

NATIONAL Assessment Centre Services.

2 MAY 2006338

Date In:	Job description	Date & Time Completed	Done by
21/07/2020 18:51	SAS e-filing		
Ref No: N/A/2020007434	E-mail (Liaise with AIG then)		
Veh No: G6F 651X	I-Motor Claims Form	21/07/2020 19:27	
D.O.A: 21/07/2020 12:00	I-Motor W/O (Within OD then TP then)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Profurred Wkep / INC Assign Wkep / QW: (		Tel:	Fax:
TP Radiculys:	Vel: No: SLZ 6857B	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 Information		
() 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: ()		
Repair Information		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

[illegible]

NA2003851		1) ALT Accident Reporting (\$30)		INC (\$10)	
Driver/Owner:		2) DA Damage Assessment (\$100)		340/343	
Contract No:		3) TP Towing Fee		\$110	
Damaged Portion:		4) PF Follow-Through Survey		\$30	
Checked by (Engr-In-Charge):		5) PF Follow-Through Survey (Resurvey) For claiming against INC Only (over 10 Jan 2003)		\$75	
Contractor's Comments:		6) TR Inspection		\$160	
L1:		7) NI + 1000 DA + EMRT Survey			
1/2/3:		8) NTUC Additional Services			
		ON*			
		• NS: Courtesy Car / Tpl Allowance		\$3	
		• NG: Repairs Coordination		\$10	
		• NT: Post Repair Inspection		\$23	
		• NS: DV / Collect Through Coordination		\$3	
		IF (NI) / TP (GA INC) against DRG		\$10	
		9) NI: Use 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 18:51
Date Of Accident	27/07/2020 12:00
Exact Location Of Accident	GUTHRIE HOUSE NO.1 FIFTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6751X
Insured/Policyholder	
Name Of Registered Owner	VISUAL PRODUCTS TECHNICAL SERVICES
Co Reg No	5XXXX127J
Email Address	LIM@VISPRO.COM.SG
Mobile Phone No	(LOCAL) +65-96211608
Alternative Phone No	OFFICE-96211608
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	FINDING PARKING LOT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115106427
Cover Note Number	
Driver	
Name of Driver	LIM LIAN KOK
NRIC No	SXXXX563Z
Date Of Birth	21/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96211608
Fax Number	
Contact Number	OTHERS-96211608
E Mail Address	LIM@VISPRO.COM.SG

Address	BLK 8 KIM TIAN PLACE #10-55
Postcode	163008
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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

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	SLZ6857B
Vehicle Make/Model/Colour	WOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANTHONY LIM
NRIC/Passport Number	
Contact Number	98629066
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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:

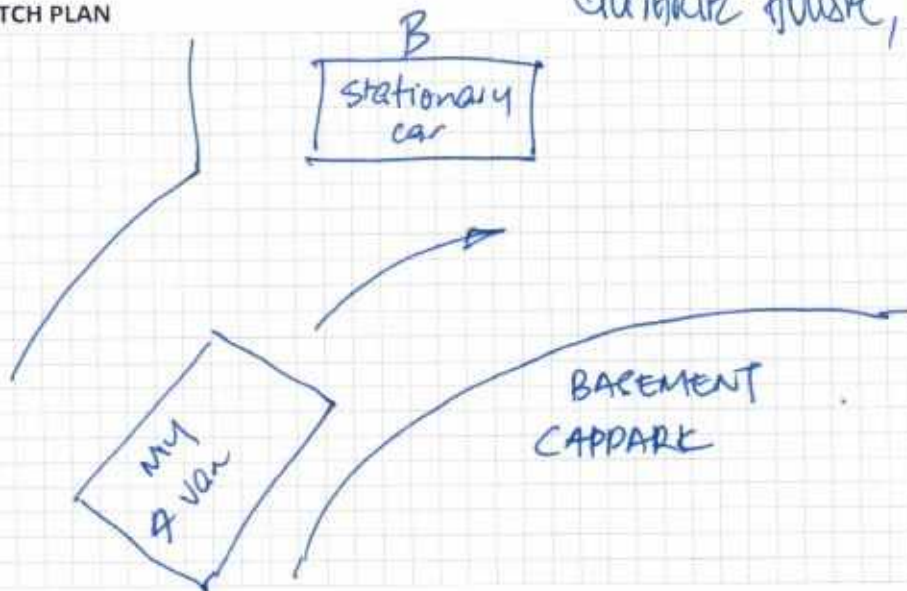
[Signature] 27/7/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1635

[Signature] 27/07/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

GUTHRIE House, 1 Fifth Avenue



A) GBF 6751X
B) SLZ 6857B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 JULY 2020 at 12pm I was driving in to Fifth Ave Guthrie House to look for a parking lot at the basement carpark.

While reaching a corner, my van skidded and bang into a stationary car.

My van front light was damaged

The other party car 2 doors and side mirror was also damaged from the impact

It was a raining day and the carpark floor was wet.

DECLARATION

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



Policyholder's Signature
Date & Time:

Kevin 27/7/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1635

Reporting Centre Personnel's Signature
Name: *Kos 4*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 27/07/2020 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: GUTHRIE HOUSE, 1 FIFTH AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 6751 X
 b) INSURANCE COMPANY: VISUAL PRODUCTS TECHNICAL SERVICES
 c) POLICY NUMBER: 5115106427
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Finding parking lot
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIM LIAK KOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S683556312 CONTACT: 96211608
 c) ADDRESS: BLK B1K 9, Kim Tan place #10-55 S(163008)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Visual Products Technical Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52900127 J CONTACT:
 c) ADDRESS: BLK 1090, Lower Delta Road
#06-01 (8169201)

*d) DATE OF BIRTH: 21/10/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Sep 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLZ 6857 B MODEL: VOLKSWAGEN
 b) DRIVER'S NAME: Anthony Lim
 c) NRIC/FIN/PASSPORT: CONTACT: 98629066

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
(02)

*No of passenger
(including driver)
()

email = lim@vispro.com.sg

VIDEO

Claim Handling

Accident MT/1088078

Policy No.	5115186427	Vehicle No.	GBF6751X	GST Registration No.	
Certificate No.					
Policyholder Name	VISUAL PRODUCTS TECHNICAL SERVICES	Driver Type	Comprehensive	Policyholder NRIC	S29001271
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Issued	II
Contact No.(Mobile)	96211608	Special Remarks		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFE	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	27/07/2020 18:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	27/07/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GUTHRIE HOUSE NO.1 FIFTH AVENUE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	800.00	TP Standard Excess	0.00	Driver is Covered?	Covered
XED GD Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	800.00	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	27/07/2020 10:18:17 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1090 LOWER DELTA ROAD	Address 2	#06-01	Address 3	SINGAPORE 169201
Address 4		Address Type	Singapore address	Post Code	169201
Unit No.	06-01	Related Policy Number	5115186427		

GT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/10/1968
Unnamed driver Name	LIM LIAN HOK	Driver NRIC	S6835632	Driving Experience	22
Register Date of Driver License	16/09/1997	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	96211608	Contact No.(Office)		Address 3	SINGAPORE 163008
Address 1	BLK B #10-55	Address 2	KIM TIAN PLACE	Post Code	163008
Address 4		Address Type	Foreign address		
Unit No.	10-55				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBF6751X	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	GD-RX	Insured Name	VISUAL PRODUCTS TECHNICAL	Insured NRIC	S29001271
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	GBF6751X	Vehicle Number	5L20857B
Claim Description	GBF6751X / 5L20857B ON 27 Jul 2020				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair No. Evaluation	Yes	Preferred Workshop, Name unknown		Claim Close Date	27/07/2020 19:26
Date Registered				Date Received	27/07/2020 00
Report Taken By	POST WAIHUB				

Print Alt letter

Save Submit

Attachment

Accident No.	MT/1088078	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/07/2020 19:27
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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		
Choose File	No file chosen		

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)
NAC_BUKIT_MERAH_808678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:27		Photos	Normal	Photos 2020-7-27	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:27	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:27	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	Photos	Normal	Photos 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jul 2020 19:28	SAS	Normal	SAS 2020-7-27

Video List

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

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 : 5115106427

Cover : Comprehensive

- | | |
|--|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF6751X |
| Chassis Number | : KDH2015024924 |
| 2. Name of Policyholder | : VISUAL PRODUCTS TECHNICAL SERVICES |
| 3. Effective Date of Insurance | : 31 Jan 2020 |
| 4. Expiry Date of Insurance | : 30 Jan 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : ABWIN PTE LTD (00000614234)

Date of Issue : 23 Dec 2019 10:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive