

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAN 009524**

Date In: 27/10/2015	Job description	Date & Time Completed	Done by
Ref No: NA/1108448/24	SAS e-filing		
Veh No: SLJ 875C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/2015	i-Motor Claim Form	27/10/2015 15:37	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 60261114	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 ()	

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: (INC hotline: 6788 6616)	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) 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	30/10/2020 15:25
Date Of Accident	29/10/2020 07:10
Exact Location Of Accident	BLK 19 GHIM MOH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8185C
Insured/Policyholder	
Name Of Registered Owner	LEE SU LING, SHERYLN ANN
NRIC No	SXXXX993D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87776633
Alternative Phone No	OFFICE-87776633

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	5109162820-01
Cover Note Number	

Driver

Name of Driver	LIM ZHI HAO (LIN ZUIHAO)
NRIC No	SXXXX128E
Date Of Birth	15/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87776633
Fax Number	
Contact Number	OFFICE-87776633
EMail Address	NOEMAIL

Address	BLK 3 PANDAN VALLEY #07-314
Postcode	597627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO


DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6111Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:



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

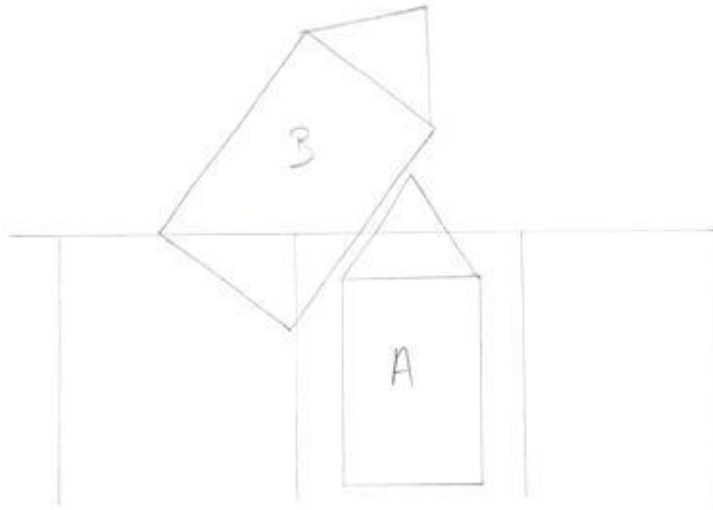


Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

Veh A : SLJ 8185C

Veh B : GB5 6111 Y

SKETCH PLAN



On 29 October 2020 at 7:11 am my vehicle A (SLJ 8185C) was parked at Ghim Moh Bk 19 inside the carpark lot. I have video evidence showing that Veh B (GB5 6111 Y) turned into my vehicle while turning out of the lot on the left of my car. As a result the front left portion of my vehicle was damaged.

I contacted the owner by finding out the details on his van decals. But the owner denies having hit my car. I also have evidence showing his denial.

DECLARATION

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

x 

Policyholder's Signature
Date & Time:



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



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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29 / 10 / 20 (dd/mm/yy) Time of Accident: 7 : 11 am (24-HR-FORMAT)
Vehicle No.: SLJ 8185C Vehicle Make & Model: Volkswagen Jetta
Exact location of Accident: carpark of Ghim Moh Bk 19
Policyholder's Name/ IC No.: Lee Su Ling, Sheryl Ann
Driver's Name/ IC No.: Lim Zui Hao (S8017128E) (As Above) ☐
Driver's Contact No.: 8777 6633 Company Contact No.: _____
Driver's Address: Bk 3 Pandan Valley #07-314 S(597627)
Insurance Company: NTUC SIA 162820-01 Email address (if any): sales @ garage 13.com.sg

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

☒ Private use/ ☐ Work purpose

No. of Passengers (Including Driver): 0

Passenger Name: _____ Gender: _____
Passenger Name: _____ Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☐ Yes/ ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☐ Yes/ ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

- Driver's Name/ IC No.: _____ Vehicle No. G8J 6111Y
Driver's Contact No.: _____ Insurance Company (if any): _____
 - Driver's Name/ IC No.: _____ Vehicle No. _____
Driver's Contact No.: _____ Insurance Company (if any): _____
- *Independent Witness (If Any): _____ Contact No.: _____
Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: S109162820-01
The Policyholder	: LEE SU LING, SHERYL N ANN 3 PANDAN VALLEY #07-314 CHEMPAKA COURT SINGAPORE 597627

Period of Insurance	: 20 May 2020 To 19 May 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,099.20

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1400cc
Primary Driver	: LEE SU LING SHERYL N ANN	Registration Year	: 2012
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: VOLKSWAGEN/JETTA	NCD Entitlement	: 20%
Registration Number	: SLJ8185C	NCD Protection	: No
Chassis Number	: CTH004479		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: EFIZZIG CREDIT PTE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

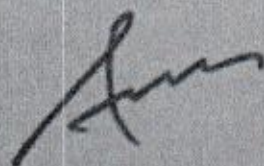
Endorsement Operative : N/A

Agency	: DQ INSURE (00000572952)
Date of Issue	: 05 May 2020 11:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive