

# NATIONAL Assessment Centre Services

Date In: <b>05/03/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18004125/13</b>	SAS e-filing		
Veh No: <b>SJA7290J</b>	E-mail (within 8hrs, A/C 2hrs)		
DOA: <b>07/10/18</b> <b>1530</b>	i-Motor Claim Form	<b>07/0978299</b>	
OD: TP <b>Reporting Only</b>	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: <b>UNKNOWN</b> 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%; F: 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

<b>NA1801394</b>	<b>Invoice Preparation Checklist</b>	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		
	5) RT : 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:-		
	ON*		
	*N5: Courtesy Car / Tpt 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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 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 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	05/03/2018 09:24
Date Of Accident	07/10/2017 15:30
Exact Location Of Accident	ALONG BARTLEY ROAD AND SERANGOON ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJA7290J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DLS AUTO
Co Reg No	53359130M
Email Address	STEPHENLEE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	COROLLA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5090047087
Cover Note Number	

**Driver**

Name of Driver	FIRDAUS BIN MUHAMMAD ABDUL AZIZ
NRIC No	S9041905F
Date Of Birth	12/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2010
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 70 CIRCUIT ROAD #07-51
Postcode	370070
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	OTHERS
Road Surface	OTHERS

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT. VEH HAD BEEN SCRAP.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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)



## 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:

 Lee Stephen  
87038588-  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 05/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

NO SKETCH AVAILABLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report T/20180301/7013

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.:



Lee  
STEPHEN  
S703 P5881

sfm 05/02/18





**SINGAPORE  
POLICE FORCE**



T/20180301/7013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180301/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2018 13:44	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: LEE STEPHEN			Address: APT BLK 40 TELOK BLANGAH RISE #07-387 SINGAPORE 090040		
ID Type / ID No.: NRIC NO / S7039588F			Contact No.: Home/Office: Mobile: 90088701		
Nationality: SINGAPORE CITIZEN			Email: 99stephenlee@gmail.com		
Sex: Male	Age: 47	Date of Birth: 20/11/1970	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2017 00:00	Type of Location:
Location:  KIM CHUAN TERRACE  I AM NOT AWARE OF THE ACCIDENT LOCATION .				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA7290J	Car	TOYOTA	COROLLA			0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA7290J		5090047087		



**SINGAPORE  
POLICE FORCE**



T/20180301/7013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180301/7013

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	LEE STEPHEN	ID No.	S7039588F
Related Vehicle	SJA7290J (Car)	Contact No.	90088701
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

HIRER - FIRDAUS BIN MUHAMMAD ABDUL AZIZ (S9041905F) CAME TO OUR OFFICE TO RENT THE VEHICLE (SJA7290J).

HE HAD CONTACTED ME THROUGH CAROUSELL.

I RECEIVED A LETTER FROM OUR INSURANCE COMPANY - NTUC ON 26/1/2018 TO MAKE A REPORT ON THE ACCIDENT.

I AM UNABLE TO CONTACT THE HIRER AND CAR WAS ABANDONED AT THE WORKSHOP AT 19 KIM CHUAN TERRACE.

I AM DOING THIS REPORT FOR INSURANCE PURPOSES.





**SINGAPORE  
POLICE FORCE**



T/20180301/7013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180301/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

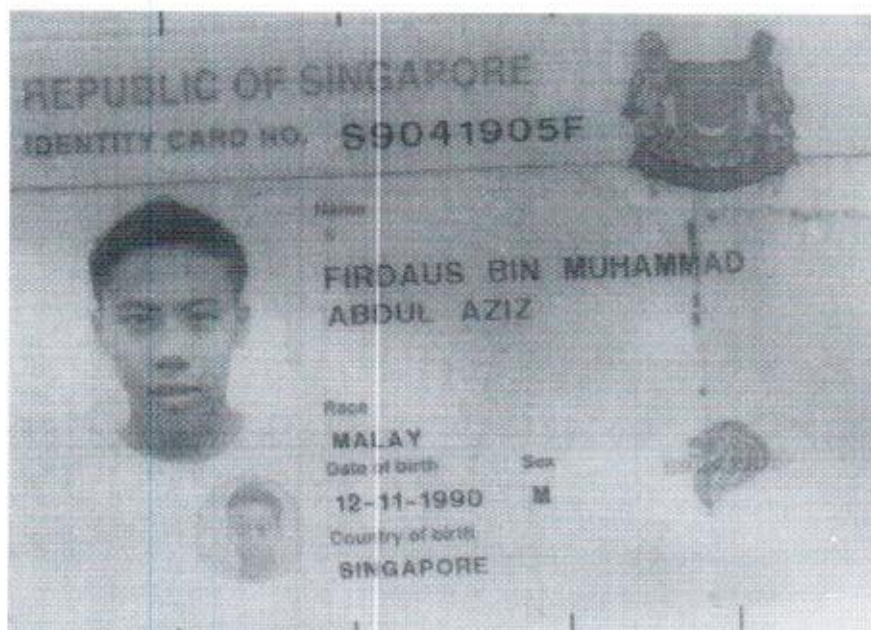
Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
01/03/2018 13:44

Classification Of Case:







REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7039588F

Name: LEE STEPHEN

Birth Date: 20 Nov 1970

Issue Date: 20 Aug 2016

002601047J



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 13 Feb 1991

NF 428A





Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/10/2017 00:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJA7290J"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090047087	DLS AUTO	53359130M	GFT	Third Party	SJA7290J	SJA7290J	15/06/2017	18/12/2017

## RENTAL INVOICE

## MSLEASING

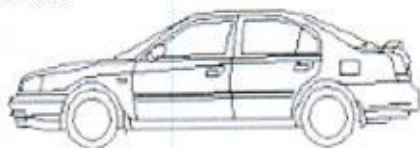
OFFICE : +65 9777 0444  
 RECOVERY NUMBER : +65 9777 0444  
 EMAIL :

INVOICE : MS003NOV  
 DATE :

Company Name  
 Company Address  
 Hirer's Name FIRDAUS BIN MUHAMMAD ABDUL AZIZ  
 Hirer's Address BLK 70 CIRCUIT ROAD #07-51 370070  
 NRIC/Passport No. S9041905F Country Of Issue SIN DOB : 12-Nov-90  
 Driving License No. S9041905F Issue By TP  
 Local Contact 98610722

## VEHICLE DETAILS

Left Side



Back



Right Side



Front



Top

Model TOYOTA AXIO  
 Licence Plate SJA 7290 J  
 Colour GREY

\* Rates do not include Petrol.

## Taken

E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
---	-----	-----	-----	-----	-----	-----	-----	---

## Return

E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
---	-----	-----	-----	-----	-----	-----	-----	---

\* Every 1/8 of petrol used is chargeable @ \$20 nett.

Remarks : D = Dent S = Scratches C = Chips R = Rust M = Missing

## RENTAL DETAILS

Start Date 8-Nov-17 Start Time  
 Return Date 15-Dec-17 Return Time

SALES INVOICE		RATES	QTY	TOTAL
Rental Amount		1640	1	\$1,640.00
Additional Driver	MOHAMED AIDHIL BIN MOHAMED ADAM S9506937A			
Malaysia Usage	*Destination : ( )			
Rental of GPS				
Rental of P-Plate				
<b>Total Cost Of Rental</b>				<b>\$1,640.00</b>

Remarks:

OUTSTANDING

  
 Hirer's Signature