

NATIONAL Assessment Centre Services. [part 1 Jan09] MNA 120101571

Date In: 16/11/20 17:42	Job description	Date & Time Completed	Done by
Ref No: NAI INC 20012611/64	SAS e-Ming		
Veh No: SKD 3303D	E-mail (within 2hrs, AIC 2hrs)		
IP A: 15/11/20 19:30	I-Motor Claim Form	MT/1110299001	16/11/20 17:56
(1) IP Reporting, Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKR 3269 Y.	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 repolier.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: (INC) (Non-INC) ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time:	Location:

NA2006083	
Client/Particulars:	1) AIR: Accident Reporting (\$30); INC (\$30) 30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditor's Comments:	For claimant against INC Only (waf 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NL: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON*
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (N11): TP (Inc-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	16/11/2020 17:42
Date Of Accident	15/11/2020 19:30
Exact Location Of Accident	UPP SERANGOON RD OUTSIDE NEX SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7303D
Insured/Policyholder	
Name Of Registered Owner	LIM WAN JUN, DEBORAH
NRIC No	SXXXX257D
Email Address	LIMDEBO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96957167
Alternative Phone No	OFFICE-96957167

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID
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	5107841453-01
Cover Note Number	

Driver

Name of Driver	LIM WAN JUN, DEBORAH
NRIC No	SXXXX257D
Date Of Birth	21/09/1992
Occupation	INDOOR
Date Of Driving Pass	14/09/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96957167
Fax Number	
Contact Number	OFFICE-96957167
Email Address	LIMDEBO@GMAIL.COM

Address	57 CAIRNHILL RD #14-08
Postcode	229668
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	SIDE SWIPE
Weather Conditions	AFTER RAINED
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT E/20201115/7020

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR3269Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	YEOW ZHI RONG
NRIC/Passport Number	TXXXX823A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF4775K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.



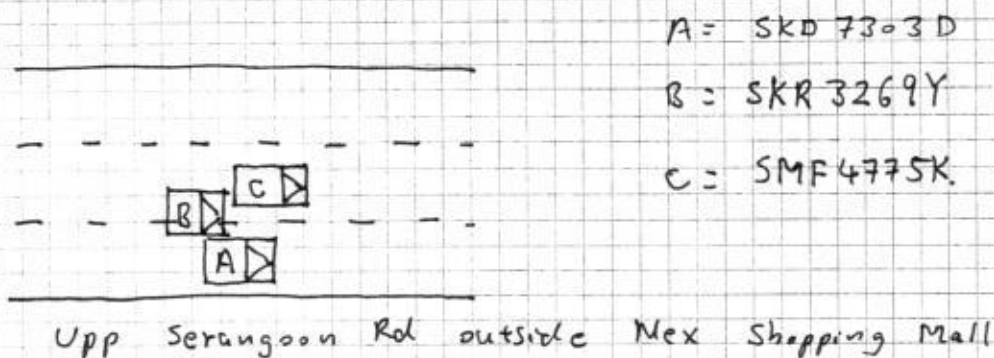
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report E/2020/11517020.

DECLARATION

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

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.:



**SINGAPORE
POLICE FORCE**



E/20201115/7020

1 of 2

POLICE REPORT (NP299)

Report No. E/20201115/7020

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 15/11/2020 23:55	Vide Report No.	Station Diary No.		
Name Of Informant LIM WAN JUN, DEBORAH	Address 57 CAIRNHILL ROAD #14-08 SINGAPORE 229668			
ID Type / ID No. NRIC NO / S9236257D	Contact No. Home/Office:	Mobile: 96957167		
Nationality SINGAPORE CITIZEN	Email Address limdebo@gmail.com			
Occupation General practitioner/physician	Sex Female	Age 28	Date of Birth 21/09/1992	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 15/11/2020 19:30 - 15/11/2020 19:35	Location Of Incident 57 CAIRNHILL ROAD #14-08 SINGAPORE 229668			

Brief details.

I was driving along Upper Serangoon road just outside Nex shopping center on the right most lane at 730pm. I was driving the car at around the speed of 40km/H.
Then another car, SKR3269Y (driver Yeow Zhi Rong T0102823A) had come from behind and scraped my car from my left when he was trying to get onto the adjacent lane.
He had reportedly collided into another car in front of him, SMF4775K, just prior to hitting my car.
All 3 vehicles came to a stop after this accident. There were some scratches found on the left side of my car. No one was dangerously hurt and there was no ambulance required. There were 2 passengers in my car, one sitting in the front seat and another sitting behind. All of us in the car were unharmed, and all of

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2020 23:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20201115/7020

us were wearing seat belts during the time of the incident.

Later on, Mr Edmund Yoe , the driver of the other vehicle SMF4775K, had told me that he had neck pain after the incident.

Subjects Involved			
Victim			
Person Name	LIM WAN JUN, DEBORAH		
ID Type	NRIC NO	ID No	S9236257D
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	General practitioner/physician	Address Type	
Address	57 CAIRNHILL ROAD #14-08 SINGAPORE 229668	Mobile No	96957167
Is Informant A Victim?	Yes		
Person Name	LIM WAN JUN, DEBORAH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

15/11/2020 23:55

Classification Of Case:

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="15/11/2020 17:33"/>
Vehicle No.(For Motor)	<input type="text" value="SKD7303D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107841453-01		LIM WAN JUN, DEBORAH	S9236257D	GPC	drive CLASSIC	SKD7303D	SKD7303D	15/03/2020	14/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (15/11/20) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: Upp Serangoon Rd outside Nex Shopping mall

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 7303 D
b) INSURANCE COMPANY: Utliv.
c) POLICY NUMBER:
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: 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 Wan Jun Deborah. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96957167
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: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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 at After Rain)

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: SKR3269Y. MODEL:
b) DRIVER'S NAME: Yeow Zhi Rong
c) NRIC/FIN/PASSPORT: T0102923A. CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMF 4775K MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

RSPU@ LKKAUTO.COM.

Email = jindeb@gmail.com

fax =

video = Yes.

* No of passenger
(Including driver)

(3)

11

FF

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()