

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA20086085

Date In: 21/12-16:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC2007067/24	SAS e-filing		
Veh No: 534800A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/12-13:15	i-Motor Claim Form	21/12/2008 16:15	
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 489171L	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 ( )	

General Remarks:

( ) 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: ( )

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2005336	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	02/10/2020 16:06
Date Of Accident	02/10/2020 13:15
Exact Location Of Accident	38 BANYAN AVE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3805A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM TIAN CHUN
NRIC No	SXXXX624F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98508873
Alternative Phone No	OFFICE-98508873

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5L I-VTEC AUTO
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	5118223747
Cover Note Number	

### Driver

Name of Driver	LIM TIAN CHUN
NRIC No	SXXXX624F
Date Of Birth	02/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2009
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98508873
Fax Number	
Contact Number	OFFICE-98508873
Email Address	NOEMAIL

Address	BLK 448 YISHUN RING ROAD #03-88
Postcode	760448
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### 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

REFER TO STATEMENT.

#### 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	YP9171L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO CHYE KHER
NRIC/Passport Number	
Contact Number	96430800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

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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.

X

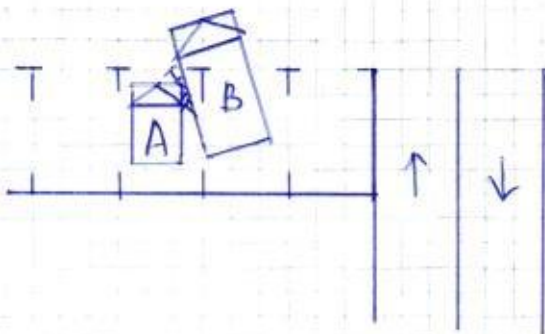
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

38 Banyan Avenue open space car park



Veh A: SJY3805A  
Veh B: YP9141L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, my vehicle A (SJY3805A) was parked at the car park of 38 Banyan Avenue. I was at my site while the accident happen and I was been told by my colleagues that vehicle B (YP9141L) collided onto the right portion of my vehicle. I managed to exchange particular with the driver and decided to report to insurance.

## DECLARATION

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

2

Policyholder's Signature  
Date & Time:

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

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



<b>Vehicle No.</b>	STY3805A		<b>Model / Make</b>	Honda City
<b>Date of Accident</b>	2/10/2020			
<b>Time of Accident</b>	1315	HRS		
<b>Location of Accident</b>	Along 38 Banyan Avenue OSCP			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	Lim Tran Chun			
<b>Telephone No.</b>	H/P : 9850 8873	Home :	Office :	
<b>NRIC</b>	S8878624F			
<b>Address</b>	BLK 448 Yishun Ring Road #03-88 S(760448)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5118223747			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers : —			
<b>Date of birth</b>	2/2/1988			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	6/1/2009			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P :	Home :	Office :	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state Owner		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No	If Yes, Where?		
<b>Vehicle B No.</b>	YP9141L	Any Passengers : —		
<b>Name of Driver</b>	Teo Chye Kher	Contact No. : 9643 0800		
<b>Vehicle C No.</b>		Any Passengers :		
<b>Vehicle D No.</b>		Any Passengers :		
<b>Vehicle E no.</b>		Any Passengers :		
<b>Vehicle F No.</b>		Any Passengers :		
<b>Vehicle G No.</b>		Any Passengers :		
<b>Witness Name</b>		Witness Contact :		
<b>Accident Portion</b>	Right portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	jimlim8873@gmail.com			
<b>PARTICULAR WORKSHOP</b>	Twincar Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



## 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:** 5118223747

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY3805A**  
Chassis Number : MRHGM26509P020415
2. Name of Policyholder : LIM TIAN CHUN
3. Effective Date of Insurance : 24 Jul 2020
4. Expiry Date of Insurance : 25 Aug 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.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM TIAN CHUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABWIN PTE 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 : 24 Jul 2020 10:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive