

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA2005276**

Date In: <b>16/6/20 - 11.4</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/14C2006327/24</b>	SAS e-filing		
Veh No: <b>560 33723</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>13/6/20 - 14:35</b>	i-Motor Claim Form	<b>17/1009435-001</b>	<b>16/6/20 11:28</b>
OD: <b>TP</b> 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: <b>SKW 80862</b>	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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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	Actions

<b>MA2005276</b> Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Ref 1: Ref 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$) for Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Q1* *N5: Courtesy Car / Tpl 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 Invoice dated		Fee Charged 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	16/06/2020 11:11
Date Of Accident	13/06/2020 19:35
Exact Location Of Accident	CTE (SLE) TWDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ3372J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHOON KENG
NRIC No	SXXXX207G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83390654
Alternative Phone No	OFFICE-83390654

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM RSZ 1.8 A
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	5115068173
Cover Note Number	

### Driver

Name of Driver	LIM CHOON KENG
NRIC No	SXXXX207G
Date Of Birth	16/03/1965
Occupation	INDOOR
Date Of Driving Pass	26/05/1997
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390654
Fax Number	
Contact Number	OFFICE-83390654
Email Address	NOEMAIL

Address	BLK 643 HOUGANG AVENUE 8 #09-285
Postcode	530643
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	CHAIN COLLISION
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	3
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: : ZOU YIN 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	SKW8086Z
Vehicle Make/Model/Colour	MERCEDES-BENZ
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML5872S
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
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 CHOON KENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGQ3372J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## Accident Sketch Plan

### 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 re-evaluate 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:

14/6/20  
12:23hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/6/20  
12:23hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

LEGAL TRANSLATION NO. 112

# Accident Sketch Plan

ALONG CTE/SUR  
LINK EXIT TOWARD  
YISHUN AVE 1

SKETCH PLAN



CAR A SQR 3372J  
CAR B SKW 8086Z  
CAR C SML 5892S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON STATED TIME AND DATE

I WAS TRAVELLING ON MY VEHICLE BEARING  
SQR 3372J ALONG CTE/SUR EXIT SOLETA WEST  
LINK TOWARD YISHUN AVE 1, I WAS AWARE  
THERE IS A ACCIDENT HAPPENED IN FRONT OF ME.  
I CAME TO AN COMPLETELY STOP AND  
STATIONARY. AND VEHICLE BEARING SKW 8086Z  
ALSO CAME TO AN STOP BEHIND ME ALSO  
STATIONARY, WAITING FOR TRAFFIC TO BE CLEAR.  
SUDDENLY I FELT AN HUGE IMPACT FROM  
THE REAR, THEN I ALIGHTED FROM MY VEHICLE.  
TO CHECK THAT I REALISE VEHICLE BEARING  
SML 5892S COLLIDED ON SKW 8086Z  
THE IMPACT WAS HUGE THAT FORCE SKW 8086Z  
PROPELLED TO COLLIDED ON MY VEHICLE.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 12/6/20  
13:23 hrs

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 12/6/20  
13:23 hrs

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No.:



# Jackson

Date of Accident : 13/06/2020 Accident Time: 1930 (24-HR-Format)  
 Accident Place : CTB/SLR EX17 SELETAR WEST LINK TOWARDS YISHU  
 Vehicle Reg. No. (Car Plate No.) : SGW 3372J AIR 1  
 Vehicle Make/Model : HONDA STREAM  
 Insurance Company : NTUC Income Policy No. 5115069173  
 Owner or Company Name / IC No. : LIM CHUAN KENG S17172076  
 Owner or Company Contact No. : 8339 0654 Owner's Hp Company Tel  
 DRIVER'S Name / IC No. : LIM CHUAN KENG S17172076  
 DRIVER'S Date Of Birth : 16/03/1965 DRIVER'S License Pass Date  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : B1K 643 HOUWANH AVE B #09-285 S530643  
 DRIVER'S Contact No. / Alt No. : 1) AS ABOVE 2)  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : ADMIN@MYCAR.SG  
 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): 02 Name: ZOU YIN  
 Driver injured 96459506  
 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

## Other Party Driver's Particular (if any)

Vehicle Reg. No: SKW 8086Z

Vehicle Make/Model: MAZDA BAZZ

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No: SML 5892 S

Vehicle Make/Model: MITSUBISHI ATLAS

Name Driver:

IC No. Driver:

Driver's Contact & Add:

## Claim Handling

4Exit

## Accident MT/1094535

Policy No.	5115068173	Vehicle No.	5Q3372J	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHOON KENG			Policyholder NRIC	S1717207G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83393654	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	16/06/2020 11:25	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/06/2020	Time of Accident hh:mm	19:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FYE (P) E1 THING FOR STAR MEET LINK				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
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		

## 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 643 #09-285	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530643
Address 4		Address Type	Singapore address	Post Code	530643
Unit No.	09-285	Related Policy Number	5115068173		

## OI Driver Info

Driver Name	LIM CHOON KENG	Driver Type	Main Driver	Driver DOB	16/03/1965
Unnamed driver Name		Driver NRIC	S1717207G	Driving Experience	23
Register Date of Driver License	26/05/1997	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	SINGAPORE 530643
Address 1	BLK 643	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530643
Address 4		Address Type	Singapore address	Post Code	530643
Unit No.	09-285				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM CHOON KENG	Insured NRIC	S1717207G
Contact No.(Mobile)	95873528	Contact No.	63879792	Contact No.	62972720
Email Address		OI		TP	
Claim Description		Vehicle Number	5Q3372J	Vehicle Number	5Q3372J
Preferred Workshop		Name of Preferred Workshop			
Insured Option	<input checked="" type="radio"/> Insured <input type="radio"/> Not at Fault	Preferred Workshop Name u		GIA report	Received
Date Registered	16/06/2020 11:27	Claim Close Date		Date Received	16/06/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1094535	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/06/2020 11:28

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	