

NATIONAL Assessment Centre Services.

MAA 20081686

Date In: 2/09/2020 10:49	Job Description	Date & Time Completed	Done by
Ref No: NCA/AC000101061	SAS e-filing		
Veh No: F30 1168E	E-mail (Update this, A/C this)		
D.O.A: 18/09/2020 07:30	I-Motor Claims Form	MT/1104016001	2/09/2020 17:21
OD: TP Reporting Only	I-Motor W/O (Winder OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Whelp / INC Assign Whelp / QW: ()		Toll: ()	Fax: ()
TP Identification: ()	Veh No: ()	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 ()		
<input type="checkbox"/> Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer. <input type="checkbox"/> 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] ()		

January 2

[illegible]

INVOICE		DATE / TIME	
1) ALL Accident Reporting (\$30)			
2) DA Damage Assessment (\$100) INC (\$18)			
3) TPI Towing Fee \$45			
4) PT Follow-Through Survey \$120			
5) PF Follow-Through Survey (Resurvey) Forfeiting against INC Only (over \$10 Jan 2007)		\$30	
6) TR Re-inspection \$75			
7) NR + IDA DA + EMRT Survey \$160			
8) NTUC Additional Services:			
On:			
• NS Casualty Cert / TPI Allowance		\$3	
• NG Repairs Coordination		\$10	
• TR Post Repair Inspection		\$25	
• NO DV / Collect Unsettled Coordination		\$3	
TP (NR) / TP (NG) INC against DTC		\$25	
9) NR IDA 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	21/09/2020 10:49
Date Of Accident	18/09/2020 07:30
Exact Location Of Accident	JURONG WEST STEERT 81 BLK 844A MSCP DECK 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1168E
Insured/Policyholder	
Name Of Registered Owner	LIM HANGCAI
NRIC No	SXXXX247I
Email Address	OLIVERLHC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97544834
Alternative Phone No	OTHERS-97544834
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MX KING T150-150CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5118214006
Cover Note Number	
Driver	
Name of Driver	LIM HANGCAI
NRIC No	SXXXX247I
Date Of Birth	11/06/1993
Occupation	INDOOR
Date Of Driving Pass	08/12/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97544834
Fax Number	
Contact Number	OTHERS-97544834
Email Address	OLIVERLHC@HOTMAIL.COM

Address	BLK 850 JURONG WEST STREET 81 #06-277
Postcode	640850
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200918/2045

Attachment(s)

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

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: 18/09/2020 1653pm

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


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

SKETCH PLAN


UNKNOWN
BIKE WAS
PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020 918/2045

DECLARATION

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

 18/09/2020 1653pm

Policyholder's Signature
Date & Time:

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

 21/09/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 04 / 2020 (DD/MM/YYYY), TIME: 07:30 (HH:MM)

LOCATION: Surong West st 81 Blk 844A nscp Deck 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 1168E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 511 821400 6
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 2730 RIKR was parked
 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 Hongcai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59321247I CONTACT: 9754 4834
 c) ADDRESS: Surong West st 81 Blk 850#do-277 Singapore 640880

* 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: 11 / 06 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/12/2015

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: NANYANG NANYANG NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: _____
 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: _____

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = oliverlhc@hotmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200918/2045

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20200918/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2020 14:48		Vide Report No.:		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: LIM HANGCAI			Address: APT BLK 850 JURONG WEST STREET 81 #06-277 SINGAPORE 640850		
ID Type / ID No.: NRIC NO / S93212471			Contact No.: Home/Office: Mobile: 97544834		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 11/06/1993	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: REFINERY OPERATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/09/2020 07:30	Type of Location: Car Park
Location: JURONG WEST STREET 81				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Park vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1168E	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1168E	NTUC Income Insurance Co-Operative Limited	5118214006	03/08/2020	29/07/2021



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

I am the vehicle owner of one Yamaha 'MXK' Motorcycle bearing registration no. FBQ1168E.

On the 17/09/2020 at around 1430hrs, I had parked my motorcycle at a proper motorcycle parking lot at B/844A Jurong West St. 81 Multi-storey carpark Deck 1. Situation was normal then.

On the 18/09/2020 at around 0730hrs, I returned to the said carpark and discovered there are some damages on my motorcycle's right side handle-bar end, right side brake pedal, front faring, the exhaust pipe cover and my tilted handle bar.

I believed a vehicle have collided onto my motorcycle while I was away. I wished to state that I had parked my motorcycle in a main-stand position. That's all.



SINGAPORE
POLICE FORCE



T/20200918/2045

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20200918/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J/
Staff Sgt MUHAMMAD HAFIZ BIN DARLIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Signature Of Informant:

Date/Time:
18/09/2020 14:48

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Claim Handling

Accident MY/L104078

Policy No.	5138114086	Vehicle No.	FBQ1168E	GST Registration No.	
Certificate No.				Policyholder MISC	593212471
Policyholder Name	LIM HANGCAT	Driver Type	Third Party	Loading	0
Product Code	HGT000CYCLE INSURANCE	Contact No. (Office)		Contact No. (Phone)	
Contact No. (Mobile)	97544834	Special Remarks		eCode	No
Email Address		TCA	No Yes	eCode Reason	No
ETC	No Yes	NGP Entitlement No.	12	Private Note	No
ACD Protection	No				
Accident Details					
Report Date	21/09/2020 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	18/09/2020	Time of Accident (Approx)	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	JURONG WEST STREET 81 BLK 844A MSCF DECK 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess					
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			

Policyholder Mailing Address

Address 1	BLK 810 #01-177	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640850
Address 4		Address Type	Singapore address	Post Code	640850
Unit No.		Related Policy Number	5118214006		

01 Driver Info

Driver Name	LIM HANGCAT	Driver Type	Main Driver	Driver DOB	11/05/1991
Unnamed Driver Name		Driver NRIC	933212471	Driving Experience	2
Register Date of Driver License	01/01/2018	Driver Age	27	Contact No. (Home)	
Contact No. (Mobile)	97544834	Contact No. (Office)		Address 3	SINGAPORE 640850
Address 1	BLK 810 #01-177	Address 2	JURONG WEST STREET 81	Post Code	640850
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBQ1168E		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	No No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM HANGCAT	Insured NRIC	593212471
Contact No. (Mobile)	97544834	Contact No. (Home)	97544834	Contact No. (Office)	
Email Address	OLIVERLHC@HOTMAIL.COM	DI	FBQ1168E	Vehicle Number	Unknown
Claim Description	FBQ1168E / UNKNOWN ON 18 Sept 2020				
Preferred Workshop	Insured Liability	Not at Fault			
Report No. Evaluation	Report Option	Preferred Workshop: Name unknown	OSR report	Received	
Date Registered	21/09/2020 17:38	Claim Close Date		Date Received	21/09/2020 00
Report Taken By					
Print As Letter					
Save Submit					

Attachment

Accident No.	MY/L104078	Client No.	001																												
Last Doc. Received	Yes No	Upload Date	21/09/2020 17:31																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal	
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NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) v n 21 Sep 2020 17:21	Photos	Normal	Photos 2020-9-21
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NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) v n 21 Sep 2020 17:20	Photos	Normal	Photos 2020-9-21
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) v n 21 Sep 2020 17:20	Photos	Normal	Photos 2020-9-21
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) v n 21 Sep 2020 17:20	Photos	Normal	Photos 2020-9-21
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) v n 21 Sep 2020 17:20	PHIC/ Driving License	Y	Normal PHIC/ Drivng License 2020-9-21
NAC_PAYA_UBI_A00601(NATIONAL ASSESSMENT CENTRE SERVICES) v n 21 Sep 2020 17:20	SAS	Normal	SAS 2020-9-21

Video List

Updated By/Date

Folder/Date

File Name

Source

Display In New Window

Start and Upgrading

Hello, NAC_PAYA_UBI_800601

[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="18/09/2020 17:25"/>
Vehicle No. (For Motor)	<input type="text" value="FBQ1168E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5118214006		LIM HANGCAI	S93212471	GMC	Third Party	FBQ1168E	FBQ1168E	03/08/2020	29/07/2021