

NATIONAL Assessment Centre Services. [part 1 Jan 09] SN 0920 CE 000P

Date In:	Job description	Date & Time Completed	Done by
14/12/20 20:00	SAS e-filing		
Ref No: NAJINC 20013928/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SKR 3852 M.	I-Motor Claim Form	MT/1113704 <sup>001</sup>	15/12/20 13:52
DDA: 12/12/20 18:20	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OT: (P) Reporting, Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GRH 359A 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%; R: 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	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	Action

Claimant's Particulars	Invoice Particulars	Amount	Added
NA2100424	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Additional Comments:	For claiming against INC Only (w/c 10 Jan 2009)		
Tel 1:	6) TR: Re-Inspection \$75		
Tel 2:	7) NI: Idao DA + SMRT Survey \$160		
	8) NFUC Additional Services:		
	OT:		
	*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 (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 Submission ..... 14/12/2020 20:00 (SGT)  
Date of Accident ..... 12/12/2020 18:20 (SGT)  
Exact Location of Accident ..... 128 Punggol Walk, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKR3852M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM KOON CHAI  
NRIC No ..... SXXXX954B  
Email Address ..... ARVINVALE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91472116  
Alternative Phone No ..... +65-91472116

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Odyssey  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115313673  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM SIANG KIAT DOUGLAS  
NRIC No ..... SXXXX425C  
Date Of Birth ..... 15/04/1996  
Occupation ..... Indoor

Date Of Driving Pass .....	03/05/2016
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93890418
Alt. Phone Number .....	-
Email Address .....	ARVINVALE@GMAIL.COM
Address .....	128 PUNGGOL WALK #16-11
Address complement .....	-
Postcode .....	828775
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	GBH359A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... LIM SIANG KIAT DOUGLAS  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SKR3852M  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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:



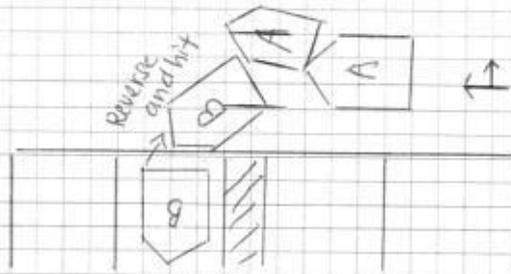
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

ECO POLITAN B1 Carpark

A - SKR 3852M

B - GBH 359A



Lot 139/140

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight towards exit along 128 Punggol Walk B1 Carpark (Eco Politan) on single lane. I saw vehicle B reverse out from carpark lot 139/140. Then I stopped my vehicle (stationary). I try to swift my vehicle to the right and keep honking him. But the vehicle B still continue reverse and hit onto my vehicle front left hand position. After the colliston, I felt my neck and back pain might consult doctor later.

DECLARATION

I/We declare the foregoing 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.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S9614425C**  
 Name: **LIM SIANG KIAT DOUGLAS**  
 Birth Date: **15 Apr 1996**  
 Issue Date: **03 May 2016**

002563437J

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S9614425C**



Name: **LIM SIANG KIAT DOUGLAS**  
 林祥杰  
 Race: **CHINESE**  
 Date of birth: **15-04-1996** Sex: **M**  
 Country of birth: **SINGAPORE**

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	03 May 2016

NP 428A

Licence No: S9614425C

4781043



NRIC No: **S9614425C**



Date of issue: **30-09-2011**

128 PUNGGOL WALK #16-11  
 SINGAPORE 828775

NRIC No: **S9614425C** Date: **09/03/2017**

*Driver*

*arvinvale@gmail.com*

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

IDENTITY NUMBER: **S1417954B**  
 Name: **LIM KOON CHAI**

Birth Date: **01 Dec 1960**  
 Issue Date: **21 Jan 2004**

001093704H




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1417954B**

Name: **LIM KOON CHAI**  
**林坤才**

Race: **CHINESE**  
 Date of Birth: **01-12-1960** Sex: **M**  
 Country of Birth: **SINGAPORE**





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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **13 Apr 1991**

NP 428A

Licence No: **S1417954B**



2191854

NRIC No. **S1417954B**

Blood Group: **B+** Date of issue: **08-07-1994**

**128 PUNGGOL WALK #16-11**  
**SINGAPORE 828775**

NRIC No. **S1417954B** Date: **28/02/2017**




*Owner*

## 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:** 5115313673

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKR3852M          |
| Chassis Number  | : JHMRC1890EC204806 |
| 2. Name of Policyholder   | : LIM KOON CHAI     |
| 3. Effective Date of Insurance  | : 03 Feb 2020       |
| 4. Expiry Date of Insurance   | : 02 Feb 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)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LIM KOON CHAI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK 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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 07 Jan 2020 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 12/12/2020 Accident Time: 1820 (24-HR-Format)

Accident Place : Alorp 128 Punggol Walk (Eco Politan) B1

Vehicle No. (Car Plate No.) : SKR 3852M Make/Model: Honda Odyssey Carpark

Insurance Company : NTUC Policy No: 5115313673

Owner or Company Name /IC No. : Lim Koon Chai S1417954B

Owner or Company Contact No. : - Owner's Hp 91472116 Company Tel

DRIVER'S Name / IC No. : Lim Siang Kiat Douglas S9614425C

DRIVER'S Date Of Birth : 15/4/1996 DRIVER'S License Pass Date 3/5/2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : 128 Punggol Walk #16-11 S'828775

DRIVER'S Contact No / Alt No. : 1) 9389 0418 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : arvinvale@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): - 0

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Driver

**Other Party Driver's Particular (if any)**

Vehicle No: <u>GBH 359A</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender: