

# NATIONAL Assessment Centre Services

[wef 1 JAN05]

MMA 118059742-01

Date In: 8/5/18 10:48	Job description	Date & Time Completed	Done by
Ref No: MA1/INC180083681/4	SAS e-filing		
Veh No: SL2 3513 M.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/5/18 17:50	i-Motor Claim Form	MA10993564-001	9/5/18 10:05
<input checked="" type="checkbox"/> TP / Reporting Only	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: SJK 5172C	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

MA1802913	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);	30.00	
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) FT: 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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Auditors' Comments:-</b>	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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 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	08/05/2018 10:48
Date Of Accident	07/05/2018 17:50
Exact Location Of Accident	SIME ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3513M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYE SIONG FONG
NRIC No	S0767552F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96190089
Alternative Phone No	OFFICE-96190089

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO
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	5076107791-02
Cover Note Number	-

### Driver

Name of Driver	LYE SIONG FONG
NRIC No	S0767552F
Date Of Birth	15/02/1939
Occupation	INDOOR
Date Of Driving Pass	26/11/1958
Driving Experience	59 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96190089
Fax Number	
Contact Number	OFFICE-96190089
E-Mail Address	NOEMAIL

Address	1 PEARL BANK #04-07
Postcode	169016
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	COLLISION - MAJOR/MINOR RD
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?	
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

I WAS TURNING OUT FROM THE CARPARK OF THE SINGAPORE ISLAND COUNTRY CLUB TO THE SIME RD. WHILE TURNING RIGHT, I ACCIDENTALLY HIT ONTO VEH B (BEARING NO SJK5172C) RIGHT HAND SIDE. REMARK: NUMBER PLATE HAVE BEEN CHANGE, LATEST CAR PLATE NUMBER SHOULD BE SLZ3513M. PLEASE REFER TO LTA LETTER.

#### 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	SJK5172C
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)	1

## 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:



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

The diagram shows a T-junction where a road from the bottom meets a horizontal road labeled "Sime Rd".

- At the junction, there are two signs:
  - Sign B: A rectangular sign with a black arrow pointing right.
  - Sign A: A rectangular sign with a black arrow pointing up.

Below the diagram, the text reads: "The Singapore Island Country Club Carpark."

To the right of the diagram, the following license plate numbers are listed:

- A = SJL 6942K
- B = SJK 5172C

Please Refer to Statement

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

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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MMA 118059742 Vehicle Registration No: SJL 6942K  
Name(as shown in NRIC) : LYE SIONG PONG NRIC/FIN/Passport No : S 0767552F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 7/5/18 Time of Accident : 17:50.  
Place of Accident : Sime Rd  
Insurance Company: MTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- \* Amend Revert from OD claim to Reporting Only
- \* Amend Car plate number to SLZ 3513M instead  
of SJL 6942K. Attached is the LTA Letter for changing  
car plate number.

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 8/5/2018

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 8/5/18.

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2704180203N056042264

27 Apr 2018

LYE SIONG FONG  
1 PEARL BANK  
#04-07  
SINGAPORE 169016

000675



Dear MR LYE SIONG FONG

**NOTIFICATION ON SUCCESSFUL RETENTION OF REGISTERED VEHICLE  
REGISTRATION NO. SJL6942K**

You may be pleased to know that your application of 27 Apr 2018 to retain vehicle registration number SJL6942K is approved.

2. The details of the application are as follows:

Business Transaction Ref. No.	: 20180427155602781407
Vehicle Registration Number Retained	: SJL6942K
Retention Fee Paid	: \$100.00
Vehicle Make	: TOYOTA
Vehicle Model	: LEXUS GS300 AUTO
Chassis No.	: JTHBH96S305062413
Engine No./ Motor No.	: 3GR0249843 / -
New/Replacement Registration Number Assigned to Above Vehicle	: SLZ3513M

3. Please note that:

- As the application is approved, it cannot be cancelled. The retained vehicle registration number is non-transferable and the retention fee is non-refundable.
- The retained vehicle registration number has to be used within 14 days (i.e. by 10 May 2018). Otherwise, an additional \$1,200 will be payable and the validity of use will be extended to 12 months from the date of retention (i.e. 26 Apr 2019). If you cannot use the retained number by 26 Apr 2019, you may apply to extend the validity period for a further 6 months, subject to payment of an extension fee of \$1,000.00 and a service charge of \$30.00 (before GST).
- There is no refund of the retention fee and any extension fee paid if the retained vehicle registration number is not used within its validity period.
- As the registered owner of the retained vehicle registration number, you may:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0767552F



Name  
LYE SIONG FONG

賴 湘 芳

Race  
CHINESE

Date of birth  
15-02-1939

Country/Place of birth  
SINGAPORE

Sex  
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0767552F

Name  
LYE SIONG FONG

Birth Date 15 Feb 1939

Issue Date 16 Dec 2002

1000007902E



5579434



NRIC No. S0767552F



Date of issue  
26-03-2016

Address  
1 PEARL BANK  
#04-07  
SINGAPORE 169016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


CLASS	VEHICLE CLASS	VALID DATE
Class 2B	Motorcycles <= 200 CC	12 Sep 1956
Class 2A	Motorcycles between 201 CC and 400 CC	12 Sep 1956
Class 2	Motorcycles > 400 CC	12 Sep 1956
Class 3	Motor cars <= 3000 kg with <= 5 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Nov 1958

S / No. 9000023581

S0767552F

NP 428A

License No. S0767552F



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

07/05/2018 10:45

Vehicle No.(For Motor)

SJL6942K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076107791-02	LYE SIONG FONG	S0767552F	GPC	drivo CLASSIC	SJL6942K	SJL6942K	10/12/2017	09/12/2018



## Claim Handling

Accident MT/0993564

Policy No.	5076107791-02	Vehicle No.	SJL6942K	GST Registration No.	
Policyholder Name	LYE SIONG FONG	Cover Type	drivo CLASSIC	Policyholder NRIC	S0767552F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96190089	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	09/05/2018 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	07/05/2018	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIME ROAD				

**Benefits**

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

**Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	71 UBI CRESCENT	Address 2	#08-03 EXCALIBUR CENTRE	Address 3	SINGAPORE 408571
Address 4		Address Type	Singapore address	Post Code	408571
Unit No.	08-03	Related Policy Number	5076107791-02		

**Q1 Driver Info**

Driver Name	Lye Siong Fong	Driver Type	Main Driver	Driver DOB	15/02/1939
Unnamed driver Name		Driver NRIC	S0767552F	Driving Experience	43
Register Date of Driver License	05/05/1975	Driver Age	79	Contact No.(Home)	
Contact No.(Mobile)	96190089	Contact No.(Office)		Address 3	SINGAPORE 408571
Address 1	71 UBI CRESCENT	Address 2	#08-03 EXCALIBUR CENTRE	Post Code	408571
Address 4		Address Type	Singapore address		
Unit No.	08-03				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LYE SIONG FONG	Insured NRIC	S0767552F
Contact No.(Mobile)	96190089	Contact No.(Home)	62244108	Contact No.(Office)	63452600
Email Address		Q1 Vehicle Number	SJL6942K	TP Vehicle Number	SJK5172C
Claim Description	SJL6942K / SJK5172C ON 7 May 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/05/2018 10:03	Claim Close Date		Date Received	09/05/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0993564	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/05/2018 10:05
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal

Choose File No file chosen

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	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:05	SAS	Normal	SAS 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:05	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:05	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:05	Photos	Normal	Photos 2018-5-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:04	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:04	Photos	Normal	Photos 2018-5-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:04	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 10:04	Photos	Normal	Photos 2018-5-9

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading