

# NATIONAL Assessment Centre Services

NAF 22/23

2

MNA120013381

Date In: 30/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20001616/13	SAS e-filing		
Veh No: SLN4051K	E-mail (within 3hrs, AOT 2hrs)		
DOA: 29/01/20 0500	i-Motor Claim Form	MT/1082276-001	
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( RYDER	Tel:	Fax:
TP Particulars:	Veh No: 4P28F3A	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%; 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

NA2000946	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (waf 10 Jan 2005)		
Est. 1:	6) TR: Re-inspection \$75		
Est. 2/3:	7) N1: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idco Mobile		
	10) N13: Courtesy Car / TP Allowance \$5		
	11) N14: Repair Co-ordination \$10		
	12) N15: Post Repair Inspection \$25		
	13) N16: DV / Collect Excess Coordination \$3		
	14) TP (N11): TP (Non INC) against INC \$20		
	15) N17: Fee Charged		
	16) N18: 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 12:50
Date Of Accident	29/01/2020 05:00
Exact Location Of Accident	BLK 257 BANGKIT RD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4051K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHEE HOCK
NRIC No	SXXX646E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91558251
Alternative Phone No	OTHERS-91558251

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	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	5112200697
Cover Note Number	

### Driver

Name of Driver	LIM CHEE HOCK
NRIC No	SXXX646E
Date Of Birth	24/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1986
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91558251
Fax Number	
Contact Number	OTHERS-91558251
EMail Address	NOEMAIL

Address:	BLK 257 BANGKIT ROAD #06-61
Postcode	670257
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	COLLIDED INTO PARKED VEHICLE
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)	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

PLS REFER TO THE ATTACHED 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	YP2883A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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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:

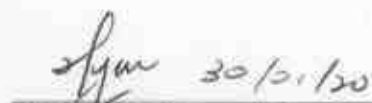
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

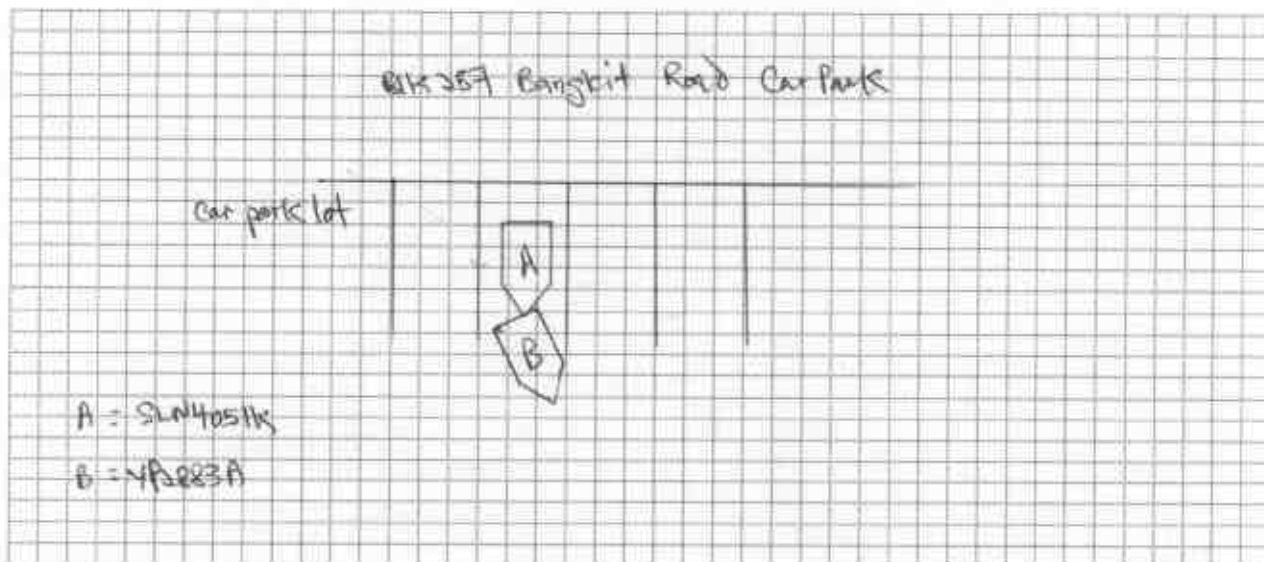


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS PARKED AT BLK 257 BANGKIT ROAD CARPARK. VEHICLE B REVERSED AND HIT MY VEHICLE FRONT PORTION.

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.:

## Accident Reporting Draft

VEHICLE NO: SLN4051K

MODEL: TOYOTA COROLLA ALTIS

DATE OF ACCIDENT	29/1/2020		
TIME OF ACCIDENT	0500 HRS	HRS	AM/PM
LOCATION OF ACCIDENT	BLK 257 BANGKIT ROAD CARPARK		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	LIM CHEE HOCK		
CONTACT NO.	91558251		
NRIC	S1802646E		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC	ANY PASSENGER: 0		
DATE OF BIRTH			
OCCUPATION	<u>OUTDOOR</u> / INDOOR		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	91558251	OFFICE:	HOME:
ADDRESS	BLK 257 BANGKIT ROAD #06-61 S(670257)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	YP2883A	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			



## 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:** 5112200697

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLN4051K          |
| Chassis Number  | : MR053REH104555796 |
| 2. Name of Policyholder   | : LIM CHEE HOCK     |
| 3. Effective Date of Insurance  | : 30 Aug 2019       |
| 4. Expiry Date of Insurance   | : 01 Nov 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 CHEE HOCK
NAMED DRIVER (1)	: N/A
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 : INSURE LINK PTE LTD (00000614836)  
Date of Issue : 28 Aug 2019 19:40 hrs

Insure Link Pte Ltd  
2 Kallang Road, #08-18  
CT HUB  
Off. 808-18  
Fax: 6444 0000

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

Task Transfer Exit

100 100 100

## Accident MT/1082276

Policy No.	5112200687	Vehicle No.	SLN4051X	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHEE HOCK			Policyholder NRIC	S18020462
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	91558251	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFA	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	30/01/2020 16:25	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	28/01/2020	Time of Accident HH:mm	05:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICH No.	
Accident Location	BLK 257 BANGKIT RD (KARANG)				

## 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
NCD OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
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 257 406-01	Address 2	BANGKIT ROAD	Address 3	BUKIT PANJANG NEW TOWN
Address 4	SINGAPORE 670257	Address Type	Singapore address	Post Code	670257
Unit No.		Related Policy Number	5112200687		

## Driver Info

Driver Name	LIM CHEE HOCK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S18020462	Driver DOB	24/06/1967
Register Date of Driver License	17/04/1988	Driver Age	52	Driving Experience	33
Contact No.(Mobile)	91558251	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 257 406-01	Address 2	BANGKIT ROAD	Address 3	BUKIT PANJANG NEW TOWN
Address 4	SINGAPORE 670257	Address Type	Singapore address	Post Code	670257
Unit No.					
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
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Modification History

## Investigation

Claims 001 OD-MX	New				
Claim Case Officer					
Claim Type	OD-MX	Insured Name	LIM CHEE HOCK	Insured NRIC	S18020462
Contact No.(Mobile)	91558251	Contact No.(Home)	60386128	Contact No.(Office)	
Email Address	h.houng@11802.com.sg	Ol Vehicle Number	SLN4051X	TP Vehicle Number	
Claim Description	SLN4051X / YP2893A ON 28 Jan 2020			Name of Preferred Workshop	
Preferred Workshop					
Preferred Repair Option	Yes				
Preferred Workshop Name	unknown				
Insured Liability report					
Not at fault					
Date Registered	30/01/2020 16:38	Claim Close Date		Date Received	
Report Taken By	ROSLIN038	Workshop Repairer		Total Loss But Repaired	
Print AK letter					
Modification History					



Save Submit

## Attachment

Accident No.	07/1002210	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/01/2020 00:00
Path *		Category *	
Choose File No file chosen		Clear	Please Select * NO
Choose File No file chosen		Clear	Please Select * NO
Choose File No file chosen		Clear	Please Select * NO
Choose File No file chosen		Clear	Please Select * NO
Choose File No file chosen		Clear	Please Select * NO
Choose File No file chosen		Clear	Please Select * NO
Choose File No file chosen		Clear	Please Select * NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	NRIC/ Driving License	Y	Normal	NRIC/ DI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 18:27	Photos		Normal	P

## Video List

Uploaded By/Date	Folder Date	File Name	?
		Display in New Window	Scan and uploading