

NATIONAL Assessment Centre Services. (vnt 1 2000)

MA18418010672

Date In: 22/01/2018 15:02
 Ref No: NBA/INC/8001271/P
 Veli No: E2 8833 P
 D.O.A: 22/01/2018 09:30

Job Description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with photo, video)		
I-Motor Claim Form	22/01/2018 15:37	
I-Motor W/O (within 60 days, 1st check)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

OD / TP Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yeli No: 848 33552 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 repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: ()
 Date Time Actions: ()

MA1800543
 Human's P/R: ()
 Driver/Owner: ()
 Contact No: ()
 Damaged Portion: ()
 C. Checked by (Engr-In-Charge): ()
 Millage Comments: ()
 L1: ()
 L2/3: ()

Invoice Preparation Checklist	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee (\$40/\$45)		
4) PT: Follow-Through Survey (\$150)		
5) FT: Follow-Through Survey (Resurvey) (\$70)		
Forfeiting repair: INC Only (ref 10 Jan 200)		
6) TR: Re-inspection (\$15)		
7) NI: Inc DA + SMRT Survey (\$160)		
8) NTUC Additional Serv (\$200)		
Q11:		
*NI: Courtesy Car / Trip Allowance	\$1	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$15	
*NI: DY / Collect Goods Coordination	\$1	
IZ (NI): TP (Non-INC) against INC	\$20	
9) NI: (Inc Mobile)	10	
Invoice dated	Dec Charged	
Received from	Dec 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 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	22/01/2018 15:02
Date Of Accident	22/01/2018 09:30
Exact Location Of Accident	JUNCTION OF HOLLAND GROVE DR/MT SINAI DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ8833P
Insured/Policyholder	
Name Of Registered Owner	LEE PAK HOY
NRIC No	S0285538J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94466160
Alternative Phone No	OFFICE-94466160

Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO-1.6 (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081949176-01
Cover Note Number	

Driver

Name of Driver	LEE PAK HOY
NRIC No	S0285538J
Date Of Birth	04/07/1928
Occupation	INDOOR
Date Of Driving Pass	25/07/1949
Driving Experience	68 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94466160
Fax Number	
Contact Number	OFFICE-94466160
Email Address	NOEMAIL

Address	6 HOLLAND GROVE WALK
Postcode	278755
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 - MAJOR/MINOR RD
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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SGS3355Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHI CHIU
NRIC/Passport Number	S1396537D
Contact Number	98629755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

22-01-18

Driver's Signature

(If driver is not the policyholder)

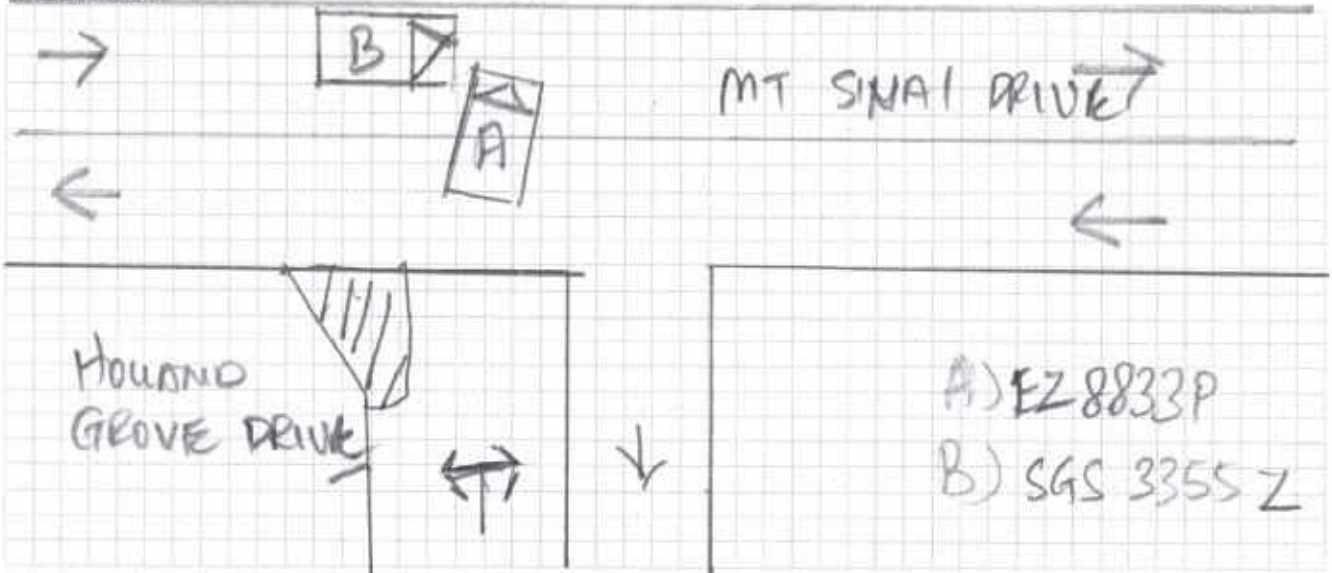
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22/01/2018 AT ABOUT 09:30 I WAS AT HOLLAND GROVE DRIVE & WANTED TO TURN RIGHT INTO MOUNT SINAI DRIVE STOP AT THE JUNCTION LOOK LEFT & RIGHT NO VEHICLE SO I MOVE ON SUDDEN A CAR SGS 3355Z CAME FROM THE LEFT SIDE & HIT THE FRONT LEFT OF MY VAN EZ 8833P

DECLARATION

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

Policyholder's Signature
Date & Time: 22-01-18

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

Reporting Centre Personnel's Signature
Name: Resal WATIAS
NRIC/FIN No.: 22/01/2018

Claim Handling

Accident MT/0978856

Policy No.	5081949176-01	Vehicle No.	EZ8833P	GST Registration No.	
Policyholder Name	LEE PAK HOY			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	94466160	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	22/01/2018 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major
Date of Accident	22/01/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF HOLLAND GROVE DR/MT SINAI DR				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	NO 6 HOLLAND GROVE WALK	Address 2	SINGAPORE 278755	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5081949176-01		

Q1 Driver Info

Driver Name	LEE PAK HOY	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S0285538J	Driving Experience	
Register Date of Driver License	25/07/1949	Driver Age	89	Contact No.(Home)	
Contact No.(Mobile)	94466160	Contact No.(Office)		Address 3	
Address 1	NO 6 HOLLAND GROVE WALK	Address 2	SINGAPORE 278755	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	EZ8833P	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LEE PAK HOY	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)	64660502	Contact No.(Office)		
Email Address		Q1 Vehicle Number	EZ8833P	TP Vehicle Number		
Claim Description	EZ8833P / SG533552 ON 22 Jan 2018				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	22/01/2018 15:36	Claim Close Date		Total Loss but Repaired		
Report Taken By	RDSLI WAHAB	Workshop Repairer				

[Print AX letter](#)

Save Submit

Attachment

Accident No.	MT/0978856	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2018 15:37
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select
			NO Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ N/A ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ N/A ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ N/A ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ N/A ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ N/A ▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Da
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:37	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:37	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:37	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:37	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:37	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:37	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:35	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Jan 2018 15:35	SAS	Normal	SAS

Video List

Uploaded By/Date	Folder Data	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 22/01/2018 (DD/MM/YYYY), TIME: 09.30 (HH:MM)
 LOCATION: JUNCTION OF HOLLAND BROOK DR / M7 SINGAPORE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: E2 8833 P
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: 5087949176-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: RENAULT KANGOO II WAV 1.6 A7
 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: LEE PAK HOY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0285538J CONTACT: 94466160
 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: 04/07/1928 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 2 JUL 1949

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: SGS 3355 Z MODEL: HONDA
 b) DRIVER'S NAME: TAN CHH CHIU
 c) NRIC/FIN/PASSPORT: S1396537D CONTACT: 98629755

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

email =

fax =

V1080

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0285538J



Name

LEE PAK HOY

李柏海

Race

CHINESE

Date of Birth

04-07-1928

Country of Birth

CHINA

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0285538J

Name

LEE PAK HOY

Birth Date 04 Jul 1928

Issue Date 06 Oct 2003



1245301

Age No. S0285538J



Blood Group Date of issue

O+ 04-09-1993

Address

6 HOLLAND GROVE WALK
SINGAPORE 1027

Ref:993156

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

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

PAST DATE

25 Jul 1949



NP 428A

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5081949176-01

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : EZ8833P |
| Chassis Number | : VF1KW4UBA52677178 |
| 2. Name of Policyholder | : LEE PAK HOY |
| 3. Effective Date of Insurance | : 31 Jul 2017 |
| 4. Expiry Date of Insurance | : 30 Jul 2018 |
| 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: LEE PAK HOY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : JANET STEPHANIE HANDOKO (00000602432)
Date of issue : 10 Jul 2017 11:56 hrs
Reprint : 10 Jul 2017 11:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive