

# NATIONAL Assessment Centre Services

part 1 Jan 09

MNA 120040005

Date In: 4/4/20 14:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20004919164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLG 7479 C	I-Motor Claim Form	MT/1090706-001	4/4/20 14:25
ICIA: 3/4/20 17:45	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
CI: (P) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )

Tel:

Fax:

TP Particulars:

Veh No:

SLG 3344 Z

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 ( )

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Comments: (INC to OW: 3/10/2019)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

MA 2002459

Comments Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

DATE:

TIME:

Invoice Description	Amount (\$)	Value (\$)
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For e-filing against INC Only (wa 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
QJ:		
*N3: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Inc INC) against INC	\$20	
9) N12: Idea 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	04/04/2020 14:16
Date Of Accident	03/04/2020 17:45
Exact Location Of Accident	TAMPINES CENTRAL 2 JUNC TAMPINES AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7479C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ENG KEONG (LIN YONGQIANG)
NRIC No	SXXXX130B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81275516
Alternative Phone No	OFFICE-81275516

### Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO
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	5117004284
Cover Note Number	

### Driver

Name of Driver	LIM ENG KEONG (LIN YONGQIANG)
NRIC No	SXXXX130B
Date Of Birth	07/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81275516
Fax Number	
Contact Number	OFFICE-81275516
Email Address	NOEMAIL

Address	BLK 136 YISHUN RING RD #11-134
Postcode	760136
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 - 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?	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)	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

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	SGF3344Z
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)	

#### DETAILS OF INJURED PERSON 1

Name	LIM ENG KEONG (LIN YONGQIANG)
------	-------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLG7479C

YES

NO



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

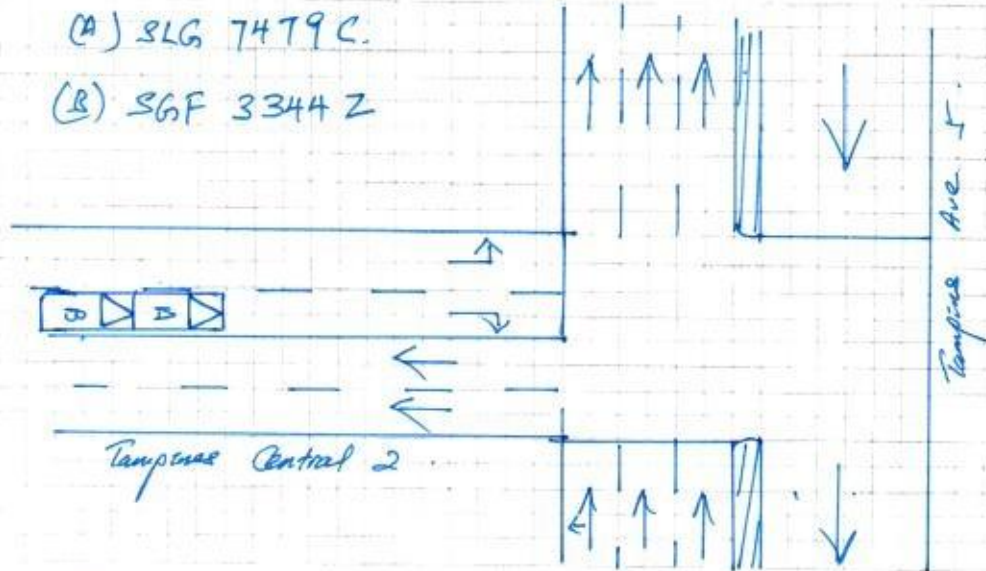
X

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 03/04/2020 at @ 1745 hrs, I stopped my vehicle (SLG 7479 C) along Tampines Central 2 junction Tampines Ave 5 on the right lane due to red light. Suddenly, a car (SGF 3344 Z) from behind collided onto the rear portion of my vehicle.

## DECLARATION

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

8

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.:



<b>Vehicle No.</b>	SLG 7479 C	Model / Make	YONDA MOBILLO
Date of Accident	03/04/2020		
Time of Accident	1745 HRS		
Location of Accident	Tampines Central 2 junction Tampines Ave 5		
Exact purpose use during accident	Private Used		
<b>Name of Owner</b>	Lim Eng Keong		
Telephone No.	H/P: 8127 5516	Home:	Office:
NRIC	S 8007130 B		
Address	BLK 136 Yeshun Ring Road #11-134 (S) 760136		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5117004284		
<b>Name of Driver</b>	As Above If No,		
NRIC		Any Passengers:	N.A.
Date of birth	07/03/1980		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	23/08/2003		
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Lim Eng Keong H/P: 8127 5516		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SGF 3344 Z	Any Passengers:	N.A.
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address	jap jasper 9676@gmail.com		
<b>PARTICULAR WORKSHOP</b>	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAY		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5117004284

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG7479C**  
Chassis Number : MRHDD4870GP000307
2. Name of Policyholder : LIM ENG KEONG (LIN YONGQIANG)
3. Effective Date of Insurance : 01 Apr 2020
4. Expiry Date of Insurance : 11 Apr 2021
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 (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM ENG KEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : ALPINE FINANCIAL PTE. LTD. (00000610144)

Date of Issue : 01 Apr 2020 10:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Accident MT/1090706

#### Modification History

Claim 001	New
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Claim Type *	OD-MX		Insured Name	LIM ENG KEONG (LIN YONGQIA)		Insured NRIC	S8007	
Contact No.(Mobile)	81275516		Contact No. (Home)			Contact No. (Office)		
Email Address			Q1 Vehicle Number	SLG7479C		TP Vehicle Number	SGF33	
Claim Description			SLG7479C / SGF3344Z ON 3 Apr 2020				Name of Preferred Workshop	
Preferred Workshop	0		Insured Liability	Not at Fault				
Excluded No. Finalisation	Yes		Preferred Repair Option	Preferred Workshop, Name unknown		GIA report	Received	
Date Registered					04/04/2020 14:25	Claim Close Date		
Report Taken By					LIEW SHAN HUI	Date Received	04/04/2020	

☒ Print AK letter

Save Submit

## Attachment

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	NRJC/ Driving License	Y	NRJC/ Driving License 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	SAS	Normal	SAS 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	Photos	Normal	Photos 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	Photos	Normal	Photos 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	Photos	Normal	Photos 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	Photos	Normal	Photos 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	Photos	Normal	Photos 2020-4-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 04 Apr 2020 14:25	Photos	Normal	Photos 2020-4-4
Video List				

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