NATIONAL Assessment Centre Services (NACS) Mnuo 94803380 84

Date In: 22/03/2018 15:46	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18005388	SAS e-filing		
Veh No: SKW 4871 A	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 21/03/2018 19.00	i-Motor Claim Form	M7108S7232	22/03/2018 16.39
OD / TP / Reporting Only	i-Motor W/O (within OD 3hrs, TP 1hrs)		
	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: GBB 4252D 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 Ap. line: 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	Actions

NA1801868

Document Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-in-Charge):

Additional Comments:

Invoice Preparation (Charges)		Bill	Add'l bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($80)		
3) TF : Towing Fee	$40/$43		
4) FT : Follow-Through Survey	$150		
5) FT : Follow-Through Survey (Resurvey)	$50		
Excl claims against INC Only (wef 10 Jan 2010)			
6) TR : Re-Inspection	$35		
7) NI : IAu DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OII			
*NI: Courtesy Car / Tpt Allowance	$5		
*NI: Repair Coordination	$10		
*NI: Post Repair Inspection	$35		
*NI: DY / Collect Uncover Coordination	$5		
TP (NII) : TP (Non INC) against INC	$30		
9) NI: Mobile	$0		
Invoice dated	Not Charged		
Invoice faxed	Not Charged		

L 7/3:

MNA418039084 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 22/03/2018 15:41
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	22/03/2018 15:41
Date Of Accident	21/03/2018 19:00
Exact Location Of Accident	WOODLANDS AVENUE 12 AFTER SLE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW4871A
Insured/Policyholder	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	53311649W
Email Address	ALPHAJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96615257
Alternative Phone No	OFFICE-96615257
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090961322
Cover Note Number	
Driver	
Name of Driver	LEE KHAR HOU
NRIC No	S8608151B
Date Of Birth	01/04/1986
Occupation	INDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615257
Fax Number	
Contact Number	OFFICE-96615257
EMail Address	ALPHAJH@GMAIL.COM

Address	BLK 678 WOODLANDS AVENUE 6 #02-732
Postcode	730678
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	SIDE SWIPE
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?	YES
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	GBB4252D
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW YUNG HWA
NRIC/Passport Number	G8033569K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE KHAR HOU

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKW4871A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

SAFE N SWIFT Reg. No. 53116MW

Policyholder's Signature
Date & Time:

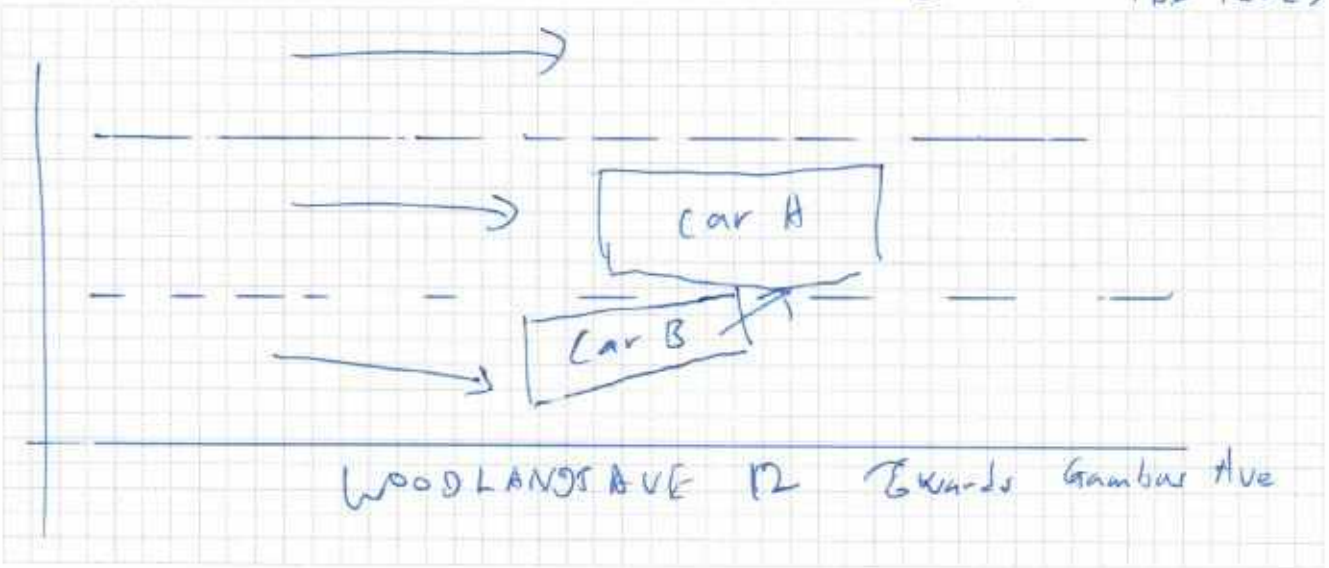
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/3/2018 15:20 pm

22/03/2018

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

Car A = SKW4871A
Car B = GBB 4252D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While my car A is going straight, car B suddenly bump/slide into my right side. You can see the 1st contact dent on my car right door, and the damage car B has sustained scratch from front of his Left side. Driver A noticed driver B using phone when event happens.
Car A driver sustain back (Lower) pain ~~with~~ the sliding effect by [illegible]

Car B driver refused to give phone number at event.
Car B challenge me saying "camera won't see him".

No video available. Photos attached.

DECLARATION

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

SAFE DRIVE AWARD Reg. No. S3371849W

Policyholder's Signature
Date & Time:

[illegible]
Driver's Signature
(If driver is not the policyholder)
Date & Time:
22/3/2018
15:35pm

22/03/2018
Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.:

Claim Handling

Accident MT/0987232

Policy No.	5090961322	Vehicle No.	SKW4871A	GST Registration No.	
Policyholder Name	SAFE N SWIFT			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	96615257	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	22/03/2018 16:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/03/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVENUE 12 AFTER SLE EXIT				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 165 #05-3669	Address 2	BUKIT MERAH CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-13	Related Policy Number	5098572210		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE KHAR HOU	Driver NRIC	S8608151B	Driver DOB	
Register Date of Driver License	25/04/2011	Driver Age	31	Driving Experience	
Contact No.(Mobile)	96615257	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 678 #02-732	Address 2	WOODLANDS AVENUE 6	Address 3	
Address 4	SINGAPORE 730678	Address Type	Foreign address	Post Code	
Unit No.	02-732				
Does he own a Singapore Registered car?	Yes ○ No	Driver Vehicle No.	SKW4871A	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	SAFE N SWIFT	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKW4871A	TP Vehicle Number	
Claim Description	SKW4871A / GB84252D ON 21 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/03/2018 16:26	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0987232	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	22/03/2018 16:29

Path * Category * Confidential Urgency

Browse... Clear Please Select Normal

Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 16:29	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 16:29	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 16:29	Photos		Normal	Photo
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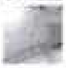	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 16:28	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 16:27	Photos		Normal	Photo
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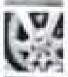	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 16:27	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 16:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 16:26	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name		Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 03 / 2018 (DD/MM/YYYY), TIME: 19 : 00 (HH:MM)

LOCATION: WOODLANDS AVE 12, after JLE Exit

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKW 4871A
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: C4096372
   d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA WISH
   f) TYPE: (SALOON / COUPE / (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Going home (own)
   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: SAFE M (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: LEE : Khai Hou (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8608151B CONTACT: 96615252
   c) ADDRESS: BLK 671 WOODLANDS AVE 6 #02-732 SC730671
   d) DATE OF BIRTH: (01 / 04 / 1986) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 25/04/2011

No of passenger (including driver) (1)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: GBB 4252D MODEL: TOYOTA HIACE
   b) DRIVER'S NAME: Chew Yung Hwa
   c) NRIC/FIN/PASSPORT: S7033564K CONTACT:

No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (__)

email = snscarrental@gmail.com

fax =

VIDEO

alphajh@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8608151B

Name
LEE KHAR HOU

李 家 豪

Race
CHINESE
Date of birth
01-04-1986
Sex
M
Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8608151B
Name
LEE KHAR HOU

Birth Date 01 Apr 1986
Issue Date 25 Apr 2011

001958364A

5613859

NRIC No. S8608151B

Date of Issue
20-06-2016

Address
APT BLK 678 WOODLANDS AVENUE 6
#02-732
SINGAPORE 730678

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

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	25 Apr 2011

Licence No: S8608151B

NP 428A

eBaoTech GeneralClaim

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

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 21/03/2018 15:24

Vehicle No.(For Motor) SKW4871A

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5090961322	SAFE N SWIFT	S3311649W	GPC	privo CLASSIC	SKW4871A	SKW4871A	23/05/2017	22/05/2018

Continue