

## Of Driver Info

Driver Name		Driver Type		Driver OOB	
Uninsured 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	

## Notification History

## Claim 002

New

Claim Type *	DD-HR	Insured Name	AUTO IMPERIAL OAS PTE LTD	Insured NRIC	201703106W
Contact No (Mobile)		Contact No.		Contact No. (Office)	N/A
Email Address		Vehicle Number	DLK633Y	Vehicle Number	PROPERTY
Claim Description	SURRENDER / PROPERTY ON 28 Dec 2019				
Preferred Workshop		Insured Liability	Fully at fault	Name of Preferred Workshop	
Refused No. Protection	Yes	Repair Option	(Preferred Workshop, Name unknown)	GIA report	Received
Date Registered		Claim Close Date	09/01/2020 14:25	Date Received	09/01/2020 00:00
Report Taken By	ROSLI WISAB				

Print All Letter

Save Submit

## Attachment

Accident No.	MT/1078176	Claim No.	002
Let Rec Received	Yes No	Issued Date	09/01/2020 14:25

Path \*

Choose File No file chosen

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Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Sent

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg. Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jan 2020 14:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-8		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jan 2020 14:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-8		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jan 2020 14:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-8		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jan 2020 14:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-8		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jan 2020 14:25	SAS	Normal	SAS 2020-1-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window    Save and upload

## 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:** 5089515350-02

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLX653Y**  
Chassis Number : WDC2923562A073643
2. Name of Policyholder : **AUTO IMPERIAL CARS PTE LTD**
3. Effective Date of Insurance : **14 Feb 2019**
4. Expiry Date of Insurance : **13 Feb 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SINGAPURA FINANCE LTD
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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)  
Date of Issue : 15 Feb 2019 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Register New Vehicle (Acknowledgement)

Vehicle Particulars			
Vehicle No.:	SLX653Y		
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	With Sun Roof		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	MERCEDES BENZ	Vehicle Model:	GLE400 4MATIC AUTO
Chassis No.:	WDC2923562A073643	Engine No.:	27682130571954
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	2996 cc	Power Rating:	-
Maximum Power Output:	245.0 kW ( 328 bhp )		
Unladen Weight:	2185 kg	Maximum Laden Weight:	2850 kg
Primary Colour:	White	Secondary Colour:	Beige
First Registration Date:	14 Mar 2018	Original Registration Date:	14 Mar 2018
Manufacturing Year:	2017	Open Market Value:	\$74,179.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$52,761.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$30,000.00 (140%), next \$24,179.00 (180%)
Actual ARF Paid:	\$105,523.00		

Owner Particulars	
Owner Name:	LIM WEE LI
Owner ID Type:	Singapore NRIC
Owner ID:	S1786700H
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	37
Registered Street Name:	SPRINGLEAF GARDEN
Registered Unit No.:	-
Registered Building Name:	-