

NATIONAL Assessment Centre Services. (Part 1 Jan 09) SM 09212F0007

Date In: 15/12/21 15:52	Job description	Date & Time Completed	Done by
Ref No: NAI/INC 21002114164	SAS e-filing		
Veh No: SDV 4484 Y	E-mail (within 2hrs, AIC 2hrs)		
IP: 14/12/21 13:55	I-Motor Claim Form	SM/1121113 ⁰⁰¹	16/12/21 09:05
(1) <input checked="" type="checkbox"/> 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: SKG 6119K	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 ()	

() 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: ()

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

Injury: _____

Damage: _____

NA 2101651	1) AR: Accident Reporting (\$30);	30
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$80)
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
Auditors' Comments:	For claim against INC Only (wef 10 Jan 2009)	
Tel 1:	6) TR: Re-inspection	\$75
2/3:	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON*	
	*N3: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil); 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	15/02/2021 15:52 (SGT)
Date of Accident	14/02/2021 13:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV4484Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOK WEE
NRIC No	SXXXX533E
Email Address	KWLIM25@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96162525
Alternative Phone No	+65-96162525

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117694368
Cover Note Number	-

DRIVER

Name of Driver	LIM KOK WEE
NRIC No	SXXXX533E
Date Of Birth	18/03/1968
Occupation	Outdoor

Date Of Driving Pass	23/03/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96162525
Alt. Phone Number	+65-96162525
Email Address	KWLIM25@YAHOO.COM.SG
Address	blk 310b punggol walk #04-554
Address complement	-
Postcode	822310
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

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	SKG6119K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XU XIAOYI
NRIC No	SXXXX862G
Contact Number	(Phone) +65-98158018
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

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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.
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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 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.
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.

[Signature]

Policyholder's Signature / Date &
Time

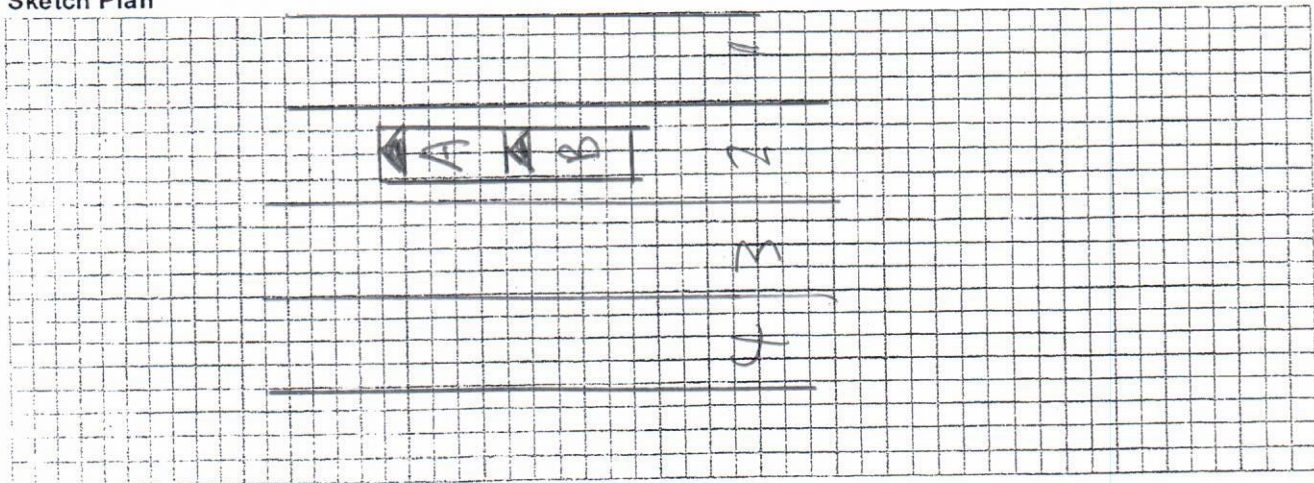
[Signature]

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

[Signature]

Witnessed by Reporting Centre
Personnel

Sketch Plan



PIE Expressway
Toward Changi B4 Kallang Bahru
way exit

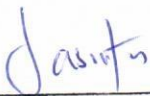
A - SOV 4424 Y
B - SKG 6119 X

Describe Circumstances of the Accident

During that time, lane 2 car is going slow and braking along the way, suddenly front car brake and i follow brake and was stop, suddenly behind car hit my back.

Declaration

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



Witnessed by Reporting Centre Personnel

NOTICE OF REPORTING

This is to confirm that LIM KOK WEE, NRIC/FIN

S6807533E, has reported to the Police a non-injury traffic accident which occurred at PIE towards Changi Airport, before Kallang Bahru Way Exit.

on 14/02/2021 at 1355 hrs ~~am~~/pm involving the following vehicles:

SDV4484Y (Complainant's car)

SKG6119K (Other party's car)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T170078 Tom Lin

Date: 14/02/2021 Time: 1418hrs

S/D Ref: 08

Police Post/Unit : Potong Pasir NPP

POTONG PASIR NEIGHBOURHOOD POLICE POST
BLK 142, Potong Pasir Ave 3, #01-1231
Singapore 350142
Tel: 1800 282 9999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

14/02/2021 15:22

Vehicle No.(For Motor)

SDV4484Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117694368		LIM KOK WEE	S6807533E	GPC	drivo CLASSIC	SDV4484Y	SDV4484Y	01/06/2020	20/10/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 2 / 2021 (DD/MM/YYYY) TIME: 13:55 (HH:MM)

LOCATION: PIE EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDV 4484Y
b) INSURANCE COMPANY: NTUC income insurance
c) POLICY NUMBER: 5117694368
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Shuttle
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: commercial
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 Kok WEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S68075331E CONTACT: 96162525
c) ADDRESS: Blk 310B, Punggol Walk, # 04-554
S (822310)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Kok WEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S68075331E CONTACT: 96162525
c) ADDRESS: Blk 310B, Punggol Walk, # 04-554
S (822310)

*d) DATE OF BIRTH: 18/03/1968 (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)

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: SG6 619E MODEL: 7 C180

b) DRIVER'S NAME: XU QIAO YI

c) NRIC/FIN/PASSPORT: S9817862G CONTACT: 98158018

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Kwlim25@yahoo.com.sg.

Email = kwlim25@ant.com.sg

fax = NO

VIDEO = NO

* No of passenger
(including driver)

(3)

2 male &

1 female

* No of passenger
(including driver)

(2)

* No of passenger
(including driver)

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