

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MAA20077966

Date In: 29/09/2000 12:33	Job description	Date & Time Completed	Done by
Ref No: N887AC200096444	SAS e-filing		
Veh No: SJU 1147A	E-mail (Mobile 2hrs, A/C 2hrs)		
D.O.A. 08/09/2000 17:28	I-Motor Claims Form	MY11102000-001	08/09/2000
OID: TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLK 1445K	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%; F: 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: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

MAA2004822	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NIUC: Additional Services	
	9) NI: Idea Mobile	\$30
	10) NI: Idea Mobile	\$30
	11) NI: Idea Mobile	\$30
	12) NI: Idea Mobile	\$30
	13) NI: Idea Mobile	\$30
	14) NI: Idea Mobile	\$30
	15) NI: Idea Mobile	\$30
	16) NI: Idea Mobile	\$30
	17) NI: Idea Mobile	\$30
	18) NI: Idea Mobile	\$30
	19) NI: Idea Mobile	\$30
	20) NI: Idea Mobile	\$30

2/2

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	09/09/2020 12:33
Date Of Accident	08/09/2020 17:25
Exact Location Of Accident	ALONG CTE TOWARDS CHECK POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1147A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM TZE WEI, DEAN (LIN ZHIWEI, DEAN)
NRIC No	SXXXX552E
Email Address	DEANLIM5937@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97622582
Alternative Phone No	OTHERS-97622582

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	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	5104899886-01
Cover Note Number	

### Driver

Name of Driver	LIM TZE WEI, DEAN (LIN ZHIWEI, DEAN)
NRIC No	SXXXX552E
Date Of Birth	10/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2005
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97622582
Fax Number	
Contact Number	OTHERS-97622582
EEmail Address	DEANLIM5937@GMAIL.COM

Address	BLK 437 YISHUN AVENUE 6 #12-2050
Postcode	760437
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	SIDE SWIPE
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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1445K
Vehicle Make/Model/Colour	HONDA
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)	

## 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 **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: 09/09/20 11:50am

Driver's Signature

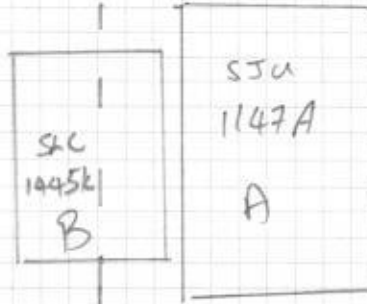
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: Bee LIA HAN  
NRIC/FIN No.:

SKETCH PLAN

CIR TOWARDS CHECK POINT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER ATTACHMENT

DECLARATION

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

Policyholder's Signature

Date & Time: 09/09/20 1130am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 8 Sept '20 around 5:25pm, I was travelling on CTB (between AMK Ave 3 and Ave 5) towards woodlands check point direction on lane 3 when vehicle SLC 14451K fail to turn on his right signal to indicate his intention to move ~~into~~ from lane 4 into lane 3. I move my car slightly to right to avoid him but he still hit my left side mirror. SLC 14451K had also failed to turn on hazard light when stop in the middle of CTB for settlement. He is potential to cause danger to other road user. He violate traffic rules, caused accident and I had lost my evening earning together with next day morning earning. Being a full time goods driver, I am unable to fetch passenger without left view mirror.

09/09/20  
1130am

09/09/2020  
Res. Warrant



# ACCIDENT STATEMENT

ACCIDENT DATE: (08/09/20) (DD/MM/YYYY), TIME: (17:25) (HH:MM)

LOCATION: CTE TOWARDS CIPACK POINT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 35u 1147 A  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5104899886  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Vios  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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 Tee Wei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S801055212 CONTACT: 9262 2582  
 c) ADDRESS: Blk 437 Yishun Ave 6 #12-2050 750437

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: (10/04/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24-06-05

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: SAC 14451c MODEL: Honda  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

No of passengers  
 (including driver)  
 (1)

No of passengers  
 (including driver)  
 ( )

No of passengers  
 (including driver)  
 ( )

Email: deanlim5937@gmail.com

VIDEO

YAS

## Claim Handling

Accident MT/1102804

Policy No.	5104899886-01	Vehicle No.	SJU1147A	GST Registration No.	
Certificate No.					
Policyholder Name	LIM TZE WEI DEAN			Policyholder NRIC	S8010552E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	97622582	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No W
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
<b>Accident Details</b>					
Report Date	09/09/2020 12:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/09/2020	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS CHECK POINT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	190.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 437 #12-2050	Address 2	TISHUN AVENUE 6	Address 3	SINGAPORE 760437
Address 4		Address Type	Singapore address	Post Code	760437
Unit No.	12-2050	Related Policy Number	5104899886-01		
<b>Of Driver Info</b>					
Driver Name	LIM TZE WEI DEAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8010552E	Driver DOB	13/04/1980
Register Date of Driver License	01/01/2010	Driver Age	40	Driving Experience	10
Contact No.(Mobile)	97622582	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 437 #12-2050	Address 2	TISHUN AVENUE 6	Address 3	SINGAPORE 760437
Address 4		Address Type	Singapore address	Post Code	760437
Unit No.	12-2050				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJU1147A	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIM TZE WEI DEAN	Insured NRIC	S8010552E
Contact No.(Mobile)	94773862	Contact No. (Home)	64593433	Contact No. (Office)	
Email Address		DI		TP	
Claim Description		Vehicle Number	SJU1147A	Vehicle Number	SLC1445K
Preferred Workshop		SJU1147A / SLC1445K ON 8 Sept 2020		Name of Preferred Workshop	
Repaired No.	Yes	Insured Liability	Partially at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	09/09/2020 12:32	Date Received	09/09/2020 0
Report Taken By		Workshop Repairer	ROSLE WAHAB	Total Loss But Repaired	

Print All Letter

Save Submit

## Attachment

Accident No.	MT/1102804	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/09/2020 12:54
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

## Attachment List

Send M

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_000676( NAT)IONAL ASSESSMENT CENTRE SERVICE		Photos	Normal	Photos 2020-9-9	



S (BUKIT MERAH) on 09 Sep 2020 12:54

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Sep 2020 12:54

Photos

Normal

Photos 2020-9-9

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Sep 2020 12:54

Photos

Normal

Photos 2020-9-9

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S (BUKIT MERAH)) on 09 Sep 2020 12:54

Photos

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Photos 2020-9-9

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Photos

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S (BUKIT MERAH)) on 09 Sep 2020 12:54

Photos

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Photos 2020-9-9

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Photos

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S (BUKIT MERAH)) on 09 Sep 2020 12:53

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Sep 2020 12:53

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 12:53

SAS

Normal

SAS 2020-9-9

Video List

Uploaded By/Date

Folder Date

File Name

?

Source

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.	<input type="text"/>	Date of Accident	<input type="text" value="08/09/2020 12:32"/>
Vehicle No.(For Motor)	<input type="text" value="SJU1147A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104899886-01		LIM TZE WEI DEAN	S8010552E	GPC	drive CLASSIC	SJU1147A	SJU1147A	18/11/2019	17/11/2020