

NATIONAL Assessment Centre Services

Wef: 1st Jan 2005

Page 1

Date In: 19/01/21	Job description	Date & Time Completed	Done by
Ref No: N/A/INC21000902/13	SAS e-filing		
Veh No: SMA1486R	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 18/01/21 1645	I-Motor Claim Form		
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLN5618A	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
25/02/21	OVERLOOK, didn't create E-BAO

N/A/101286

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) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) HT: Follow-Through Survey (Resurvey) \$30		
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 Submission 19/01/2021 15:05 (SGT)
Date of Accident 18/01/2021 16:45 (SGT)
Exact Location of Accident 505 Tampines Central 1, Singapore 520505
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA1486R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM YENG CHYE
NRIC No SXXXX455A
Email Address norman.lim@gmail.com
Mobile Phone No (Phone) +65-99999999
Alternative Phone No +65-99999999

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
Variant
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5104517174-02
Cover Note Number

DRIVER

Name of Driver LIM YENG CHYE
NRIC No SXXXX455A
Date Of Birth 11/02/1960
Occupation Outdoor

Date Of Driving Pass	06/03/1985
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	+65-99999999
Email Address	norman.lim@gmail.com
Address	BLK 682C EDGEDALE PLAINS
Address complement	#13-723
Postcode	823682
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLS REFER TO THE ATTACHED 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	SLM5618A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM JEE KIANG
NRIC No	SXXXXX909F
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 **completely 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 fact 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 as 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 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:

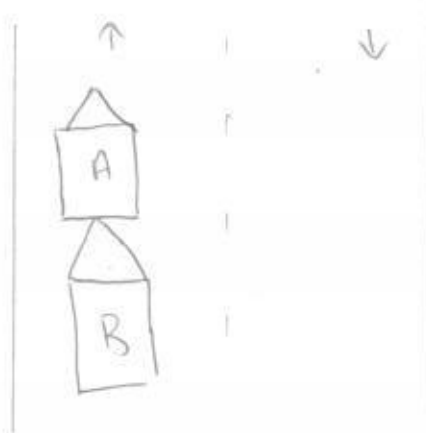
 19/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

SOS TAMPINES
CENTRAL 1

SKETCH PLAN

Veh A : SMA1486R

Veh B : SLM 5618A



On 18 January 2021 at 4:45pm I was driving Veh A: SMA1486R at block SOS Tampines Central 1. As I reversed to go out, I felt a bump on my rear. Upon alighting I realise I hit onto Veh B: SLM 5618A.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

19/01/21

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

Date of Accident : 18/1/2021 Accident Time: 4.45 pm (24-HR-Format)
 Accident Place : S05 Tampines Central 1
 Vehicle No. (Car Plate No.) : SMA 1486R Make/Model: Honda Jazz
 Insurance Company : Income Policy No: 5104517174-01
 Owner or Company Name /IC No. : Lim Yeng Chye
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : S1445455A
 DRIVER'S Date Of Birth : 11-⁰²~~20~~-1960 DRIVER'S License Pass Date 6/3/1985
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : 682C Edgedale Plains #13-723 S(823682)
 DRIVER'S Contact No./ Alt No. : (1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : nevthay@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): 1

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

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

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLM 5618A</u>	Vehicle No: _____
Vehicle Make \Model: <u>Nissan Juke</u>	Vehicle Make \Model: _____
Name Driver: <u>Lim Jee Kiang</u>	Name Driver: _____
IC No. Driver/Contact: <u>S1297909F</u>	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

sales @ garage13.com.sg

norman.lim@gmail.com

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="19/01/2021 15:03"/>							
Vehicle No.(For Motor)	<input type="text" value="SMA1486R"/>	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"/>	5104517174-02		LIM YENG CHYE	S1445455A	GPC	drivo PREMIUM	SMA1486R	SMA1486R	30/11/2020	29/11/2021
<input type="button" value="Continue"/>										

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 : 5104517174-01
The Policyholder : LIM YENG CHYE
BLK 682C #13-723
EDGEDALE PLAINS
WATERWAY VIEW
SINGAPORE 823682

Period of Insurance : 30 Nov 2019 To 29 Nov 2020
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$1,599.97

Interest Insured

Cover Type	: drive PREMIUM	Capacity	: 1300cc
Primary Driver	: LIM YENG CHYE	Registration Year	: 2018
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: HONDA/JAZZ	NCD Entitlement	: 50%
Registration Number	: SMA1486R	NCD Protection	: Yes(Free)
Chassis Number	: JHMGK3850JX220947	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: Yes		
Excess (Section 1)	: S\$2,000		
Excess (Section 2)	: S\$1,500		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Vehicle Make/Model: HONDA / JAZZ 1.3 CVT
Engine Capacity: 1318 cc

Endorsement Operative : M4, M7

Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 17 Oct 2019 23:32 hrs

DUTY OF DISCLOSURE