

# NATIONAL Assessment Centre Services

Date In: 02/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC 20011913/083	SAS e-filing		
Veh No. SLF6768E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/11/20 1120	i-Motor Claim Form	MT/1108824-001	
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: TRAFFIC LIGHT	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: (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

NA2005810	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / TP Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	02/11/2020 12:03
Date Of Accident	01/11/2020 11:20
Exact Location Of Accident	MACPHERSON ROAD TRAFFIC LIGHT NO 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6768E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM BAOYING (LIN BAOYING)
NRIC No	SXXXX191D
Email Address	LIMBAOYING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97440384
Alternative Phone No	OTHERS-97440384

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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?	YES
If No, Please state action to be taken	
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	5115928281
Cover Note Number	

### Driver

Name of Driver	LIM BAOYING (LIN BAOYING)
NRIC No	SXXXX191D
Date Of Birth	21/01/1982
Occupation	INDOOR
Date Of Driving Pass	21/07/2004
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97440384
Fax Number	
Contact Number	OTHERS-97440384
Email Address	LIMBAOYING@GMAIL.COM

Address	6 DERBYSHIRE RROAD #26-03
Postcode	309462
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	COLLIDED INTO PROPERTY
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201101/2049

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	TRAFFIC LIGHT NO 4
Vehicle Category	NA/UNKNOWN
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: 2/11/2020  
11 28

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



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



WISMA Gulab building

→ MacPherson Road to City

QTL 4 central divider  
B

A - SLF6768E

B - TRAFFIC LIGHT NO 4

Jalen Wang:







**SINGAPORE  
POLICE FORCE**



T/20201101/2049

1 of 3

Report No. T/20201101/2049

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/11/2020 15:54	Vide Report No.: G/20201101/0160	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: LIM BAOYING			Address: 6 DERBYSHIRE ROAD #26-03 SINGAPORE 309462	
ID Type / ID No.: NRIC NO / S8202191D			Contact No.: Home/Office: Mobile: 97440384	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 38	Date of Birth: 31/01/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Doctor			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2020 11:20	Type of Location: T-Junction
Location:  MACPHERSON ROAD				
Lamp Post Number: 4				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 40 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Moving vehicle against traffic light			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF6768E	Car	HONDA	JAZZ 1.3 CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF6768E	NTUC Income Insurance Co-Operative Limited	5115928281	07/03/2020	04/03/2021





**SINGAPORE  
POLICE FORCE**



T/20201101/2049

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

2 of 3

Report No. T/20201101/2049

**CONTINUATION OF REPORT**

**Brief Details.**

On the 1/11/2020 at about 11.20 am, I was driving along Jalan Wangi making an exit towards Mac Pherson Road. I am supposed to turn right at the traffic junction at the signallised T junction Macpherson Road and Jalan wangi lamp post 34. As the traffic light was green and was on my favour, I steered my car at the bend turning into Mac Pherson Road. As I was doing so, I oversteared my vehicle SLF6768E whilst turning and causing my front bumper to hit the center divider and the traffic light no. 4. The traffic light pole no. 4 and the center divider was still functionable and standing strong however due to collision it was tilted inwards. I immediately stopped the vehicle and my motor vehicle Insurance agent called for traffic Police. I was not injured and no others were at the junction. No other person were injured. I was attended to by Traffic Police and was advised to make a Police report. I also made a electronic report no T/20201101/7008.



**SINGAPORE  
POLICE FORCE**



T/20201101/2049

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

3 of 3

Report No. T/20201101/2049

**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:

E /

SI ANDREW KUMARESAN S/O RAMAIAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/11/2020 15:54

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8202191D



Name  
**LIM BAoying**  
**(LIN BAoying)**  
**林 宝 莹**  
Race  
**CHINESE**  
Date of birth  
**31-01-1982** Sex  
**F**  
Country of birth  
**SINGAPORE**

S8202191D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8202191D**  
Name  
**LIM BAoying**  
**(LIN BAoying)**  
Birth Date **31 Jan 1982**  
Issue Date **21 Jul 2004**



001261627C



4820113



NRIC No. **S8202191D**

Date of issue  
**02-02-2012**

**6 DERBYSHIRE ROAD #28-03**  
**SINGAPORE 308462**

NRIC No: **S8202191D** Date: **13/08/2017**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

**21 Jul 2004**



Licence No: **S8202191D**

NP 428A

# ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 11 / 20) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: MACPHERSON RD T/A4 TRAFFIC LIGHT 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 67686  
 b) INSURANCE COMPANY: NIPUB  
 c) POLICY NUMBER: 5115928281  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA JAZZ  
 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 BAOYING (LIN BAOYING) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8202191D CONTACT: 97440384  
 c) ADDRESS:

\* 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: (31 / 01 / 2019) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 21/07/2004

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: TRAFFIC LIGHT 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 passengers  
 (Including driver)  
 (1)

\* No of passengers  
 (Including driver)  
 ( )

\* No of passengers  
 (Including driver)  
 ( )

02/11/20

11:35

Email = limbaoying@gmail.com

fax =

VIDEO =

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="01/11/2020 11:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLF6768E"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115928281		LIM BAOYING (LIN BAOYING)	S8202191D	GPC	drive CLASSIC	SLF6768E	SLF6768E	07/03/2020	04/03/2021

Continue

## ▼ Policy Information

Policy No.	5115928281	Policyholder Name	LIM BAOYING (LIN BAOYING)	Policyholder NRIC	S8202191D
Certificate No.					
Address	6 DERBYSHIRE ROAD #26-03 6 DERBYSHIRE SINGAPORE 309462				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/02/2020	Effective Date	07/03/2020 00:00	Expiry Date	04/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	6 DERBYSHIRE ROAD	Address 2	#26-03 6 DERBYSHIRE	Address 3	SINGAPORE 309462
Address 4		Address Type	Singapore address	Post Code	309462
Unit No.		Related Policy Number	5115928281		

## ▶ Insured Object: SLF6768E

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

## Accident MT/1108824

Policy No.	5115928281	Vehicle No.	SLF6768E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM BAOYING (LIM BAOYING)			Policyholder NRIC	S8202191D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97440384	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	03/11/2020 12:35	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Proper
Date of Accident	01/11/2020	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACPHERSON ROAD TRAFFIC LIGHT NO 4				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<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	6 DERBYSHIRE ROAD	Address 2	#26-03 6 DERBYSHIRE	Address 3	SINGAPORE 309462
Address 4		Address Type	Singapore address	Post Code	309462
Unit No.		Related Policy Number	5115928281		
<b>▼ OI Driver Info</b>					
Driver Name	LIM BAOYING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8202191D	Driver DOB	31/01/1982
Register Date of Driver License	10/10/2014	Driver Age	38	Driving Experience	6
Contact No.(Mobile)	97440384	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	6 DERBYSHIRE ROAD	Address 2	#26-0326-03 6 DERBYSHIRE	Address 3	SINGAPORE 309462
Address 4		Address Type	Singapore address	Post Code	309462
Unit No.	#26-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

## Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	LIM BAOYING (LIM BAOYING)	Insured NRIC		
Contact No.(Mobile)	97440384	Contact No.(Home)	62886490	Contact No.(Office)		
Email Address	limbaoying@gmail.com	Vehicle Number	SLF6768E	TP		
Claim Description	SLF6768E / TRAFFIC LIGHT ON 1 Nov 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	
Consent No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop			
Date Registered	03/11/2020 12:39	Claim Close Date		Date Received		
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired		
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by		
<div>Save Submit</div>						

## Attachment

Accident No.	MT/1108824	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

03/11/2020 00:00

Path \*

Category \*

Confidential

Urgency \*

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Message Read](#)

<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>	

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:39	SAS		Normal	SAS 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:39	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:39	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:39	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:38	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:38	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:38	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:38	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:38	Photos		Normal	Photos 2020-11-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2020 12:38	Photos		Normal	Photos 2020-11-3

## Video List

Uploaded By/Date	Folder Date	File Name		Source
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

**ASSIGNMENT (IDAC)****By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle:      2) Vehicle hit ??
- a) Motorcar ( )      a) Pedestrian ( )
- b) M/cycle ( )      b) Animal ( )
- c) Bicycle ( )
- 3) Vehicle hit Road Side Objects:
- a) Govrn. Property ( )      b) Road Work Object ( )
- (Eg: signboard, barrier, tree etc)      c) Private Property ( )
- 4) Vehicle drop into drain ( )
- 5) Damage due to Act of God:
- a) Fallen Object ( )      b) Flood ( )
- c) Other, \_\_\_\_\_
- 6) Parked & Found Damaged:
- a) Vandalism ( )      b) Hit by Moving Object ( )
- 7) Theft Case
- a) Stolen ( )      b) Damage found ( )
- when recovered.
- 8) Fire
- a) Whilst driving ( )      b) Parked ( )
- 9) Accident date more than 24hrs ( )

Remarks for internal information

Remarks to appear in Works Order &amp; Assessment report

- 1) Potential Total Loss ( )
- 2) SRS Light on ( )
- 3) ABS Light on ( )

**By Assessor- 1) Vehicle Information**

Veh No: SLF 6768E Yr Regn: 2016, Sept.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or

Make & Model: Honda Jazz c.c. 1318

Colour: Silver Transmission Type: Auto / Manual

Eng/No: L13B11020079 Sp. Reading: —

C/No: JHMGK3850H-X200129

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/65R15

R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Yokohama

Front      Rear

R/Bal. S mm      R/Bal. S mm

L/Bal. S mm      L/Bal. S mm

Parallel Import: Yes / No      Towed-In: Yes / No

Repair Type: LS / I.B.I      Towing Required: Yes / No

No of Repair Days: 06      Vehicle in Idac: Yes / No

D.O.I. 03/11/2020      Time: \_\_\_\_\_

**By Assessor- 2) Comments**

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ( )      b. Motorcycle ( )      c. Bicycle ( )      d. Pedestrian ( )
- e. Animal ( )      f. Govrn Object ( )      g. Road Work Object ( )
- h. Private Property ( )      i. Drain ( )      j. Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object ( )      b. Flood ( )      c. Vandalism ( )      d. Fire ( )
- e. Moving Object ( )      f. Stolen ( )      g. Stolen & Recovered ( )

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	191D
<b>Vehicle Details</b>	
Vehicle No.:	SLF6768E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Nov 2020
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3 CVT ABS D/AIRBAG 2WD
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	L13B11020079
Chassis No.:	JHMGK3850HX200129
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$16,018.00
Original Registration Date:	05 Sep 2016
First Registration Date:	05 Sep 2016
Transfer Count:	1
Actual ARF Paid:	\$11,018.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Sep 2026
PARF Rebate Amount:	\$8,263.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,200.00
COE Rebate Amount:	\$32,215.00
<b>Total Rebate Amount:</b>	<b>\$40,478.00</b>

The information contained herein is correct as at 03 Nov 2020

OK

- 1.) Front bumper x 1 cut
- 2.) — 11 — RH bracket x 1 broken
- 3.) — 11 — lower grille x 1 cut
- 4.) — 11 — RH lower grille x 1 distorted / cut
- 5.) — 11 — tow hook cover x 1 cut
- 6.) — 11 — reinforcement x 1 3+.
- 7.) Front RH headlamp x 1 cut / mounting broken
- 8.) — 11 — lower bracket x 1 broken
- 9.) Front bumper x 1 repair
- 10.) Front right fender x 1 Dented
- 11.) — 11 — inner panel x 1 Dented
- 12.) — 11 — inner ~~of~~ shield x 1 damaged
- 13.) — 11 — bracket x 1 broken
- 14.) ~~13.~~ Front RH door x 1 repair
- 15.) Front Reducer grille x 1 broken
- 16.) — 11 — base x 1 broken
- 17.) — 11 — chrome moulding x 1 Hec
- 18.) — 11 — emblem x 1 Hec

- 19.) Front lower panel x 1 Dental
- 20.) Front driver seat belt x 1 activated
- 21.) Front left passenger seat belt x 1 activated
- 22.) Front RH lower arm x 1 ?
- 23.) — " — shock absorber x 1 ?
- 24.) — " — knuckle arm x 1 ?
- 25.) wiper tank x 1 ?
- 26.) Front RH fender ~~is~~ lower inner panel x 1 Dental

## Claim Handling

Task Transfer Exit

## Accident MT/1108824

LOS SAL SUB

Policy No.	5115928281	Vehicle No.	SLF6768E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM BAOYING (LIN BAOYING)			Policyholder NRIC	S8202191D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97440384	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	03/11/2020 12:35	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	01/11/2020	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	MACPHERSON ROAD TRAFFIC LIGHT NO 4				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	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	6 DERBYSHIRE ROAD	Address 2	#26-03 6 DERBYSHIRE	Address 3	SINGAPORE 309462
Address 4		Address Type	Singapore address	Post Code	309462
Unit No.		Related Policy Number	5115928281		

## OI Driver Info

Driver Name	LIN BAOYING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8202191D	Driver DOB	31/01/1982
Register Date of Driver License	10/10/2014	Driver Age	38	Driving Experience	6
Contact No.(Mobile)	97440384	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	6 DERBYSHIRE ROAD	Address 2	#26-0326-03 6 DERBYSHIRE	Address 3	SINGAPORE 309462
Address 4		Address Type	Singapore address	Post Code	309462
Unit No.	#26-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	LIM BAOYING (LIN BAOYING)	Insured NRIC	S8202191D
Contact No.(Mobile)	97440384	Contact No.(Home)	62886490	Contact No.(Office)	
Email Address	limbaoying@gmail.com	OI Vehicle Number	SLF6768E	TP Vehicle Number	TRAFFIC IGH
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SLF6768E / TRAFFIC IGH ON 1 Nov 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	03/11/2020 12:40	Claim Close Date		Date Received	03/11/2020 15:1
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

## Modification History

## Special Claim Creation Approval

Approval Reason

Remarks

damage assessment Attachment

## Vehicle Info

Vehicle Make	HONDA	Vehicle Model	JAZZ	Engine Capacity	
Date of Registration	05/09/2016	Classis No.	JHMGK3850HX200129		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value (\$)		Scrape Value(\$)		Economical Repair Value(\$)	

NO OF REPAIR-06 DAYS-FRT BUMPER LOWER GRILLE-REPLACE,FRT BUMPER RH LOWER GRILLE-REPLACE,FRT RH HEADLAMP LOWER BRACKET-REPLACE,FRT RH FENDER BRAC  
RADIATOR GRILLE BASE-REPLACE,FRT RADIATOR GRILLE CHROME MOULDING-REPLACE,FRT LOWER PANEL-REPLACE,FRT RH FENDER LOWER INNER PANEL-REPLACE

Remark

Remark for Supplementary

## Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code
root	1	16000101	BUMPER (FRONT)	1	Replace
Not Applicable	2	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace
ABS	3	16006701	BUMPER TOWING COVER (FRONT)	1	Replace
ABSORBER	4	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
ACCELERATOR	5	27700102	HEAD LAMP (RIGHT)	1	Replace
ACTUATOR	6	149001	BONNET	1	Replace
ADVERTISEMENT STICKER	7	25400103	FENDER (FRONT RIGHT)	1	Replace
AIR BAG	8	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Replace
AIR BLOWER	9	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace
AIR BOX	10	23300202	DOOR (FRONT RIGHT)	1	Repair
AIR CHAMBER BOX	11	344016	RADIATOR GRILLE	1	Replace
AIR CLEANER	12	344020	RADIATOR GRILLE EMBLEM	1	Replace
AIR COMPRESSOR	13	36300102	SEAT BELT (FRONT RIGHT)	1	Replace
AIR CON	14	36300101	SEAT BELT (FRONT LEFT)	1	Replace
AIR CON (VAN)	15	30500102	LOWER ARM (FRONT RIGHT)	1	Unconfirm
AIR COOLER	16	36600102	SHOCK ABSORBER (FRONT RIGHT)	1	Unconfirm
AIR DISTRIBUTOR	17	30000102	KNUCKLE ARM (FRONT RIGHT)	1	Unconfirm
AIR FILTER	18	454012	WIPER WASHER TANK	1	Unconfirm
AIR FLOW					
AIR GRILLE					
AIR HORN					
AIR INTAKE					
AIR RESONATOR BOX					
AIR THROTTLE BODY AND SENSOR					
ALARM					
ALTERNATOR					
ALUMINIUM PANEL - SIDE					
APRILIA					

Save Submit





NATIONAL ASSESSMENT CENTRE SERVICES  
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,  
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NAC  
NATIONAL  
ASSESSMENT  
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SLF6768 Date In: 4/11/20 Time In: 16:08 with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Chew Group

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Keys: Yes / No

Tow Truck No: YIC5040Y Tow Man: Chia Chong NRIC: 51382173K

Signature: CS

*For office use*

93971728

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Workshop Return of Vehicle

Workshop: \_\_\_\_\_

Returned Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

\* Tow In / Drive In

Tow Man / Workshop Representative: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Owner Collection of Vehicle

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

Owner: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

## LKK Paya Ubi

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**From:** Ng Hak Joo <hakjoo.ng@income.com.sg>  
**Sent:** Wednesday, 4 November 2020 2:55 pm  
**To:** chewgoon@singnet.com.sg; Chew Goon Motor  
**Cc:** LKK Paya Ubi  
**Subject:** FW: SLF6768E UNDER OD CLAIM: MT/1108824

Dear CG

Please tow this vehicle from Idac and contact owner Ms Lim Baoying at 97440384 when the repair is done, excess \$642.

Our Ref: MT/CA/OD/051/1108824-001/NHJ

04 Nov 2020

CHEW GOON MOTOR

BLK 10 AMK IND PARK 2A AVE 5

#01-15,16&17 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

**CLAIM NUMBER: MT/1108824-001**

**REPAIR OF VEHICLE NUMBER: SLF6768E**

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 04 Nov 2020

Make: HONDA

Model: JAZZ

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A

Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 7890 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

**Ng Hak Joo**

Executive

Operations, Motor and Personal Lines

T+65 64307890

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