

NATIONAL Assessment Centre Services.

MAA 20077883

Date In: 09/09/2020 09:57	Job description	Date & Time Completed	Done by
Ref No: X/BA/INC2000964314	SAS e-illing		
Veh No: 96V 7920A	E-mail (Ejule 2hrs, AIG 2hrs)		
D.O.A: 09/09/2020 07:55	1-Motor Claims Porin	MP1102801-001	09/09/2020
OD: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		12:12
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLISZ		

Preferred Wkep / INC Assign Wkep / OW: () Tolt Fax ()

TP Particulars: Vch No: SJZ 1168M 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 > \$9000) ()

Injury: _____

NA200423	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$425.45
Damaged Portion:	4) PF: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
Watchers Comments:	For claiming against DMC Only (ver 10 Jan 2009)	
Sub 1:	6) TR: Re-inspection	\$75
2/2	7) NI: Idea DA + EMRT Survey	\$160
	8) NIUC Additional Services:	
	OD:	\$3
	* NI: Courtesy Car / Tpl Allowance	\$10
	* NI: Repair Coordination	\$23
	* NI: Post Repair Inspection	\$3
	* NI: DV / Collect Excess Coordination	\$15
	TP (NI) : TP (with INC) against DMC	\$0
	9) NI: Idea Mobile	
	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	09/09/2020 09:57
Date Of Accident	09/09/2020 07:55
Exact Location Of Accident	KPE TOWARDS CITY BEFORE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7920A
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN SENG
NRIC No	SXXXX452D
Email Address	ADRIANLIM07@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91698222
Alternative Phone No	OTHERS-91698222

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5117845267
Cover Note Number	

Driver

Name of Driver	LIM CHIN SENG
NRIC No	SXXXX452D
Date Of Birth	10/12/1972
Occupation	INDOOR
Date Of Driving Pass	16/04/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698222
Fax Number	
Contact Number	OTHERS-91698222
E-Mail Address	ADRIANLIM07@HOTMAIL.COM

Address	BLK 410C FERNSVALE ROAD #14-92
Postcode	793410
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)	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	SJZ1168M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LIP PHENG
NRIC/Passport Number	SXXXX055F
Contact Number	97912226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM588K
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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 CHIN SENG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGV7920A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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**.
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:

[Handwritten Signature]
9/9/2020

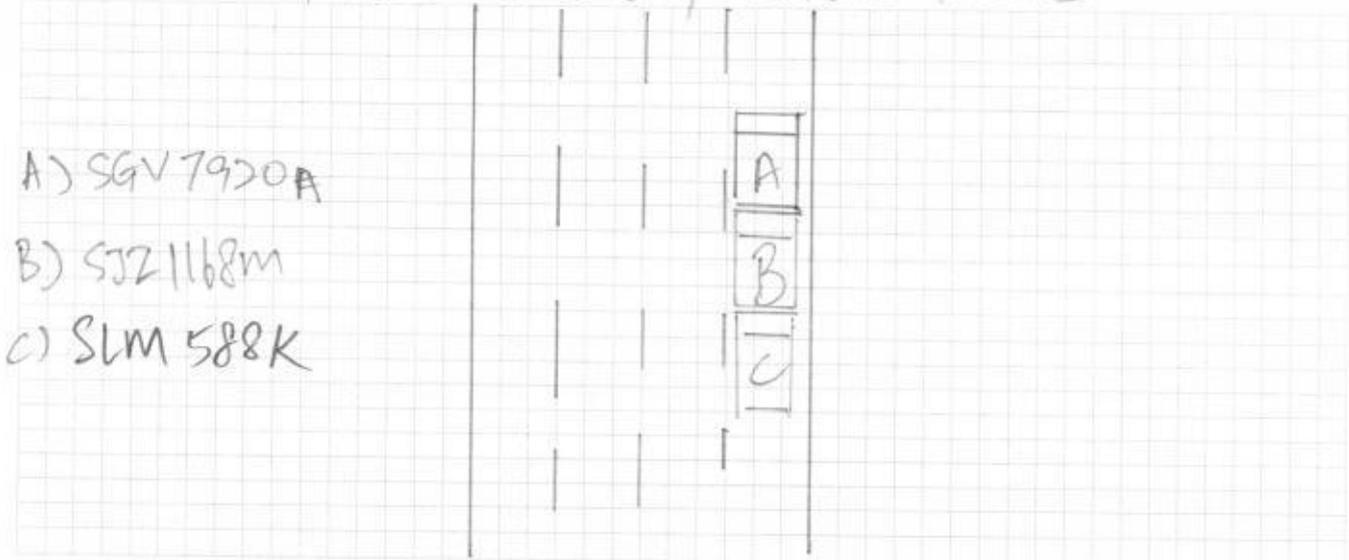
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Handwritten Signature]
9/9/2020
Rosli
[Handwritten NRIC/FIN No.]

SKETCH PLAN

KPE TOWARDS CITY BEFORE TUNNEL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling to work along KPE. While driving along extreme right lane, the car in front of me applied brake. Manage to avoid collision with the vehicle in front of me. ~~the~~ Next moment, ~~the~~ looking at ~~the~~ my rear mirror, ~~an~~ the vehicle behind me ~~collided~~ clashed on the rear of my vehicle. We spoke and he agreed to claim ~~it~~ via insurance.

TOTAL 3 CAR COLLISION

DECLARATION

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

[Signature]
9/9/2020

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]
09/09/2020

Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: (09/09/2020) (DD/MM/YYYY), TIME: (07:55) (HH:MM)

LOCATION: KPE towards tunnel

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGV7920A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FIT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: going to work
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: LIM CHIN SENG (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S72464520 CONTACT: 91698222
C) ADDRESS: Blk 410C Fernvale road #14-92
S793410

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM CHIN SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S72464520 CONTACT: 91698222
c) ADDRESS: Blk 410C Fernvale road #14-92
S793410

*d) DATE OF BIRTH: (10/12/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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 clear)
b) ROAD SURFACE: (DRY / WET / OTHERS dry)
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: S121168M MODEL: NISSAN
b) DRIVER'S NAME: LIM LIP PHEN
c) NRIC/FIN/PASSPORT: S1802055F CONTACT: 97912226

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLM588K MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = Adrianlm07@hotmail.com
VIDEO

Claim Handling

Accident NT/1102801

Policy No.	5117845267	Vehicle No.	SGV7920A	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHIN SENG			Policyholder NRIC	57246452D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91688222	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	09/09/2020 12:13	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/09/2020	Time of Accident hh:mm	07:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TOWARDS CITY BEFORE TUNNEL				

Total Excess Applicable

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 TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

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 410C #14-92	Address 2	FERNVALE ROAD	Address 3	CORAL SPRING
Address 4	SINGAPORE 793410	Address Type	Singapore address	Post Code	793410
Unit No.	14-92	Related Policy Number	5117845267		

OI Driver Info

Driver Name	Lim Chin Seng	Driver Type	Main Driver	Driver DOB	10/12/1972
Unnamed driver Name		Driver NRIC	57246452D	Driving Experience	19
Register Date of Driver License	16/04/2001	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	91688222	Contact No.(Office)		Address 3	CORAL SPRING
Address 1	BLK 410C #14-92	Address 2	FERNVALE ROAD	Post Code	793410
Address 4	SINGAPORE 793410	Address Type	Singapore address		
Unit No.	14-92				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGV7920A	Driver Insurer Company	NTUC

Declaration	
Breathalyzer or Blood Test Reading?	0 mg
Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	LIM CHIN SENG	Insured NRIC	57246452D
Contact No.(Mobile)	91688222	Contact No. (Home)	62953870	Contact No. (Office)	
Email Address	adrianim07@yahoo.com	OI Vehicle Number	SGV7920A	TP Vehicle Number	SJZ1168M
Claim Description	SGV7920A / SJZ1168M ON 9 Sept 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	09/09/2020 12:16	Date Received	09/09/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1102801	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/09/2020 12:17

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 09 Sep 2020 12:17		Photos	Normal	Photos 2020-9-9	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:17	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:17	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:17	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	Photos		Normal	Photos 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 12:16	SAS		Normal	SAS 2020-9-9

Video List

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

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) 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"/>	S117845267		LIM CHIN SENG	S7246452D	GPC	drivo CLASSIC	SGV7920A	SGV7920A	26/06/2020	25/06/2021

Continue