

NATIONAL Assessment Centre Services. [part 1 Jan 03] MNA 120035114

Date In: 21/3/20 11:30	Job description	Date & Time Completed	Done by
Ref No: MA/IMC 20004326/h4	SAS e-illing		
Veh No: SKL 7017 M	E-mail (within 2hrs, AIC 2hrs)		
DDA: 17/3/20 19:00	I-Motor Claim Form	MT/1089102 ⁰⁰¹	21/3/20 11:59
OD - TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assign Wksp / QW: ()	Total: ()	Fax: ()
TP Particulars:	Veh No: Kerb & Pole. 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: 90-100%]	
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 Ref No: 67106010)	Site Name: ()	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

NA 2002153	Invoice Information Checklist	Amount (\$)	Adj. (\$)
Driver/Owner:	1) AR: Accident Reporting - (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Unrecovered Portion:	3) TP: Towing Fee \$40/\$45		
C Checked by (Bugr-In-Charge):	4) FT: Follow-Through Survey \$120		
Insurers Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	Q12:		
	*N3: 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: Idao Mobile \$0		
	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	21/03/2020 11:30
Date Of Accident	17/03/2020 19:00
Exact Location Of Accident	CENTRAL BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7017M
Insured/Policyholder	
Name Of Registered Owner	LIM CHIAW WEI, BERNARD
NRIC No	SXXXX104J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98247693
Alternative Phone No	OFFICE-98247693

Vehicle Particulars

Manufacturer	BMW
Model	523
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5111400282
Cover Note Number	

Driver

Name of Driver	LIM CHIAW WEI, BERNARD
NRIC No	SXXXX104J
Date Of Birth	08/08/1973
Occupation	INDOOR
Date Of Driving Pass	16/04/1993
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98247693
Fax Number	
Contact Number	OFFICE-98247693
Email Address	NOEMAIL

Address	33 MOUNT SINAI RISE #06-10
Postcode	276954
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 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT A/20200318/7010

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	
Vehicle Make/Model/Colour	KERB & POLE
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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	LIM CHIAW WEI, BERNARD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKL7017M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.:



**SINGAPORE
POLICE FORCE**



A/20200318/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200318/7010

Person Name	LIM CHIAW WEI, BERNARD		
ID Type	NRIC NO	ID No	S7328104J
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Financial/Investment adviser	Address Type	
Address	33 MOUNT SINAI RISE #06-10 SINGAPORE 276954	Mobile No	98247693
Is Informant A Victim?	Yes		
Person Name	LIM CHIAW WEI, BERNARD (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 11:31
Officer In-Charge Of Case:	Classification Of Case:

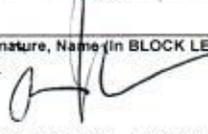
Authentication Stamp



ORIGINAL

MEDICAL CERTIFICATE

EMD202094575

Name LIM CHIAW WEI BERNARD		NRIC No. S7328104J
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>17-Mar-2020</u> to <u>19-Mar-2020</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 17-Mar-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  POH JULIANA , 09402A

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111400282		LIM CHIAW WEI, BERNARD	S7328104J	GPC	Third Party	SKL7017M	SKL7017M	01/09/2019	31/08/2020

Continue

Claim Handling

Accident MT/1089102

Policy No.	5111400282	Vehicle No.	SKL7017M	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHIAW WEI, BERNARD			Policyholder NRIC	S7328104J
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98247693	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/03/2020 11:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	17/03/2020	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CENTRAL BLVD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD 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	33 MOUNT SINAI RISE	Address 2	#06-10 THE MARBELLA	Address 3	SINGAPORE 276954
Address 4		Address Type	Singapore address	Post Code	276954
Unit No.		Related Policy Number	5111400282		

DI Driver Info

Driver Name	LIM CHIAW WEI BERNARD	Driver Type	Main Driver	Driver DOB	08/08/1973
Unnamed driver Name		Driver NRIC	S7328104J	Driving Experience	26
Register Date of Driver License	16/08/1993	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	98247693	Contact No.(Office)		Address 3	SINGAPORE 276954
Address 1	33 MOUNT SINAI RISE	Address 2	#06-10 THE MARBELLA	Post Code	276954
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	LIM CHIAW WEI, BERNARD	Insured NRIC	S7328104J	
Contact No.(Mobile)	98247693	Contact No.(Home)	87623886	Contact No.(Office)		
Email Address	BERNARD.LIMC@HOTMAIL.COM	Vehicle Number	SKL7017M	Vehicle Number	KERB 8	
Claim Description	SKL7017M / KERB & POLE ON 17 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at fault	Insured Repair Option	Preferred Workshop, Name unknown	
Report No. Finalisation	Yes	GIA report	Received	Claim Close date	21/03/2020 11:54	
Date Registered				Date Received	21/03/2020	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1089102	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2020 11:59
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:59	SAS		Normal	SAS 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:58	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:58	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:58	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:58	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:58	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:58	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:54	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:54	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:54	Photos		Normal	Photos 2020-3-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:54	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:54	Photos		Normal	Photos 2020-3-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Mar 2020 11:54	Photos		Normal	Photos 2020-3-21

Video List

Uploaded By/Date	Folder Date	File Name		Source
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