

**NATIONAL Assessment Centre Services** (2005-2006)

Date In: <b>08/03/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC/8004452/13</b>	SAS e-filing		
Veh No: <b>SKV22564</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>08/03/18</b> <b>0630</b>	i-Motor Claim Form	<b>MT/0985228</b>	
OD <input checked="" type="checkbox"/> 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 to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **N-51** ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SLJ8922S** 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

NA/801499	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
<b>Damaged Portion:</b>	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services-		
	OD*		
<b>Auditors' Comments:-</b>	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
<b>Cat. 1:</b>	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 2 / 3:</b>	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	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 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	08/03/2018 11:34
Date Of Accident	08/03/2018 06:50
Exact Location Of Accident	TPE TWDS PIE B4 KPE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2256U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUE SEE LEONG
NRIC No	S7136138A
Email Address	ANDY.YSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96925696
Alternative Phone No	OTHERS-96925696

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	THIRD PARTY
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	5073473467-02
Cover Note Number	

### Driver

Name of Driver	YUE SEE LEONG
NRIC No	S7136138A
Date Of Birth	23/10/1971
Occupation	INDOOR
Date Of Driving Pass	21/05/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96925696
Fax Number	
Contact Number	OTHERS-96925696
EEmail Address	ANDY.YSL@GMAIL.COM

Address	BLK 703 YISHUN AVE 5 #10-252
Postcode	760703
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8922S
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

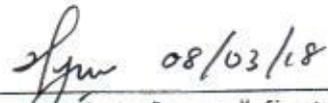
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

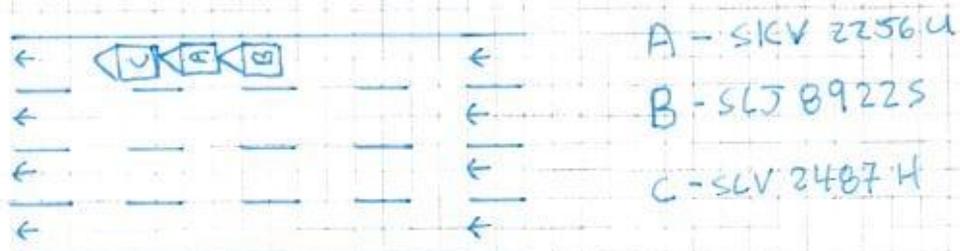


Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN** TPE Toward PIE Before KPE Exit.



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above date and time, I was driving along TPE toward PIE on the 1st lane of a 4 lanes expressway. Somewhere before KPE exit, vehicle C (SLV 2487H) ahead of me slowed down and stopped due to heavy traffic flow. As such, I applied break to slowed down and stopped completely behind vehicle C (SLV 2487H). Out sudden vehicle B (SLJ 8922S) came from the rear and collided directly onto the rear portion of my vehicle. Upon the impact, my vehicle surger forward and collided onto the rear portion of vehicle C (SLV 2487H). After the accident, I alighted and realised that I was involved in a chain accident of 3 vehicle.

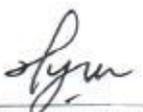
A - SKV 22564 , B - SLJ 8922S , SLV 2487 H

**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:

 08/03/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

<b>Vehicle No.</b>	SKY 22564	<b>Model / Make</b>	Hyundai iXtra
Date of Accident	8/3/18		
Time of Accident	06.50	HRS	
Location of Accident	TPE Toward PIE Before KPE Exit.		
Exact purpose use during accident	Private Use		
<b>Name of Owner</b>	Yue See Leong		
Telephone No.	H/P: 98925696	Home :	Office :
NRIC	S7136138 A		
Address	Blk 703 Yishun Ave 5 #10-252 S(760703)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
<b>Name of Driver</b>	As Above If No,		
NRIC		Any Passengers :	Nil
Date of birth	23/10/1971		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	21 May 2009		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SLJ 89225	Any Passengers :	1
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>	SLV 2487H	Any Passengers :	2
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	Front And Rear Portion		
<b>Camera Recorder</b>	Yes/ No Not Working		
<b>Email Address</b>	ANDY.YSL@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7136138A



Name

YUE SEE LEONG

饶仕亮  
Race

CHINESE

Date of Birth

Sex

23-10-1971

M

Country of Birth

SINGAPORE

S7136138A

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7136138A

YUE SEE LEONG

Birth Date: 23 Oct 1971  
Issue Date: 10 Jan 2003

000102519J



0227199

NRIC No. S7136138A



Blood Group Date of Issue

A+ 19-01-1992

Address

APT BLK 703 YISHUN AVENUE 5 #10-252  
SINGAPORE 760703

NRIC No: S7136138A Date: 30-08-2004 No: 4986924

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	19 Jan 1995
Class 2A Motorcycles between 201 CC and 400 CC	17 Nov 1998
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	21 May 2009

S7136138A

S / No. 9000113036



NP 428A

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073473467-02	YUE SEE LEONG	S7136138A	GPC	drivo PREMIUM	SKV2256U	SKV2256U	03/09/2017	02/09/2018

Continue

**Claim Handling**

**Accident MT/0985228**

Policy No.	5073473467-02	Vehicle No.	SKV2256U	GST Registration No.	
Policyholder Name	YUE SEE LEONG	Cover Type	drive PREMIUM	Policyholder NRIC	S7136138A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96925696	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	08/03/2018 12:34	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/03/2018	Time of Accident hh:mm	06:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS PIE B4 KPE EXIT				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
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 703 #10-252	Address 2	YISHUN AVENUE 5	Address 3	SINGAPORE 760703
Address 4		Address Type	Singapore address	Post Code	760703
Unit No.		Related Policy Number	5073473467-02		

**O1 Driver Info**

Driver Name	YUE SEE LEONG	Driver Type	Main Driver	Driver DOB	23/10/1971
Unnamed driver Name		Driver NRIC	S7136138A	Driving Experience	8
Register Date of Driver License	01/01/2010	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	96925696	Contact No.(Office)	0	Address 3	SINGAPORE 760703
Address 1	BLK 703	Address 2	YISHUN AVENUE 5	Post Code	760703
Address 4		Address Type	Singapore address		
Unit No.	#10-252	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YUE SEE LEONG	Insured NRIC	S7136138A	
Contact No.(Mobile)	96925696	Contact No.(Home)	96925696	Contact No.(Office)		
Email Address		O1 Vehicle Number	SKV2256U	TP Vehicle Number	SLJ8922S	
Claim Description	SKV2256U / SLJ8922S ON 8 Mar 2018				Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	08/03/2018 00:00	
Date Registered	08/03/2018 12:37	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSJINDA	Workshop Repairer				

Save Submit

**Attachment**

Accident No.	MT/0985228	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2018 00:00
Path *		Category *	
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Message Read

Clear Please Select NO Normal  
 Clear Please Select NO Normal  
 Clear Please Select NO Normal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 12:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 12:37	SAS	Normal	SAS 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 12:37	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 12:37	Photos	Normal	Photos 2018-3-8
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 12:36	Photos	Normal	Photos 2018-3-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
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