

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA118012476**

Date In: 25/1/18 14:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001566/24	SAS e-filing		
Veh No: SDU 889	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/12/17-21/18	i-Motor Claim Form	MT/0979062	25/1/18 16:46
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKG 4195C	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

NA1800577	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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			
	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:-			
	QD*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
at 1:	Invoice dated	Fee Charged		
at 2 / 3:	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 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	25/01/2018 14:57
Date Of Accident	20/12/2017 21:15
Exact Location Of Accident	MBS MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU88P
Insured/Policyholder	
Name Of Registered Owner	LEE KERK CHONG
NRIC No	S0011037Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96603288
Alternative Phone No	OFFICE-96603288

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z G-EDITION CVT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095587371
Cover Note Number	

Driver

Name of Driver	LEE KERK CHONG
NRIC No	S0011037Z
Date Of Birth	10/02/1951
Occupation	INDOOR
Date Of Driving Pass	07/08/1972
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96603288
Fax Number	
Contact Number	OFFICE-96603288
Email Address	NOEMAIL

Address	20 LORONG J TELOK KURAU
Postcode	425801
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	COLLIDED INTO PARKED VEHICLE
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?	
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	SKG4195C
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)	0

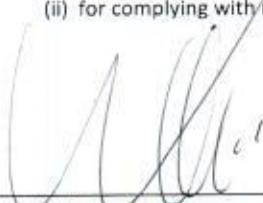
SKETCH PLAN

IMPORTANT NOTICE

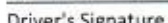
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

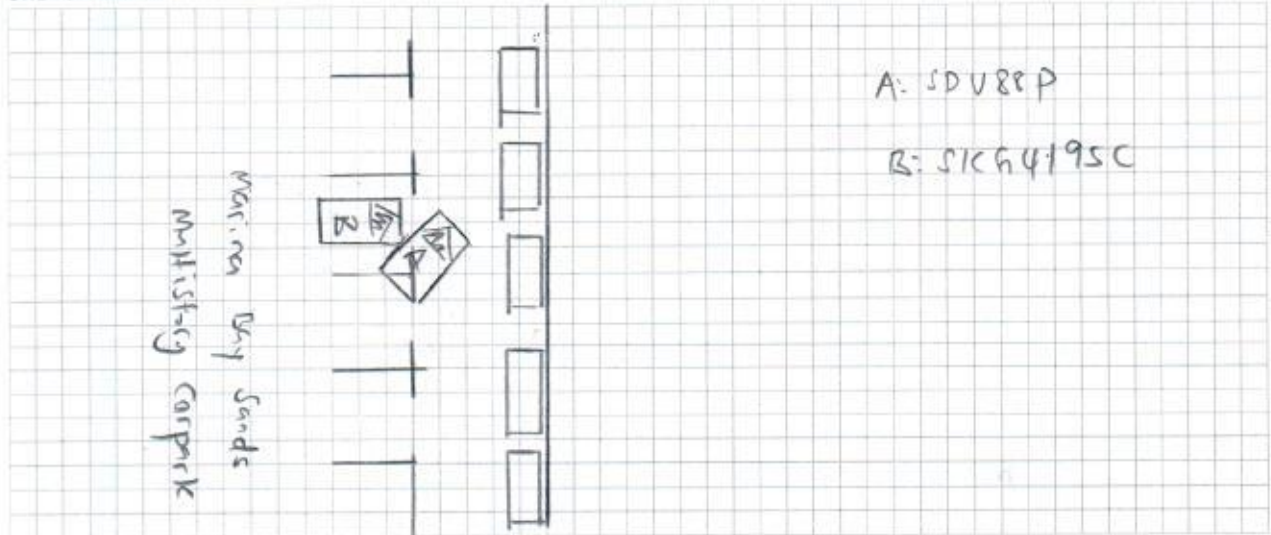


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time I was exiting MBS Multi-story carpark. When I exiting the carpark I try to reverse to coordinate my angle as many cars was illegally parked along the driveway. When I try to exit the parking lot, I accidentally hit onto vehicle B front right portion. After the incident happen, I left a note at the windscreen of his vehicle, after 2-3 days he called up my number and agreed to do a private settlement. He asked me to pay S\$3000.00 for repairing fees, so I advise him to claim his own insurance. After that I come to PAC to lodge a report.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20/12/17) (DD/MM/YYYY), TIME: (09:15) (HH:MM)

LOCATION: Marina Bay Sands Multi-story carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDU887
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5095587371
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 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: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Lee Kerk Chong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6010772 CONTACT: 96603288
 c) ADDRESS: 20 Lorong 7 Telok Kraman CUSPO

*d) DATE OF BIRTH: (20/12/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7/8/1972 class 3

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: SIC94195C MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger (including d) (1)

* No of passenger (including d) (0)

* No of passenger (including d) (0)

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0011037Z**
 Name **LEE KERK CHONG**

Birth Date **10 Feb 1951**
 Issue Date **28 Oct 2003**

000957983A



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0011037Z**

Name **LEE KERK CHONG**
 Race **李 世 宗**
CHINESE
 Date of Birth **10-02-1951** Sex **M**
 Country of Birth **CHINA**




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

PAS DATE
07 Aug 1972

Licence No: S0011037Z

NP 428A

A0141011

S0011037Z

05-06-2002

A+

20 LORONG J TELOK KURAU
SINGAPORE 425801




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"/>	5095587371	LEE KERK CHONG	S0011037Z	GPC	drive CLASSIC	SDU88P	SDU88P	06/11/2017	05/11/2018

- Exit

Claim 002 New

Save Submit

Attachment

Attachment List

9502

Attachment	Uploaded By/Date	Category	Urgency	Description	Sent? (CO)	Action
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 17:00	SAS	Normal	SAS 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 16:46	Photos	Normal	Photos 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 16:46	Photos	Normal	Photos 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 16:46	Photos	Normal	Photos 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 16:46	Photos	Normal	Photos 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 16:46	Photos	Normal	Photos 2018-1-25		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2018 16:46	Photos	Normal	Photos 2018-1-25		Edit
Video List						
Uploaded By/Date	Folder Date	File Name		Source		Action
<div>Display in new Window</div> <div>Scan and uploading</div>						