

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 117168439

Date In: 26/12/17- 11:24	Job description	Date & Time Completed	Done by:
Ref No: NA/INC17624342/24	SAS e-filing		
Veh No: SKT91141C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 23/12/17- 17:10	i-Motor Claim Form	MT/0975014	26/12/17 11:40
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: SKH 96572	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 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

NA 117168437	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: Idac Mobile 30		
	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 ability.
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 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	26/12/2017 11:24
Date Of Accident	23/12/2017 17:10
Exact Location Of Accident	SLIP RD JURONG WEST AVE 4 TWDS JURONG WEST ST 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9114K
Insured/Policyholder	
Name Of Registered Owner	LEE CHEE KIANG VINCENT
NRIC No	S8106035E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97474384
Alternative Phone No	OFFICE-97474384

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X AUTO
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	5091416531
Cover Note Number	

Driver

Name of Driver	LEE CHEE KIANG VINCENT
NRIC No	S8106035E
Date Of Birth	26/02/1981
Occupation	INDOOR
Date Of Driving Pass	03/06/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97474384
Fax Number	
Contact Number	OFFICE-97474384
Email Address	NOEMAIL

Address	BLK 677A JURONG WEST STREET 64 #02-273
Postcode	641677
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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?	NO
If Yes, Please state which Police Station	
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	SKH9657Z
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)	

DETAILS OF INJURED PERSON 1

Name	LEE CHEE KIANG VINCENT
------	------------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKT9114K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

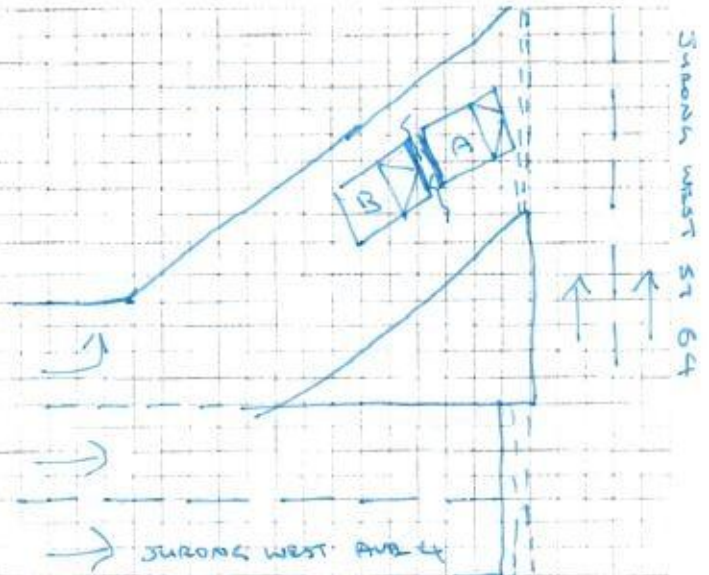

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

VEHICLE A - SKT 9114 K
VEHICLE B - SKH 9657 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG JURONG WEST AVE 4 ON THE EXTREME LEFT LANE, INTENTION TO TURN INTO JURONG WEST ST 64.

WHILE AT THE SLIP ROAD FROM JURONG WEST AVE 4 INTO JURONG WEST ST 64, I SLOW DOWN AND STOPPED TO GIVE WAY TO THE ON-COMING VEHICLES ALONG JURONG WEST ST 64.

SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEHIND (SKH 9657 Z) HAD COLLIDED TO MY VEHICLE, WHILE I WAS IN STATIONARY POSITION.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED DOWN BY MY IN-CAR CAMERA.

VEHICLE A - SKT 9114 K

VEHICLE B - SKH 9657 Z

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.:

Vehicle No.	SKT 9114 K	Model / Make	HONDA VEZEL
Date of Accident	23/12/2017		
Time of Accident	1710	HRS	
Location of Accident	SUP ROAD OF SURONG WEST AVE 4 INTO SURONG WEST ST 64		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	VINCENT LEE CHEE KIANH		
Telephone No.	H/P : 97474384	Home :	Office :
NRIC	S8106035E		
Address	677A SURONG WEST ST 64 #02-273 S(641677)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No,		
NRIC	Any Passengers :		
Date of birth	26 FEB 1981		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	03 JUN 2003		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	VINCENT LEE CHEE KIANH 97474384		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SKH 9657 Z	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address	vin13-911@hotmail.com		
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8106035E



Name
LEE CHEE KIANG VINCENT

Race
CHINESE
Date of birth
26-02-1981
Sex
M
Country of birth
SINGAPORE

S8106035E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8106035E

Name

LEE CHEE KIANG VINCENT

Birth Date: 26 Feb 1981

Issue Date: 23 Apr 2012



002060461E



4276234

NRIC No. S8106035E



Date of issue
08-09-2008

Address

APT BLK 677A JURONG WEST STREET 64
#02-273
SINGAPORE 641677

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	04 Oct 1999
Class 2A	Motorcycles between 201 cc and 400 cc	05 Jun 2001
Class 2	Motorcycles > 400 cc	08 Jul 2003
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles >= 2500kg	03 Jun 2003



Licence No: S8106035E

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091416531	LEE CHEE KANG VINCENT	S8106035E	GPC	drive CLASSIC	SKT9114K	SKT9114K	25/06/2017	24/06/2018

▼ Policy Information

Policy No.	5091416531	Policyholder Name	LEE CHEE KIANG VINCENT	Policyholder NRIC	S8106035E
Address	BLK 677A #02-273 JURONG WEST STREET 64 EDELWEISS@JURONG SINGAPORE 641677				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/06/2017	Effective Date	25/06/2017 00:00	Expiry Date	24/06/2018 23:59
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		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 677A #02-273	Address 2	JURONG WEST STREET 64	Address 3	EDELWEISS@JURONG
Address 4	SINGAPORE 641677	Address Type	Singapore address	Post Code	641677
Unit No.	02-273	Related Policy Number	5091416531		

▶ Insured Object: SKT9114K

▼ Endorsements

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

Claim Handling

Accident MT/0975014

Policy No.	5091416531	Vehicle No.	SKT9114K	GST Registration No.	
Policyholder Name	LEE CHEE KIANG VINCENT			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97474384	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	26/12/2017 11:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/12/2017	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD JURONG WEST AVE 4 TWDS JURONG WEST ST 64				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 677A #02-273	Address 2	JURONG WEST STREET 64	Address 3	
Address 4	SINGAPORE 641677	Address Type	Singapore address	Post Code	
Unit No.	02-273	Related Policy Number	5091416531		

OI Driver Info

Driver Name	LEE CHEE KIANG (VINCENT)	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8106035E	Driving Experience	
Register Date of Driver License	03/06/2003	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	97474384	Contact No.(Office)	0	Address 3	
Address 1	BLK 677A	Address 2	JURONG WEST STREET 64	Post Code	
Address 4	SINGAPORE 641677	Address Type	Singapore address		
Unit No.	02-273	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE CHEE KIANG VINCENT	Insured NRIC	
Contact No.(Mobile)	97474384	Contact No.(Home)		Contact No.(Office)	
Email Address	VIN13_911@HOTMAIL.COM	OI Vehicle Number	SKT9114K	TP Vehicle Number	
Claim Description	SKT9114K / SKH9657Z ON 23 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	26/12/2017 11:40	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0975014	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2017 11:41
Path *	Category *		
	Browse...	Clear	Please Select
		Confidential	Urgency
		NO	Normal

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 11:41	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
------------------	-------------	-----------	------

Display in New Window

Scan and uploading