NATIONAL Assessment Centre Services [NBA 6802497]

Date In: 21/02/2018 12:01	Job description	Date & Time Completed	Done by
Ref No: NBA/INC6803277/Y	SAS e-filing		
Veh No: SGS 2917	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 20/02/2018 15.50	E-Motor Claim Form	M1078B3020	21/02/2018 12:25
OD / TP / Reporting Only	E-Motor W/O (within OD 2hrs, TP 4hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OW: (Tel: Fax:

TP Particulars: Veh No: SKV 999Y INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note-Bsl 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; Customers 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 6015)	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	Action

X/A1801187

Invoice Preparation Checklist

		Add'l Bill
1) AR: Accident Reporting ($30);	INC ($20)	
2) DA: Damage Assessment ($100);	$40/$10	
3) TP: Towing Fee	$130	
4) FT: Follow-Through Survey	$30	
5) RT: Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2012)		
6) TR: Re-Inspection	$35	
7) N: Idle DA + SMRT Survey	$160	
8) NTUC Additional Services:		
O:		
'N': Courtesy Car / TPI Allowance	$5	
'N': Repair Co-ordination	$10	
'N': Post Repair Inspection	$35	
'N': DY / Collect Excess Coordination	$5	
TP (N:) TP (Non-INC) against INC	$30	
9) N: Idle Mobile	10	
Invoice dated	Fee Charged	
Invoice Faxed	Fee Cleared	

Payments Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Duty-In-Charge):

Others' Comments:

1. 1)

1. 2) 3)

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 witholding 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	21/02/2018 12:01
Date Of Accident	20/02/2018 13:50
Exact Location Of Accident	ION ORCHARD CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGG2191Z
Insured/Policyholder	
Name Of Registered Owner	LEE BENG LARK
NRIC No	S1479147G
Email Address	LEEBENGLARK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82016388
Alternative Phone No	OTHERS-82016388
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090760629
Cover Note Number	
Driver	
Name of Driver	LEE BENG LARK
NRIC No	S1479147G
Date Of Birth	28/07/1961
Occupation	INDOOR
Date Of Driving Pass	27/02/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82016388
Fax Number	
Contact Number	OTHERS-82016388
EMail Address	LEEBENGLARK@YAHOO.COM.SG

Address	BLK 125 KIM TIAN ROAD #09-96
Postcode	160125
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?	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)	7
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE

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	SKV999Y
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHONG ZHI HUI
NRIC/Passport Number	S8607083I
Contact Number	90215457
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 **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.

21/Feb/18

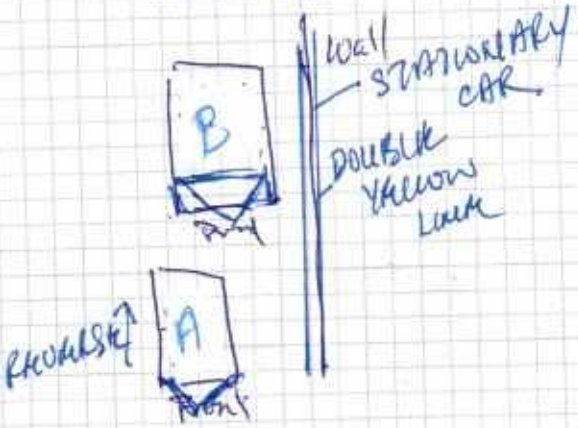
Policyholder's Signature
Date & Time:

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

21/02/2018

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

SKETCH PLAN 1 OM ORCHARD CARPARK



A) SGG 2191Z

B) SKV 999Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While reversy the car. accidentally hit on to the SKV 999Y

SKV 999Y park on the yellow line.

DECLARATION

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

Policyholder's Signature
Date & Time: 21/Feb/18 1045h

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

21/02/2018

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

Claim Handling

Accident MT/0983020

Policy No.	5090760629	Vehicle No.	SGG2191Z	GST Registration No.	
Policyholder Name	LEE BENG LARK			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	82016388	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/02/2018 12:21	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Par
Date of Accident	20/02/2018	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ION ORCHARD CARPARK				

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 125 #09-96	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5090760629		

OI Driver Info

Driver Name	LEE BENG LARK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1479147G	Driver DOB	
Register Date of Driver License	01/01/1997	Driver Age	56	Driving Experience	
Contact No.(Mobile)	82016388	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 125 #09-96	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SGG2191Z	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE BENG LARK	Insured NRIC	
Contact No.(Mobile)	97571689	Contact No.(Home)	62759921	Contact No.(Office)	
Email Address		OI Vehicle Number	SGG2191Z	TP Vehicle Number	
Claim Description	SGG2191Z / SKV999Y ON 20 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	21/02/2018 12:23	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

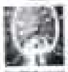
Save Submit

Attachment

Accident No.	MT/0983020	Claim No.	001		
Last Doc. Received	◉ Yes ○ No	Upload Date	21/02/2018 12:25		
Path *			Category *	Confidential	Urgency
Browse... Clear			Please Select	NO	Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:25	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:25	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:24	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2018 12:23	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (20/02/2016) (DD/MM/YYYY), TIME: (13.59) (HH:MM)

LOCATION: JOM ~~Gan~~ Orchard Carpark

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGG 2191Z
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5090760629
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA WISH 1.8A
   f) TYPE: (~~SALOON~~ / ~~COUPE~~ / MPV / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: Pte.
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO)
   IF NO, PLEASE STATE (~~THIRD PARTY CLAIM~~ / REPORTING ONLY)

3 F
3 M

2. INSURED / POLICY HOLDER
   A) NAME: Lee Beng Jak (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7473197G CONTACT: 82016388
   c) ADDRESS: Blk 105 Kim Tian Rd #09-96
   S'pore 160105

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER (No of passenger (including driver) (7))
   a) NAME: As above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (28/07/1961) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) ~~DATE~~ OF DRIVING PASS - 15/Mar/2007

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 (No of passenger (including driver) (0))
   a) VEHICLE NUMBER: SKV 9994 MODEL: Mercedes
   b) DRIVER'S NAME: Khong Zhi Hui
   c) NRIC/FIN/PASSPORT: S8607083I CONTACT: 90215417
9. THIRD PARTY VEHICLE (No of passenger (including driver) (__))
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = leebengjak@yahoo.com.sg
fax =
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1479147G

Name
LEE BENG LARK

李 明 六

Race
CHINESE

Date of birth
28-07-1961

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1479147G

Name
LEE BENG LARK

Birth Date 28 Jul 1961

Issue Date 15 Mar 2003

3829865

NRIC No. S1479147G

Date of issue
12-10-2004

Address
APT BLK 125 KIM TIAN ROAD
#09-95
SINGAPORE 160125

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Feb 1995

License No: S1479147G

NP 426A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SGG2191Z

Date of Accident 20/02/2018 10:44

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5090760629	LEE BENG LARK	S1479147G	GPC	drivo CLASSIC	SGG2191Z	SGG2191Z	04/05/2017	03/05/2018

Continue