

NATIONAL Assessment Centre Services. [ver 1 Jan 00] NA20040078501

Date In: 10/09/2000 17:35	Job description	Date & Time Completed	Done by
Ref No: NBA/INC2000697274	SAS e-filing		
Veh No: SCP 568 X	E-mail (Adjuster, AIC, etc)		
D.O.A: 07/09/2000 16:56	I-Motor Claims Form	MT/1103002-001	11/09/2000
OD: TP Reporting Only	I-Motor W/O (within: OD 3hrs, TP 4hrs)		09:57
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN 11954	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 reporter.

() 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 > \$3000) ()		

Injury: _____

Date:	
Time:	
Location:	
Weather:	
Witness:	

NA20040078501	Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:		3) TV: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$125	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (ver 10 Jan 2000)	
		6) TR: Re-inspection \$75	
		7) NI: (Inc DA + EMRT Survey) \$160	
		8) NIUC: Additional Services	
		OR:	
		* NI: Courtesy Car / Tpl Allowance \$5	
		* NI: Repairs Coordination \$10	
		* NI: Post Repair Inspection \$25	
		* NI: DV / Collect Documents Coordination \$5	
		TP (NIUC) / TP (NIUC) / TP (NIUC) \$20	
		2) NIUC: 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	10/09/2020 17:35
Date Of Accident	09/09/2020 16:50
Exact Location Of Accident	PASIR PANJANG WHOLESALE CENTRE EXIT NO 3 GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCP5668X
Insured/Policyholder	
Name Of Registered Owner	LIM BOON TIONG
NRIC No	SXXXX210I
Email Address	LIMBOONTIONG5668@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96625601
Alternative Phone No	OTHERS-96625601

Vehicle Particulars

Manufacturer	MAZDA
Model	5
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	5108133969-01
Cover Note Number	

Driver

Name of Driver	LIM BOON TIONG
NRIC No	SXXXX210I
Date Of Birth	13/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96625601
Fax Number	
Contact Number	OTHERS-96625601
Email Address	LIMBOONTIONG5668@GMAIL.COM

Address	BLK 487C TAMPINES STREET 45 #10-113
Postcode	522487
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

PLEASE REFER TO SKETCH PLAN

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	YN1195U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XU LU QUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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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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:

10/9/20 @ 15:50 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/9/20 @ 15:50 hrs

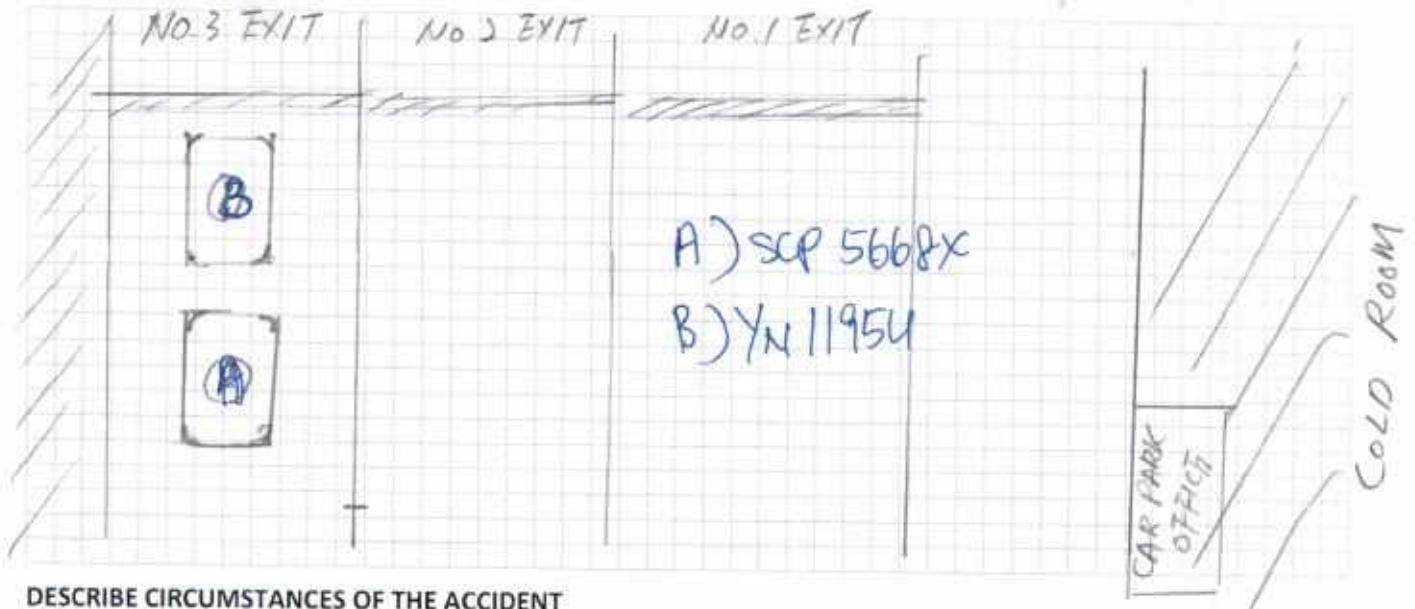
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PASIR PANJANG WHOLESALE CR.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/09/2020 AT ABOUT 16:58HRS I WAS AT PASIR PANJANG WHOLESALE CR NO:3 EXIT IN FRONT OF ME WAS A LORRY YN 11954. SUDDENLY RAUKASAK DUE TO THE BARRIER DID NOT OPEN & HIT THE FRONT PORTION OF MY CAR SCP 5668X.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 10/9/20 @ 1514 hrs

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/9/20 @ 1510 hrs

[Signature] 10/09/2020
Reporting Centre Personnel's Signature
Name: Reda
NRIC/FIN No.: 1111111111

ACCIDENT STATEMENT

ACCIDENT DATE: (09/09/2020) (DD/MM/YYYY), TIME: (16:53) (HH:MM)

LOCATION: Pasir Panjang Wholesale Centre No. 3 EXIT

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SCP 5668X

b) INSURANCE COMPANY: NTUC

c) POLICY NUMBER: 5108133969-01

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: MAZDA 5

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MPV

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: ~~ASSISTANCE~~ PRIVATE USE

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: LIM BOON TIONG

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S1342210I

CONTACT: 96622001

c) ADDRESS: 4 B/K 487-C, Tampines Street 45 #10-113

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: AS

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT:

CONTACT:

c) ADDRESS:

* d) DATE OF BIRTH: () (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)

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: YN11954

MODEL: E BOX VAN LORRY

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: w/Permit 0721

CONTACT:

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YN11954

MODEL: BOX VAN LORRY

b) DRIVER'S NAME: XU LU QUAN

c) NRIC/FIN/PASSPORT: w/Permit NO 0721

CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = limboontiong5668@gmail.com

VIDEO YES-

Claim Handling

Accident MT/3103002

Policy No.	510813799-01	Vehicle No.	SCPM6683	GST Registration No.	
Certificate No.					
Policyholder Name	LIM BOON TIONG				
Vehicle Code	REQUIRE CAR INSURANCE	Cover Type	Drive FROM/TO	Policyholder NRIC	513422101
Contact No. (Mobile)	96625601	Contact No. (Office)		Vehicle	0
Email Address		Special Spouse		Contact No. (Home)	
NRIC	No Yes	TPA	No Yes	eCode	No M
NCD Protection	Yes	NCD Embodiment(%)	50	eCode Reason	
				Privacy Note	No

Accident Details

Report Date	11/09/2020 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/09/2020	Time of Accident Incomm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BESSE PARKLAND WHOLESALE CENTRE EXIT NO 3 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver's Covered	Covered
GD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YTD GD Excess	0.00	YTD TP Excess	0.00		
Additional Excess	0				
Total GD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 487C #10-112	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 522467
Address 4		Address Type	Singapore address	Post Code	522467
Unit No.		Related Policy Number	510813799-01		

OI Driver Info

Driver Name	LIM BOON TIONG	Driver Type	Main Driver	Driver DOB	13/10/1959
Uninsured Driver Name		Driver NRIC	513422101	Driving Experience	20
Register Date of Driver License	01/01/2000	Driver Age	60	Contact No. (Home)	
Contact No. (Mobile)	96625601	Contact No. (Office)		Address 1	BLK 487C #10-112
Address 1	BLK 487C #10-112	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 522467
Address 4		Address Type	Singapore address	Post Code	522467
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SCPM6683	Driver Insurer Company	SICUC

Declaration					
Whether user or Blood Test Reading?	0 mg	Any injury?	No No		

Modification History

Claim 001

New

Claim Type *	CC-HE	Insured Name	LIM BOON TIONG	Insured NRIC	513422101
Contact No. (Mobile)	96625601	Contact No. (Home)	67861810	Contact No. (Office)	
Email Address	LIMBOONTIONG24RR@GMAIL.COM	Vehicle Number	SCPM6683	Vehicle Number	513422101
Claim Description	SCPM6683 / YR1 / 09/09/2020			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault	GA report	Received	
Date Registered	11/09/2020 09:56	Claim Close Date		Date Received	11/09/2020 09:56
Report Taken By	WONG WAHAB				

Print QR letter

Save Submit

Attachment

Accident No.	MT/1101002	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/09/2020 09:52
Choose File	DISCH126.JPG	Category *	Please Select
Choose File	DISCH126.JPG	Confidential	NO
Choose File	DISCH127.JPG	Urgency *	Normal
Choose File	No file chosen	Destination *	
Choose File	No file chosen		
Choose File	No file chosen		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent (CO)
NAC_BUKIT_MERAH_BROCKING NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Sep 2020 09:57		Photos	Normal	Photos 2020-9-11	

Send Mail



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:57	Photos	Normal	Photos 2020-9-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:57	Photos	Normal	Photos 2020-9-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:57	Photos	Normal	Photos 2020-9-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:57	Photos	Normal	Photos 2020-9-11
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:56	Photos	Normal	Photos 2020-9-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:56	Photos	Normal	Photos 2020-9-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:56	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 09:56	SAS	Normal	SAS 2020-9-11

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: 5108133969-01

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SCP5668X |
| Chassis Number | : JM6CW1071F0121018 |
| 2. Name of Policyholder | : LIM BOON TIONG |
| 3. Effective Date of Insurance | : 31 Mar 2020 |
| 4. Expiry Date of Insurance | : 30 Mar 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM BOON TIONG
NAMED DRIVER (1)	: LIM BOON LEONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 20 Mar 2020 13:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive