

NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

Date In: 27/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007677/13	SAS e-filing		
Veh No: YM 6812U	E-mail (within 2hrs, AIC 2hrs)		
ICIA: 18/02/20 1600	I-Motor Claim Form	MT/1091513-002	
OD: TP: Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XE7J9X	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 Comments:
() 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 () / Non-INC ()	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

NA2003864	Invoice/Registration Charge	Amo (\$)	Amo (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q12:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Colluct Excess Coordination \$5		
	TP (N11): TP (N-on 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	27/07/2020 10:12
Date Of Accident	18/02/2020 16:00
Exact Location Of Accident	FORT RD TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6812U
Insured/Policyholder	
Name Of Registered Owner	L2C GROUP PTE LTD
Co Reg No	2XXXXX457Z
Email Address	SIMKIMHENG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96310164

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092945219-02
Cover Note Number	

Driver

Name of Driver	SIM KIM HENG
NRIC No	SXXXX319H
Date Of Birth	26/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96310164
Fax Number	
Contact Number	
EMail Address	SIMKIMHENG@GMAIL.COM

Address	BLK 163 BEDOK SOUTH ROAD #10-432
Postcode	460163
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?	NO
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

ON 18 FEB 2020 ABT 16:00 I WAS ON MY WAY HOME DRIVING ALONG FORT RD TWDS ECP AND WE BOTH STOP INFRT OF THE TRAFFIC LIGHT. WHILE WAITING MY LORRY SLOWLY ROLL FORWARD AND SLIGHTLY TOUCH THE REAR PORTION OF VEH B. THERE WAS NO PHYSICAL DAMAGE AND INJURIES TO BOTH PARTY. AT THAT POINT OF TIME WE BOTH AGREE NOT TO MAKE ANY REPORT. SUDDENLY I RECEIVED A LETTER FROM MY INSURANCE THAT THE OTHER PARTY MAKE A CLAIM AGAINST ME.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE729X
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)

SKETCH PLAN

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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.


Policyholder's Signature
Date & Time:

25.7.2020

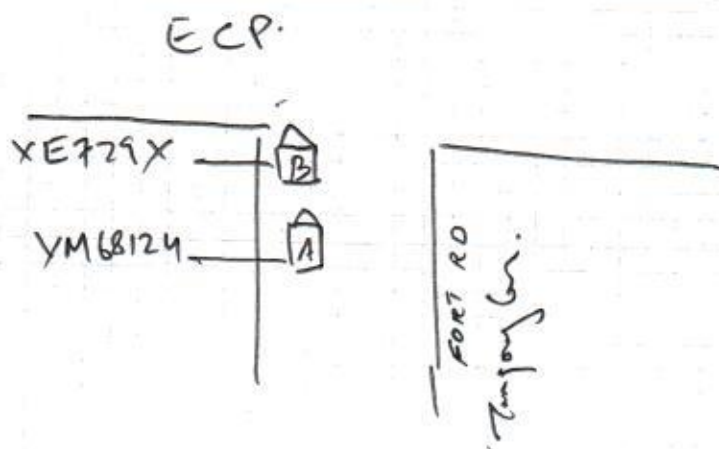



Driver's Signature
(If driver is not the policyholder)
Date & Time:

25.7.2020

 27/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 Feb 2020 about 4pm I was on my way home. Driving along Tanjong Bn. toward ECP.

We both stop in front of the traffic light. While waiting my lorry slowly roll over and lightly hit the front lorry.

They were no physical danger and injuries to both parties. So at that time we both agreed not to do reporting.

DECLARATION

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

Policyholder's Signature
Date & Time:

25.7.2020.



Driver's Signature
(If driver is not the policyholder)
Date & Time:

25.7.2020.

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

25/6/20

Bp.

BP Auto Enterprise Pte. Ltd

BP AUTO ENTERPRISE PTE LTD

RDC :2020056022

6001 BEACH ROAD #02-69

GOLDEN MILE TOWER S-199689

TEL : 8188 0446 / 90667360

MARKETING.BPAUTO@GMAIL.COM

SALES.BPAUTO@GMAIL.COM

WWW.BPAUTO.COM.SG

NO. 00899

SALES AGREEMENT

Date: 2.17/2020

Seller Name: L2C Group Pte Ltd	
Identity No. / Business Cert. No.: S17455194	
Address: 10 LOR MARZUKI #02-04 S-417052	
Contact Person: SIM KIM HENG	Telephone: 9631 0114

Vehicle Details

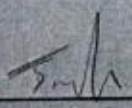
Make: KIA	Registration No.: YM672U	Manufacture Yr: 2007
Model: UR750US25	Colour: white	Registration Date: 14 Aug 2007
Chassis No.: 3AANUR75E77100267	Road tax expiry:	
Engine No.: 4551512837	Mileage: —	

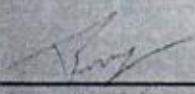
Priced Agreed: \$7470. \$7419.
Full Settlement Amount:
Downpayment:
Transfer Fee: \$25
Others:
Total Payable:

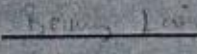
REMARK

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Date & Time of Delivery of Vehicle: Date 2.17/2020 Time 2.40PM
The Seller

Seller's Signature: 

Buyer's Signature: 

Sales Representative: 

Date of Agreement: 2.17/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (18/02/2020) (DD/MM/YYYY), TIME: (4:pm) (HH:MM)

LOCATION: Tanjung L. Road ECP.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 6812 M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5092945219-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Driving home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIM Kim HEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 6545311H CONTACT: 96310164
c) ADDRESS: 31K 163 Bedok South Rd #10-432
Sb 460163

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (26/12/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1542.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR) (RAINING) (OTHERS)
b) ROAD SURFACE: (DRY) (WET) (OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: KE729X MODEL: lorry.
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

VIDEO =

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

25/02/2020 09:42

Vehicle No.(For Motor)

YM6812U

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"/>	5092945219-02		L2C GROUP PTE LTD	200908457Z	GCV	Third Party, Fire & Theft	YM6812U	YM6812U	04/08/2019	03/08/2020

Continue

Claim Handling

Accident MT/1091513

Policy No.	3092945219-02	Vehicle No.	YM6812U	GST Registration No.	
Certificate No.					
Policyholder Name	L2C GROUP PTE LTD			Policyholder NRIC	203465453
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	79
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Report Date		17/04/2020 15:45	Accident Report Within 24 hrs		Yes	Accident Type		Unknown
Date of Accident		18/02/2020	Time of Accident hh:mm		17:35	Country of Accident		Singapore
Reporting Centre		Administrative	Orange Force		No	ICM No.		
Accident Location		FORD ROAD TOWARDS ECP						

Total Excess Applicable								
Excess Type		Per Accident	Windscreen Excess		0.00			
OD Standard Excess		0.00	TP Standard Excess		0.00			
YIED OD Excess			YIED TP Excess		0.00			
Additional Excess			Driver is Covered?		Not Applicable			
Total OD Excess Applicable		0.00	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		17/04/2020 15:45:30 System changed GST Status Verified from No to Yes						

Policyholder Mailing Address								
Address 1		BUN 163 #10-432	Address 2		BEDOK SOUTH ROAD	Address 3		SINGAPORE
Address 4			Address Type		Singapore address	Post Code		460163
Unit No.		10-432	Related Policy Number		3092945219-02			

OI Driver Info									
Driver Name									
Unnamed driver Name		Driver Type		Driver NRIC					
Register Date of Driver License		Driver Age		Driver DOB					
Contact No.(Mobile)		Contact No.(Office)		Driving Experience					
Address 1		Address 2		Contact No.(Home)					
Address 4		Address Type		Address 3					
Unit No.		Foreign address		Post Code					
Does he own a Singapore Registered car?		Yes No	Driver Vehicle No.		Driver Insurer Company				

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	L2C GROUP PTE LTD	In NR
Contact No.(Mobile)	95310164	Contact No. (Home)		Co NR
Email Address		OI Vehicle Number	YM6812U	TP NR
Claim Description	YM6812U / XE729X ON 18 Feb 2020			
Preferred Workshop		Insured Liability	Fully at Fault	NR
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered		Received		Received
Report Taken By		Claim Close Date	27/07/2020 18:06	Dz Re
		Workshop Repairer	ROSINDA	To bu Re
Print AX letter				

Attachment				
Accident No.	MT/1091513	Claim No.	002	
Last Doc. Received	Yes No	upload Date	27/07/2020 00:00	
Choose File	No file chosen	Path *		
Choose File	No file chosen	Category *	Please Select	Confidential
Choose File	No file chosen		Please Select	Urgency *
Choose File	No file chosen		Please Select	
Choose File	No file chosen		Please Select	
Choose File	No file chosen		Please Select	
Choose File	No file chosen		Please Select	
Choose File	No file chosen		Please Select	

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 18:06	Photos		Normal	Photos 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 18:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 18:06	SAS		Normal	SAS 2020-7-27

Video List

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

LKK Paya Ubi

From: Desmond Foo Guo Hui <desmond.fooogh@income.com.sg>
Sent: Monday, 27 July 2020 11:54 AM
To: rspu@lkkauto.com
Subject: YM6812U - 18/02/2020 (Re-create file)

Hi

We noted you have created the MX file under MT/1097942-001.
It was created as a separate file to MT/1091513.

With that, we will need you to recreate the file.

Please select, "MT/1091513" and click on create claim.

Duplicate FNOL Check

Claim(s) ha

	Accident No.	OD Claim	
<input checked="" type="radio"/>	<u>MT/1091513</u>		YM6812U / XE729X on 18 Feb 20
<input type="radio"/>	<u>MT/1097942</u>	OD-MX	Not to use. To be handled under

Do you want to open

☐

Desmond Foo
Manager
Operations – Motor & Personal Lines
T +65 6430 7976



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