

# NATIONAL Assessment Centre Services.

(part 1 Jan'06)

2/24/2001/6950

Date In: 06/01/2020 18:04	Job description	Date & Time Completed	Done by
Ref No: N/A/INC200024534	SAS e-filing		
Veh No: SLP 3383Z	E-mail (Update 3hrs, AIC 2hrs)		
O.O.A. 06/01/2020 06:50	I-Motor Claim Form	1/10/8336-001	07/01/2020
OID : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:10
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: ( ) Veh No: SMF 5076M 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: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

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

Additional Comments: ( )

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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	06/02/2020 18:04
Date Of Accident	06/02/2020 06:50
Exact Location Of Accident	WOODLANDS CHECKPOINT TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3383Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM SAN
NRIC No	SXXXX581Z
Email Address	PATRICK8850@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93878850
Alternative Phone No	OTHERS-91058520

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106953016-01
Cover Note Number	

### Driver

Name of Driver	JUSTIN LIM WEN JUN
NRIC No	SXXXX795E
Date Of Birth	21/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93878850
Fax Number	
Contact Number	OTHERS-91058520
Email Address	JUSTINLINWENJUN@GMAIL.COM

Address	BLK 416A FERNVALE LINK #6-100
Postcode	791416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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: : FRIEND 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 SKETCH PLAN

#### 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	SMF5076M
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98453363
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.
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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:

6/2/20 1115

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/2/2020 1115

Reporting Centre Personnel's Signature

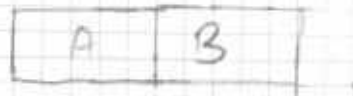
Name:

NRIC/FIN No.:

SKETCH PLAN

A - SLP3383Z  
B - SMF 5076M

WOODLAND CHECKPOINT TOWARDS SINGAPORE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6<sup>th</sup> Feb 2020 at 0650 hrs.

On 6<sup>th</sup> Feb 2020 at 0650 hrs, I, driver of SLP3383Z was queuing up at Woodland Checkpoint towards Singapore and was travelling at a very slow speed. As the queue moved, ~~the~~ SMF 5076M had stopped and I, SLP3383Z had failed to stop in time and had lightly bumped into the Rear portion of SMF 5076M.

DECLARATION

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

Policyholder's Signature

Date & Time: 6/2/20 1115

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/2/20 1115

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 05.02.2020 (DD/MM/YYYY) TIME: 06:50 (HH/MM)

LOCATION: Woodlands checkpoint towards Singapore

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL033832  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda fit  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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 Kim San (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S15545812 CONTACT: 93878850  
 C) ADDRESS: 416A Fernvale Link #06-102 S(741416)

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

### DRIVER

- d) NAME: Justin Lim Wen Jun (MALE / FEMALE)  
 e) NRIC/FIN/PASSPORT: S94347456 CONTACT: 91058520  
 f) ADDRESS: 416A Fernvale Link #06-102 S(741416)

\* d) DATE OF BIRTH: 21.09.1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 Nov 2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: SMF 3076M MODEL: Kia Cerato  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98453363

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

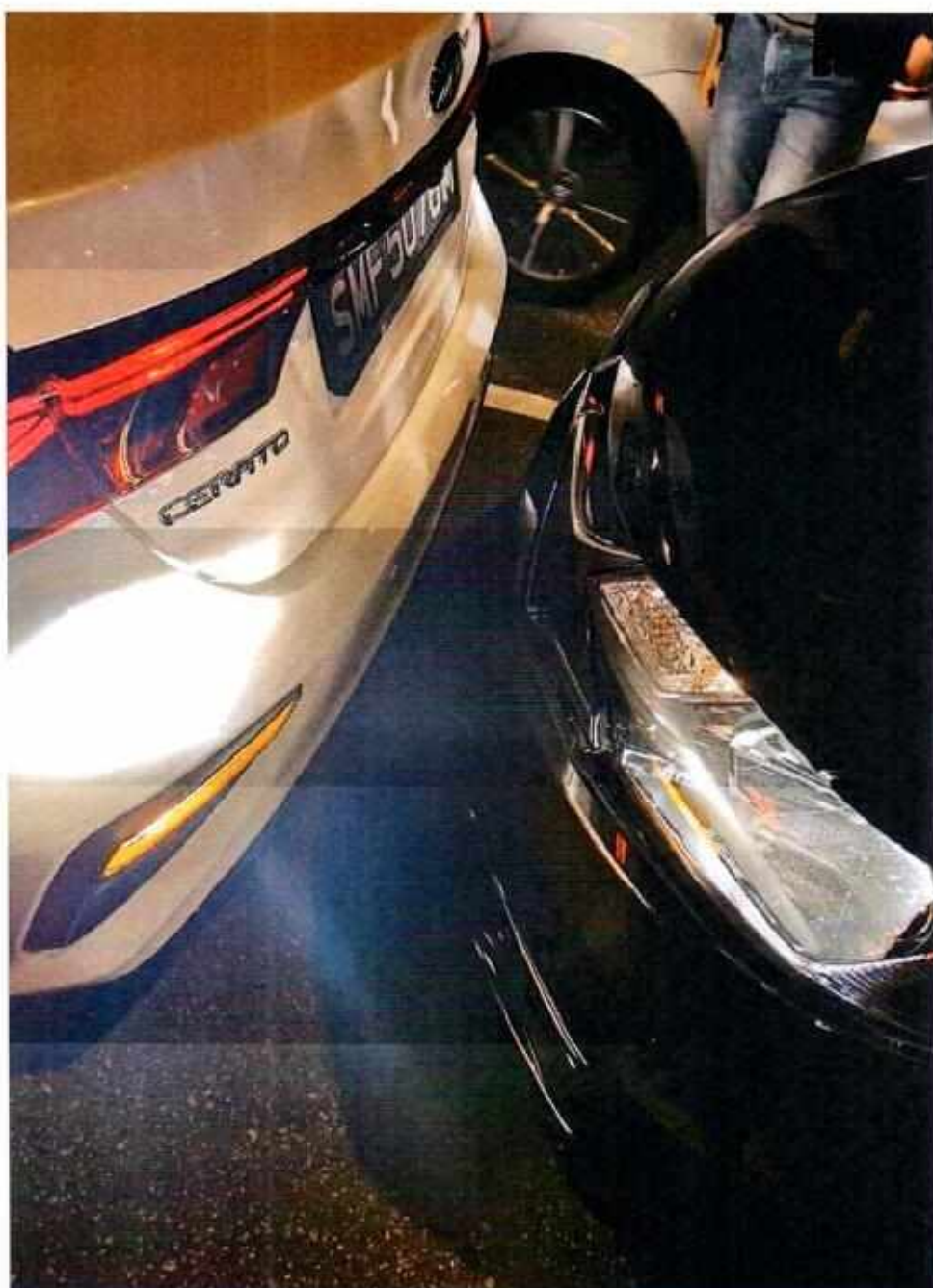
FRAM (1m)

No of passengers  
(including driver)  
(2)

No of passengers  
(including driver)  
( )

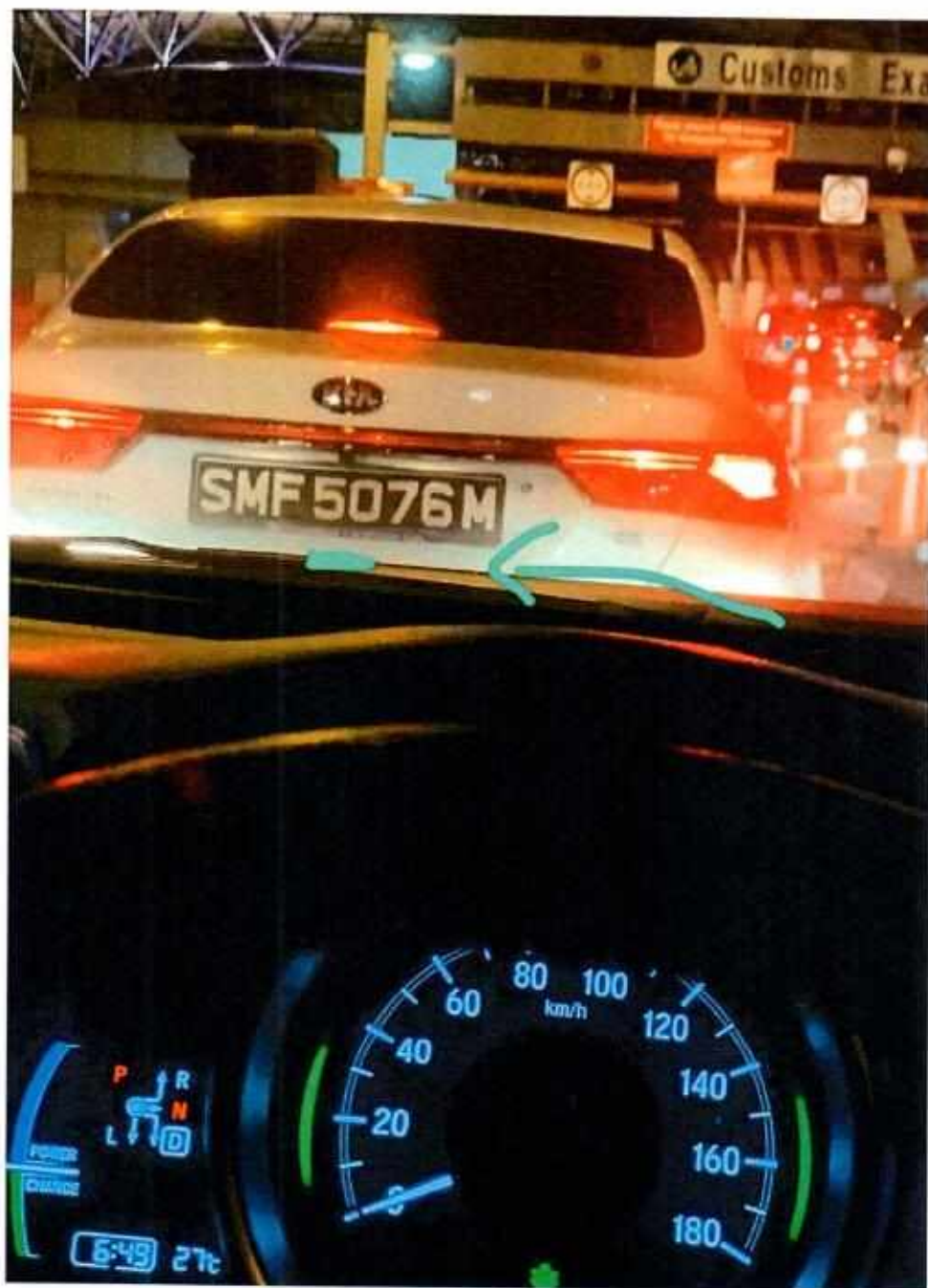
No of passengers  
(including driver)  
( )

Email: Justinlimwenjun@gmail.com/purick885@gmail.com  
 VIDEO



SM 06/08/2020





06/02/2020

## Claim Handling

## Accident MT/1083361

Policy No.	S106953016-01	Vehicle No.	SLP3383Z	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KIM SAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	93878850	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFC	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	
<b>▼ Accident Details</b>					
Report Date	07/02/2020 10:29	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	06/02/2020	Time of Accident hh:mm	06:50	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT TOWARDS SINGAPORE				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver Is Covered?	
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 416A #06-100	Address 2	FERNVALE LINK	Address 3	
Address 4	SINGAPORE 791416	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	S106953016-01		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	JUSTIN LIM WEN JUN	Driver NRIC	SXXX795B	Driving Experience	
Register Date of Driver License	12/11/2014	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	91058520	Contact No.(Office)		Address 3	
Address 1	BLK 416A #06-100	Address 2	FERNVALE LINK	Post Code	
Address 4	SINGAPORE 791416	Address Type	Foreign address		
Unit No.	06-100				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLP3383Z	Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIM KIM SAN
Contact No.(Mobile)	93878850	Contact No.(Home)	63842880
Email Address	PATRICK8850@GMAIL.COM	OI Vehicle Number	SLP3383Z
Claim Description	SLP3383Z / SMP5076M ON 6 Feb 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	<input type="radio"/> Yes <input type="radio"/> No	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
			ROSLI WAHAB

[Print AK letter](#)

Save Submit

## Attachment

Accident No.	MT/1083361	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/02/2020 11:10
Path *		Category *	Confidential
		Urgency *	



Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Please Select

NO

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Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:10	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:10	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:10	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:07	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:07	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:07	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:07	Photos		Normal	Photos 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2020 11:07	SAS		Normal	SAS 2020-2-7

## Video List

Uploaded By/Date	Folder Date	File Name		Source
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Display in New Window

Scan and uploading

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="06/02/2020 11:12"/>
Vehicle No.(For Motor)	<input type="text" value="SLP3383Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S106953016-01		LIM KIM SAN	51554581Z	GPC	drive CLASSIC	SLP3383Z	SLP3383Z	15/01/2020	14/01/2021