

# NATIONAL Assessment Centre Services.

Part 1 Jan 2021

NA2002715

Date In: 20/04/2020 18:05	Job description	Date & Time Completed	Done by
Ref No: N/A / NA20005314 / Y	SAS e-filing		
Veh No: SJD 66087	E-mail (A-John 2hrs, AIC 2hrs)		
D.O.A: 19/04/2020 10:10	I-Motor Claim Form	19/04/2020 18:31	
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: SCL 713X

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: (

NA2002715

Driver/Owner:	1) AIT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For including original INC Only (not 10 Jan 2020)	
	6) TR: Re-inspection	\$75
	7) NI: IDag DA + EMRT Survey	\$160
	8) IUCA Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Recover Coordination	\$5
	TP (N11): TP (N11) INC) against TRC	\$20
	TP (N12): TP (N12) 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	20/04/2020 18:05
Date Of Accident	19/04/2020 10:00
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6608T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIEW GEK
NRIC No	SXXXX290D
Email Address	LIMSIEWGEKLORNA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97645517
Alternative Phone No	OTHERS-96884453

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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	5113586856
Cover Note Number	

### Driver

Name of Driver	XAN NG CHONG JIE (HUANG CHONGJIE)
NRIC No	SXXXX688A
Date Of Birth	04/02/1998
Occupation	INDOOR
Date Of Driving Pass	20/03/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645517
Fax Number	
Contact Number	OTHERS-96884453
Email Address	XANNGCI98@GMAIL.COM

Address	89YISHUN AVENUE 1 #01-08 THE EATUARY
Postcode	769134
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?	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)	2
Passenger 1	NAME: : JAYNE HOW XUAN NING 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

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	SKL7753X
Vehicle Make/Model/Colour	NISSAN URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIZAM
NRIC/Passport Number	
Contact Number	90696362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

**DETAILS OF INJURED PERSON 1**

Name XAN NG CHONG JIE (HUANG CHONGJIE)  
Approximate Age  
Injuries Sustain NECK AND BACK PAIN  
Injured person in which vehicle? SJD6608T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name JAYNE HOW XUAN NING  
Approximate Age  
Injuries Sustain NECK AND BACK PAIN  
Injured person in which vehicle? SJD6608T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

Veh A: SJD 6608T

Veh B: SKL 7953X

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature

Date & Time: 20/4/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/4/20 and 15:35

Reporting Centre Personnel's Signature

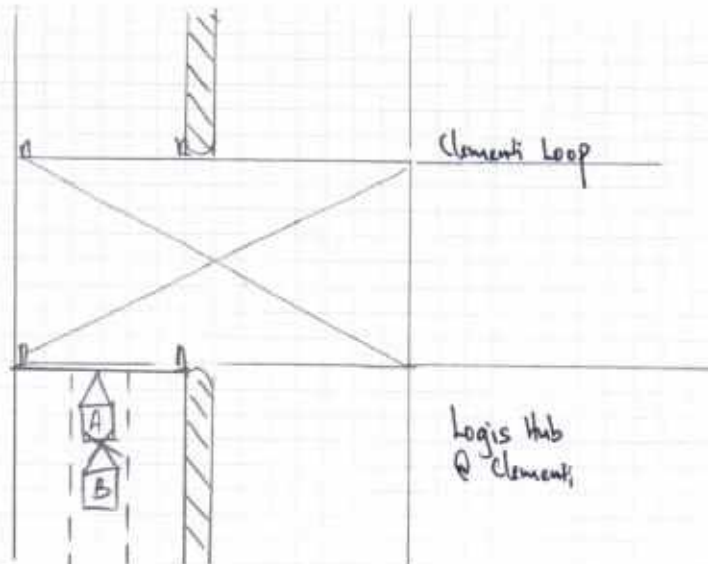
Name:

NRIC/FIN No.:

# SKETCH PLAN

Veh A: SJD 6608T

Veh B: SKL 7753X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Clementi Ave 6

I was stationary my vehicle at the traffic junction, traffic light was red. Suddenly vehicle B ~~begin~~ bang onto my vehicle from my rear.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 20/4/20

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/04/20 and

15:34

*[Signature]* 20/04/2020

Reporting Centre Personnel's Signature

Name: *[Signature]*

NRIC/FIN No.: *[Signature]*

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 19th April 2020

(2)

\*Time of Accident: Around 10am

\*Accident Location: Clementi Ave 6

### Vehicle Details

\*Vehicle Number: STD 6608 T

\*Make & Model: Mercedes-Benz, A180

### Insured / Policyholder

\*Owner Name: Lim Siew Gek

\*NRIC: S7029290 D

\*Address: 89 Yishun Ave 1, The Estuary, #01-08

\*Email: lmsiewgek@nra@gmail.com

\*HP: 97645517

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor)

\*Tel / H / Other: \_\_\_\_\_

### Driver ( ) same as above

\*Driver Name: Xan Ng Chong Jie

\*NRIC: S9803688A

\*Address: 89 Yishun Ave 1, The Estuary, #01-08

\*Date of Birth: 04/02/1998

\*Driving Pass Date: 20th March 2018

\*HP: 96884453

\*Email: Xanngcj98@gmail.com

\*Gender: Male Female

\*Occupation: Nusantara Distributor (Indoor / Outdoor)

\*Tel / H / Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Mother)

### Passengers Details

\*P/Name: Jayne How Xuan Ning (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: NTUC Income

\*Coverage: C / TPFT / TPO

\*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SKL 7153X

Make & Model: Nissan Urban

Vehicle Category: Van

Name of Driver: Nizam

NRIC : \_\_\_\_\_

HP : 90696362

No. of Passengers (Including Driver): 2

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TR Claims)

### General Information of the accident

\*Type of accident: Head-Bear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_

\*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / No (Name: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP: \_\_\_\_\_)

\*Accident reported to police: Yes / No

\*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No

\*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

## Claim Handling

Accident NT/1091837

Policy No.	311388888	Vehicle No.	SJ06808T	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SEW GEN	Cover Type	Drive CLASSIC	Policyholder NRIC	S7529230D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	8764517	Special Remark		Contact No. (Home)	
Email Address	limsewgen@nri.com.sg	TCA	No Yes	eCode	No
KPI	No Yes	NCD Endorsement(No)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	20/04/2020 18:25	Accident Report Within 28 hrs	Yes	Accident Type	Collision - Head On Rely
Date of Accident	18/04/2020	Time of Accident (hh:mm)	10:00	Country of Accident	Singapore
Reporting Centre		Orange Forte		ICM No.	
Accident Location	ALONG CLEMENTI AVENUE S				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	89 YISHUN AVENUE 1	Address 2	#01-08 THE ESTUARY	Address 3	SINGAPORE 768134
Address 4		Address Type	Singapore address	Post Code	768134
Unit No.	01-08	Related Policy Number	311388888		
<b>DI Driver Info</b>					
Driver Name	Lim Ng Chong Jie	Driver Type	Named Driver	Driver DOB	04/02/1998
Unnamed driver name		Driver NRIC	S98C8888A	Driving Experience	3
Register Date of Driver License	01/01/2018	Driver Age	22	Contact No. (Home)	
Contact No. (Mobile)	96884453	Contact No. (Office)		Address 3	
Address 3		Address 2	Foreign address	Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver vehicle No.	SJ06808T	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Speed Test Reading?	0mg	Any injury?	Yes = No		

Modification History

Claim 901 **New**

Claim Type *	OD-MX	Insured Name	LIM SEW GEN	Insured NRIC	S7529230D
Contact No. (Mobile)		Contact No. (Home)	87645176	Contact No. (Office)	NIL
Email Address		Vehicle Number	SJ06808T	Vehicle Number	SAL77514
Claim Description	SJ06808T / SAL77514 ON 19 Apr 2020				
Preferred Workshop	Insured Liability	Not at fault			
Workshop No.	Yes	Preferred Workshop, Name unknown	GLN report	Received	
Date Registered				Claim Date	20/04/2020 18:29
Report Taken By				Date Received	20/04/2020 08:1
Print Accident					
Save Submit					

## Attachment

Accident No.	NT/1091837	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/04/2020 18:33
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			

Send Mail

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Img Sent (CO)
NAC_PAT1_UB1_A010041 NATIONAL ASSESSMENT CENTRE SERVICES) #	n 20 Apr 2020 18:31	Photos	Normal	Photos 2020-4-20	

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## 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: E112586856

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJD6608T  
Chassis Number : WDD1760422J485133
2. Name of Policyholder : LIM SIEW GEK
3. Effective Date of Insurance : 15 Nov 2019
4. Expiry Date of Insurance : 14 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\$500
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	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM SIEW GEK
NAMED DRIVER (1)	: XAVIA NG YU JIE
NAMED DRIVER (2)	: XAN NG CHONG JIE
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)  
Date of Issue : 06 Nov 2019 11:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive