

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 30/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NVA/INC 2000 1603/T	E-mail (within 8hrs, AIC 2hrs):		
Veh No: 92C2169B	i-Motor Claim Form ✓		
D O A: 30/01/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (N) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: () INC () / Non-INC () Tel: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
at 1:	6) TR: Re-inspection \$75			
at 2/3:	7) NI: 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			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac 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	30/01/2020 13:56
Date Of Accident	30/01/2020 09:50
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2169B
Insured/Policyholder	
Name Of Registered Owner	LIM CHIANG HUAY LANDIES
NRIC No	SXXXX764B
Email Address	LIMCHIANGHUAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96962699
Alternative Phone No	OFFICE-96962699
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5111221585
Cover Note Number	
Driver	
Name of Driver	LIM CHIANG HUAY LANDIES
NRIC No	SXXXX764B
Date Of Birth	15/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96962699
Fax Number	
Contact Number	OFFICE-96962699
EMail Address	LIMCHIANGHUAY@GMAIL.COM

Address BLK 510A YISHUN ST 51 #10-543
 Postcode 761510
 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 - MAJOR/MINOR RD
 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? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : -
 GENDER: : MALE

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 CIRCUMSTANCES OF ACCIDENT.

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 SJS901G
 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:

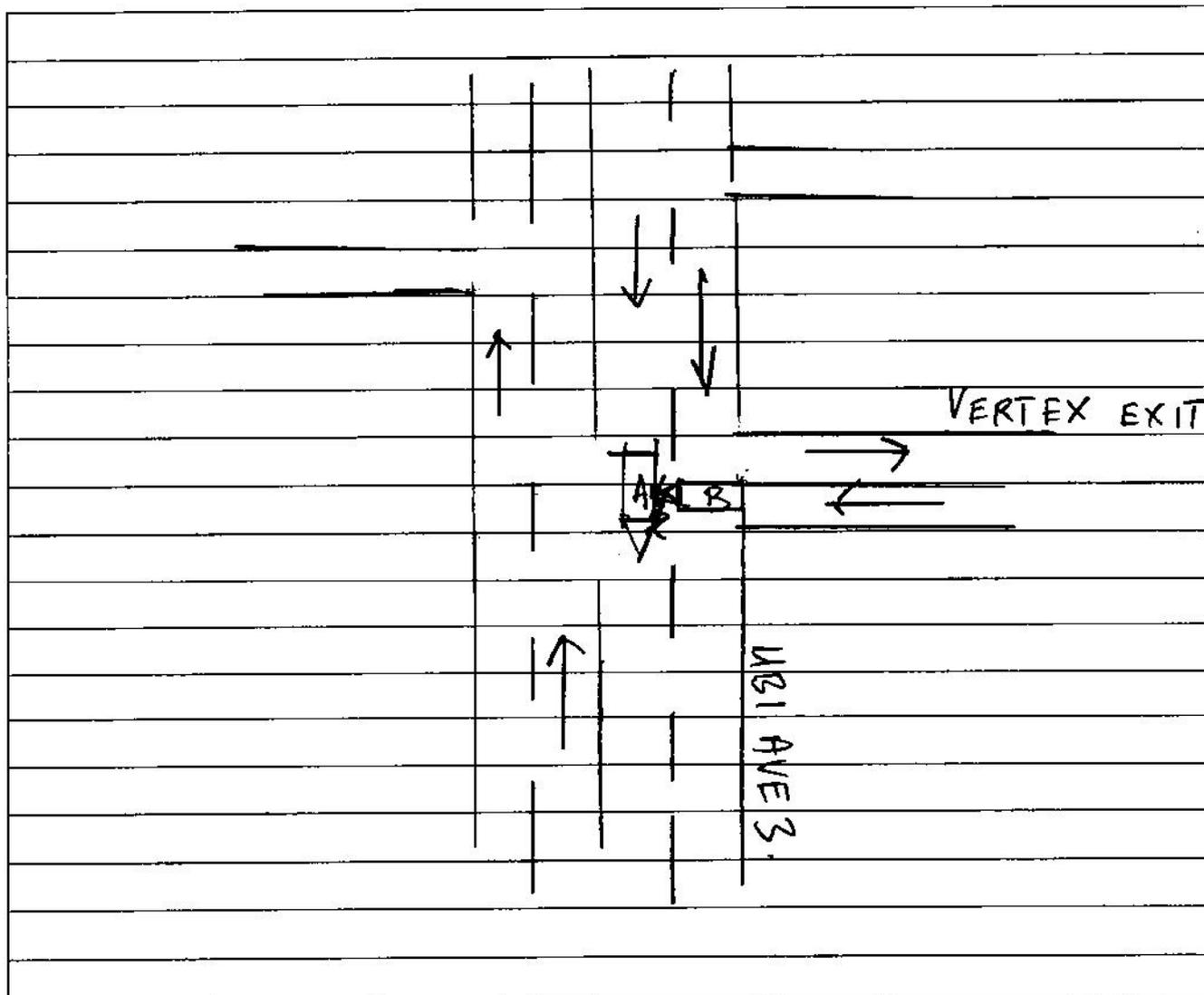


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A = SLC2169B.
Veh B = SJS901G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Claim Handling

Accident MT/1082357

Policy No.	5111221585	Vehicle No.	SLC2169B	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHIANG HUAY LANDIES			Policyholder NRIC	S7144764B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96962699	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	31/01/2020 11:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Robb
Date of Accident	30/01/2020	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE 3				

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		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	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 99 #04-203	Address 2	OLD AIRPORT ROAD	Address 3	KALLANG AIRPORT 10
Address 4	SINGAPORE 390099	Address Type	Singapore address	Post Code	390099
Unit No.	04-203	Related Policy Number	5111221585		

OI Driver Info

Driver Name	LIM CHIANG HUAY LANDIES	Driver Type	Main Driver	Driver DOB	15/12/1971
Unnamed driver Name		Driver NRIC	S7144764B	Driving Experience	15
Register Date of Driver License	17/12/2004	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	KALLANG AIRPORT 10
Address 1	BLK 99 #04-203	Address 2	OLD AIRPORT ROAD	Post Code	390099
Address 4	SINGAPORE 390099	Address Type	Singapore address		
Unit No.	04-203				
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

Claim Type *	OD-HX	Insured Name	LIM CHIANG HUAY LANDIES	Insured NRIC	S7144	
Contact No.(Mobile)		Contact No.(Home)	64576725	Contact No.(Office)		
Email Address		OI Vehicle Number	SLC2169B	TP Vehicle Number	SJS901	
Claim Description	SLC2169B / SJS901G DN 30 Jan 2020				Name of Preferred Workshop	LINKWC
Preferred Workshop		Insured Liability	Not at Fault	Repair Option	Preferred Workshop, Name unknown	
Finalisation	Yes	GIA report	Received	Claim Close Date	31/01/2020 11:59	
Date Registered		Date Received		Report Taken By	TAUFIKH	

Print AK letter

Save Submit

Attachment

Accident No.	Claim No.	Path *	Category *	Confidential	Urgency *	Desc
MT/1082357	001		Please Select	NO	Normal	
Last Doc. Received	Upload Date		Please Select	NO	Normal	
	31/01/2020 12:01		Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	

Message Read

Attachment List

ACCIDENT STATEMENT

09 50.

ACCIDENT DATE: (30/01/2020) (DD/MM/YYYY), TIME: (09:50) (HH:MM)

LOCATION: UBI Ave 3.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIC 2169 B
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5111221585
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
- e) MAKE & MODEL: Toyota Vios
- f) TYPE: (SALEEN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- 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: Lim Chiang Huey Landies (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S 7144784B CONTACT: 96962699
- c) ADDRESS: BLK 510A Yishun St 51 # 10-543
S(761510)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Asabane (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: (15 / 12 / 1971) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 16 yrs

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 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: SJS 901 G MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers (including driver) (2) 1 MALE

*No of passenger (including driver) (1)

*No of passenger (including driver)

Email = Lim Chiang Huey @ gmail . com

fax = 67478378

VIDEO =

REPUBLIC OF SINGAPORE
 IDENTIFICATION NO. S7144764B



LIM CHIANG HUAY, LANDIES

Race: CHINESE
 Date of Birth: 15-12-1971 Sex: M
 Country of Birth: SINGAPORE

For LKK/NAC Use Only



NRIC No. S7144764B

For LKK/NAC Use Only

Blood Group: O+ Date of issue: 11-10-1994

APT BLK 510A YISHUN STREET 51 #10-543
 SINGAPORE 781510
 NRIC No: S7144764B Date: 25/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



15 Dec 1971
 17 Dec 2007

001307514K

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg

ISSUE DATE: 17 Dec 2004

For LKK/NAC Use Only

NP 428A

License No: S7144764B



AUTO TRANSMISSION VEHICLE ONLY

Land Transport Authority



For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	05/02/2008
03	BUS VL	22/08/2007
04	BUS ATTENDANT	22/08/2007

For LKK/NAC Use Only



PDVL/TDVL
 37 888 8888
 319108

▼ Policy Information

Policy No.	5111221585	Policyholder Name	LIM CHIANG HUAY LANDIES	Policyholder NRIC	S7144764B
Certificate No.					
Address	BLK 288B #10-813 PUNGGOL PLACE SINGAPORE 822288				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/07/2019	Effective Date	18/07/2019 00:00	Expiry Date	17/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	LQ INSURANCE AGENCY PTE LTI Agent Tel.	63340783		GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 99 #04-203	Address 2	OLD AIRPORT ROAD	Address 3	KALLANG AIRPORT 10
Address 4	SINGAPORE 390099	Address Type	Singapore address	Post Code	390099
Unit No.	04-203	Related Policy Number	5111221585		

▶ Insured Object: SLC2169B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------