

NATIONAL Assessment Centre Services (v11.1.2010)

180026924

Date In: 26/02/2018 10:57  
 Ref No: NAB/MCI/80035611.4  
 Vch No: SCX5601X  
 D.O.A: 24/02/2018 19:10  
 OD / TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-Mailing		
E-mail (with 3hrs, AIO 3hrs)		
1-Motor Claim Form	26/02/2018	mlr983586
1-Motor W/O (with 100 3hrs, TP 3hrs)	21.10	
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW:

TP Particulars: Ych No: **FBB 412H** Tel: Fax: INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Tel: )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: Time:  
 Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 0-20%; PI 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: ( )

Removals: (N/A) (No. 6788 0016) 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

NAB/801285

Driver/Owner:	Invoice Preparation Checklist	Bill	Used Bill
	1) AA: Accident Reporting (\$30)	✓	
	2) DA: Damage Assessment (\$100)	INC (45)	
	3) TP: Towing Fee	240/142	
	4) FT: Follow-Through Survey	110	
	5) FT: Follow-Through Survey (Resurvey)	110	
	6) TR: Repair Order	110	
	7) NI: (45) DA + SMRT Survey	110	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	11	
	10) NI: Repair Coordination	110	
	11) NI: Post Repair Inspection	110	
	12) NI: DY / Collect Unacc Coordination	11	
	13) TR (NI): TP (NI) INC / repair INC	110	
	14) NI: Idle Mobile	10	
	Invoice date		
	Invoice paid		

26/02/2018

## 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 willful 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	26/02/2018 10:57
Date Of Accident	24/02/2018 17:10
Exact Location Of Accident	HWA CHONG INSTITUTION OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX5601X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE POH POH
NRIC No	S0243048G
Email Address	MCHAN288@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90018878
Alternative Phone No	OTHERS-96617540

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ECHO-1.3 (M)
Exact Purpose for which vehicle was being used at time of accident	PARKING VEHICLE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0082940214-14
Cover Note Number	

### Driver

Name of Driver	MICHAEL CHAN
NRIC No	S7778685F
Date Of Birth	02/07/1977
Occupation	INDOOR
Date Of Driving Pass	14/09/2002
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90018878
Fax Number	
Contact Number	OTHERS-96617540
E-Mail Address	MCHAN288@GMAIL.COM

Address	BLK 111 BUKIT PURMEI ROAD #10-188
Postcode	090111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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 MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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	FBB413H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MIZU
NRIC/Passport Number	
Contact Number	83808242
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.

Policyholder's Signature  
Date & Time:

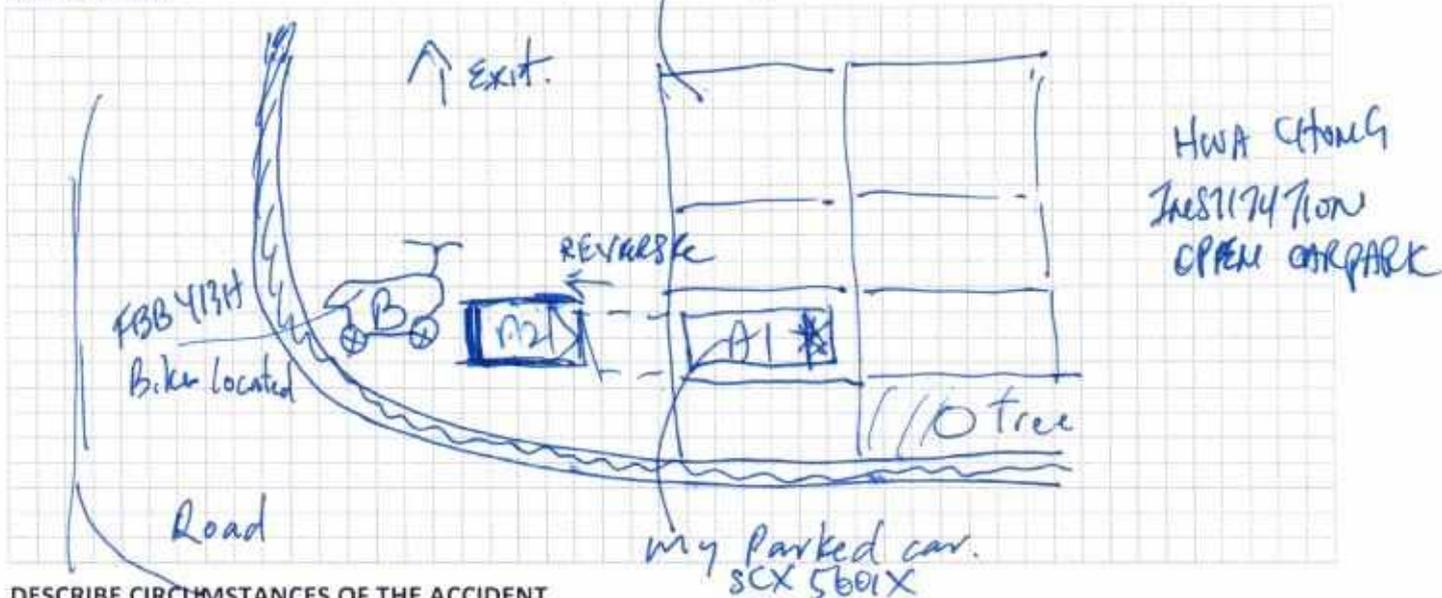
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

26 Feb 2018.

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

26/02/2018  
Kee Heng Woon

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked and when reversing my the back of my car bumped into the motorbike in which caused the bike to fall ~~the~~ to the ground.

As noone was around I reported it the security guard for the owner to contact me.

DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26 Feb 2018.

*[Signature]* 26/02/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: *[Signature]*

**Claim Handling**

Accident MT/0983586

Policy No.	0082940214-14	Vehicle No.	SCX5601X	GST Registration No.	
Policyholder Name	LEE POH POH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	90018878	Contact No.(Office)		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	Yes	NCD Entitlement(%)	50	Private Hire	No

**Accident Details**

Report Date	26/02/2018 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cy
Date of Accident	24/02/2018	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HWA CHONG INSTITUTION OPEN CARPARK				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	500.00	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	BLK 115 #12-260	Address 2	BUKIT PURMEI ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	0082940214-14		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MICHAEL CHAN	Driver NRIC	57778685F	Driving Experience	
Register Date of Driver License	14/09/2002	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 111 #10-188	Address 2	BUKIT PURMEI ROAD	Post Code	
Address 4	SINGAPORE 090111	Address Type	Foreign address		
Unit No.	10-188				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SCX5601X	Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE POH POH	Insured NRIC	
Contact No.(Mobile)	90018878	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SCX5601X	TP Vehicle Number	
Claim Description	SCX5601X / FBB413H ON 24 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	26/02/2018 11:12	Claim Close Date			
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

**Attachment**

Accident No.	MT/0983586	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2018 11:15
Path *		Category *	Confidential Urgency
Browse... Clear		Please Select	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	001	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	001	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	001	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	001	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	001	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:16	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:16	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:13	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 11:12	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 7 / 2018 (DD/MM/YYYY), TIME: (5 : 10pm) (HH:MM)

LOCATION: Hwa chong Institution car park.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCX5601X
- b) INSURANCE COMPANY: NTUC Income
- c) POLICY NUMBER: 0082940214-14
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE & THEFT))
- e) MAKE & MODEL: Toyota / Echo
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Swampy Parking
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lee Poh Poh (MALE / FEMALE)
- b) NRIC / FIN / PASSPORT: S02430486 CONTACT: 9001 8878
- c) ADDRESS: Blk 115 #12-260 Bukit Purmei Road  
Singapore 090115

\* CONTINUE TO 3, 6 IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Michael Chan (MALE / FEMALE)
- b) NRIC / FIN / PASSPORT: S7778685F CONTACT: 96617540
- c) ADDRESS: Blk 111, Bukit Purmei Rd #10-188,  
Singapore 090111

d) DATE OF BIRTH: (02 / 07 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 Sep 2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: JALAN

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO  
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBB413H MODEL:

b) DRIVER'S NAME: Mizu

c) NRIC / FIN / PASSPORT: CONTACT: 8380 8242

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: CONTACT:

f) NRIC / FIN / PASSPORT:

No of passenger  
(Including driver)  
( )

No of passenger  
(Including driver)  
( )

No of passenger  
(Including driver)  
( )

email = mchan288@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7778685F



Name  
 MICHAEL CHAN



Race  
 CHINESE

Date of Birth  
 02-07-1977

Sex  
 M

Country of Birth  
 AUSTRALIA

DRIVING LICENCE

License Number S7778685F

Name  
 MICHAEL CHAN

Birth Date 02 Jul 1977

Issue Date 28 Aug 2003





NRIC No. S7778685F

Nationality  
 AUSTRALIAN

Boat Driver Date of Issue  
 D+ 13-06-2002

Address  
 APT BLK 111 BUKIT PURMEI ROAD #10-188  
 SINGAPORE 090111

NRIC No: S7778685F Date: 13-03-2005 No: 5122943

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

Class 3 Motor Cars and Motor Tractors the weight of which (laden) does not exceed 3500 kilograms

PASS DATE  
 14 Sep 2008



License No: S7778685F

NP-428A

**THE SCHEDULE**

**Private Car Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	:	0082940214-14
The Policyholder	:	LEE POH POH BLK 115 #12-260 BUKIT PURMEI ROAD SINGAPORE 090115

Period of Insurance	:	01 Jul 2017 To 30 Jun 2018
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	\$S648.35

**Interest Insured**

Cover Type	:	Third Party, Fire & Theft	Capacity	:	1000cc
Primary Driver	:	LEE POH POH	Registration Date	:	01 Jan 1999
Named Driver (1)	:	N/A	Off-peak Car	:	No
Named Driver (2)	:	N/A	Insure with COE	:	Yes
Make/Model	:	TOYOTA/ECHO	NCD Entitlement	:	50%
Registration Number	:	SCX5601X	NCD Protection	:	Yes(Free)
Chassis Number	:	JTDKV123303061672	Loyalty Discount	:	5%
Repair at Owner's Preferred Workshop	:	No			
Excess (Section 1)	:	N/A			
Excess (Section 2)	:	N/A			
Additional Excess	:	N/A			
Unnamed Driver Excess	:	N/A			
Hire Purchase Company	:	CITIBANK SINGAPORE LTD			

Memo A : N/A

Endorsement Operative : M2, M4

Agency	:	TENG GIM HEONG SEAN (0000517124)
Date of Issue	:	01 Jun 2017 10:30 hrs

**DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive