NATIONAL Assessment Centre Services. [ver 1 Jan'09] MNA 120021598.

Date In: 17/12/20 17:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000 2697/h4.	SAS e-filing		
Veh No: SKJ 4844Y	E-mail (within 8hrs, AIC 2hrs)		
D O A: 15/12/20 16:55.	I-Motor Claim Form	MT/1084735-001	18/12/20 08:54.
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: (Tel: Fax:)

TP Particulars: Veh No: GZ 3121U. 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 Mobile: 6788 1610)	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	Action

MA2001430

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Sal. I:

Sal. II:

Invoice Preparation Checklist		Amt ($) Total	($) Add'bill
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*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 witholding 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	17/02/2020 17:57
Date Of Accident	15/02/2020 16:55
Exact Location Of Accident	BLK 550 JURONG WEST ST 42 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ4844Y
Insured/Policyholder	
Name Of Registered Owner	LIM CHOO HUA
NRIC No	SXXXX075E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81261580
Alternative Phone No	OFFICE-81261580
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5089836318-02
Cover Note Number	
Driver	
Name of Driver	LIN JILIANG
NRIC No	SXXXX556A
Date Of Birth	20/12/1984
Occupation	INDOOR
Date Of Driving Pass	28/04/2005
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81261580
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 547 JURONG WEST ST 42 #02-143
Postcode	640547
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 - 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?	YES
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)	3
Passenger 1	NAME: : CHUA PEI MEI LINDA GENDER: : FEMALE
Passenger 2	NAME: : LIM CHOO HUA 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

REFER TO 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	GZ3121U
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)	

DETAILS OF INJURED PERSON 1

Name	LIN JILIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKJ4844Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHUA PEI MEI LINDA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKJ4844Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LIM CHOO HUA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKJ4844Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

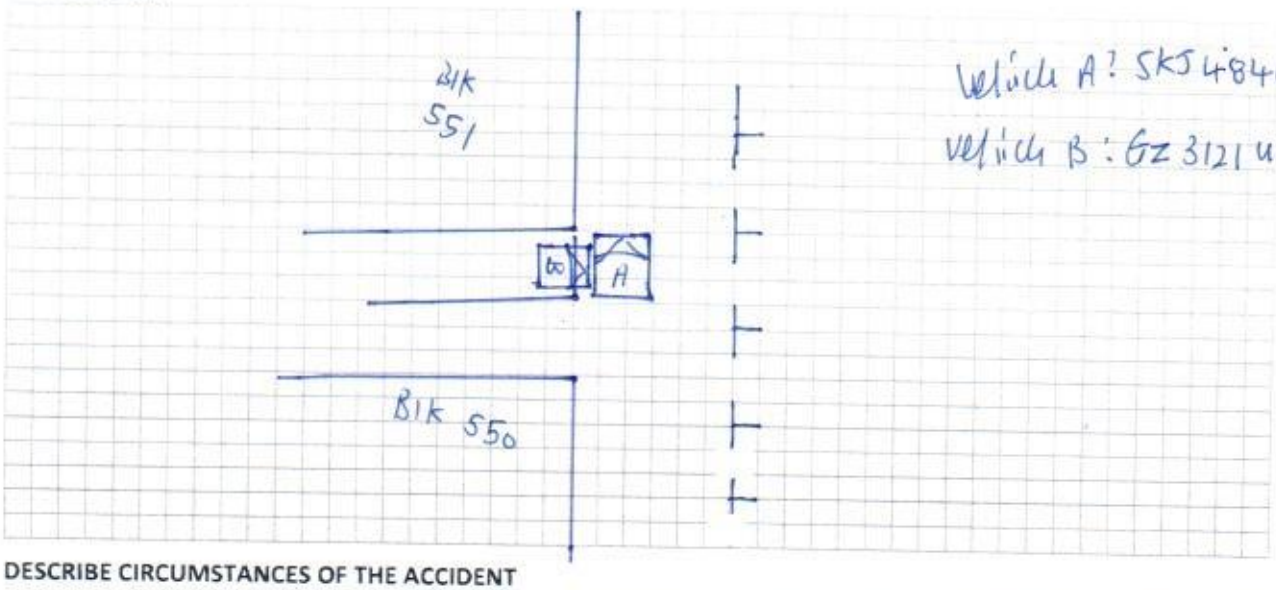
   (e) the information so collected under (d) above may be shared / disclosed:

   (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 the stated date & time. I, vehicle A was travelling straight on the stated venue. Suddenly, vehicle B came out from the side & collided on to my vehicle left portion. without stopping before the stop line to check for clearence.

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.:

Date of Accident : 15/2/2020 Accident Time: 16:55hr (24-HR-Format)

Accident Place : Blk 550 Jurong West St 42 Carpark

Vehicle. No. (Car Plate No.) : SKJ4844Y Make/Model: Volkswagen Scirocco

Insurace Company : NTUC Policy No: 5089836318-02

Owner or Company Name /IC No. : Lim Choo Hua (S0212075E)

Owner or Company Contact No. : – Owner's Hp – Company Tel

DRIVER'S Name / IC No. : Lin Jiliang (S8441556A)

DRIVER'S Date Of Birth : 20/12/1984 DRIVER'S License Pass Date 28 Apr 2005

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: –

DRIVER'S Address : Blk 547 Jurong West St 42 #02-143 (S)640547

DRIVER'S Contact No./ Alt No. :1) 8126 1580 2) –

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : –

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 03

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Driver & Passenger

Other Party Driver's Particular (if any)

Vehicle. No: GZ3121U (B) Vehicle. No:

Vehicle Make\Model: Vehicle Make\Model:

Name Driver: Name Driver:

IC No. Driver/Contact: IC No. Driver/Contact:

*** NEW - Passenger's name & gender:** (1) Chua Pei Mei Linda (F)
(2) Lim Choo Hua (F)

income
made different

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: 5089836318-02 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKJ4844Y**
   Chassis Number : WVWZZZ13ZDV008615
2. Name of Policyholder : LIM CHOO HUA
3. Effective Date of Insurance : 13 Apr 2019
4. Expiry Date of Insurance : 12 Apr 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHOO HUA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : KCB AGENCY (00000614904)
Date of Issue : 30 Mar 2019 21:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**

Claim Handling

Accident MT/1084735

Policy No.	5089836318-02	Vehicle No.	SKJ4844Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHOO HUA			Policyholder NRIC	S0212075E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81261580	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/02/2020 08:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	15/02/2020	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 550 JURONG WEST ST 42 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	1100.00	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 547 #02-143	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640547
Address 4		Address Type	Singapore address	Post Code	640547
Unit No.		Related Policy Number	5089836318-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIN JILIANG	Driver NRIC	SXXXX556A	Driver DOB	20/12/1984
Register Date of Driver License	28/04/2005	Driver Age	35	Driving Experience	14
Contact No.(Mobile)	81261580	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 547 #02-143	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640547
Address 4		Address Type	Singapore address	Post Code	640547
Unit No.	02-143				
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 **New**

Claim Type *	OD-MX	Insured Name	LIM CHOO HUA	Insured NRIC	S0212
Contact No.(Mobile)	96756707	Contact No. (Home)	68975288	Contact No. (Office)	
Email Address	BLUEICEZ7@GMAIL.COM	OI Vehicle Number	SKJ4844Y	TP Vehicle Number	GZ312
Claim Description	SKJ4844Y / GZ3121U ON 15 Feb 2020			Name of Preferred Workshop	o
Preferred Workshop	o	Insured Liability	Not at Fault		
Bonus No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/02/2020 08:54	Claim Close Date		Date Received	18/02/
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1084735	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/02/2020 08:54

Path *		Category *	Confidential	Urgency *	Desc
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	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	SAS		Normal	SAS 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2020 08:54	Photos		Normal	Photos 2020-2-18	

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading