

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA1809977-01

Date In: 21/6/18-12:17	Job description	Date & Time Completed	Done by
Ref No: NA1801322/24	SAS e-filing		
Veh No: SBR173R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/6/18-14:45	i-Motor Claim Form	MT/099774-001	21/6/18 19:37
OD: 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: SHP5748P	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1803919	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) 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*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Sat. 1:

Sat. 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	21/06/2018 12:17
Date Of Accident	15/06/2018 14:45
Exact Location Of Accident	JUNC SIMS WAY & SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR173R
Insured/Policyholder	
Name Of Registered Owner	LEE SIEW KIM (LI XIUJIN)
NRIC No	S7119894D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98336665
Alternative Phone No	OFFICE-98336665

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5085426101-01
Cover Note Number	

Driver

Name of Driver	LEE SIEW KIM (LI XIUJIN)
NRIC No	S7119894D
Date Of Birth	07/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98336665
Fax Number	
Contact Number	OFFICE-98336665
EMail Address	NOEMAIL

Address	BLK 26 TANGLIN HALT ROAD #10-66
Postcode	141026
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG JUNC SIMS WAY AS TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION WHEN ALL CARS WERE STILL STATIONARY.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGP5748B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO TECK CHUAN CLARENCE (QIU DEQUAN CLARENCE)
NRIC/Passport Number	S7506868I
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER: :

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.



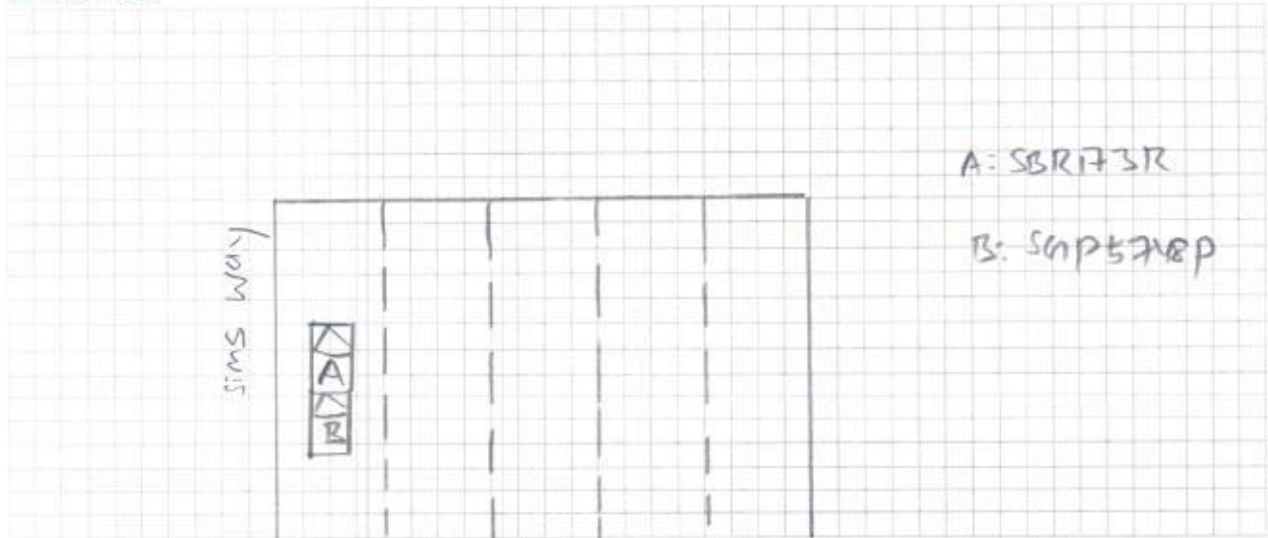
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

A large rectangular area with horizontal lines for text. A diagonal line is drawn across the middle of this area, from the bottom left to the top right.

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.:

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 : MNA118079977 Vehicle Registration No: 5BR173R
Name (as shown in NRIC) : LEE SIEW KIM NRIC/FIN/Passport No : 57119894D
(LI XIUJIN)
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 26 TANG LIN HALL RD #10-66 Singapore ¹⁴¹⁰²⁶
Contact (Tel) : _____ Mobile No. : 98336665
Email Address : _____
Date of Accident : 15/06/18 Time of Accident : 14:45
Place of Accident : JUNE SIMS WAY & SIMS AVE
Insurance Company : NTUC

(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 TP VEH NO: SGP5748B



Policyholder / Driver's Signature

Date:

22/6/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7119894D**
 Name
LEE SIEW KIM
(LI XIUJIN)
 Birth Date **07 Jun 1971**
 Issue Date **24 Sep 2003**



000859885G

REPUBLIC OF SINGAPORE
 IDENTITY CARD, NO. **S7119894D**



Name
LEE SIEW KIM
(LI XIUJIN)
李秀金
 Race
CHINESE
 Date of Birth **07-06-1971** Sex **F**
 Country of Birth
SINGAPORE



S7119894D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
28 Oct 1998

Licence No: **S7119894D**



NP 428A

3145772



NRIC No: **S7119894D**



Blood Group **B+** Date of issue **14-07-2000**

APT BLK 26 TANGLIN HALT ROAD #10-66
SINGAPORE 141026
 NRIC No: **S7119894D** Date: **06/06/2015**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/06/2018 14:45"/>						
Vehicle No. (For Motor)	<input type="text" value="SBR173R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085426101-01	LEE SIEW KIM (LI XIUJIN)	S7119894D	GPC	drive CLASSIC	SBR173R	SBR173R	28/10/2017	11/03/2019
<input type="button" value="Continue"/>									

Policy Information

Policy No.	5085426101-01	Policyholder Name	LEE SIEW KIM (LI XIUJIN)	Policyholder NRIC	S7119894D
Address	BLK 623 #20-112 SENJA ROAD SINGAPORE 670623				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/09/2017	Effective Date	28/10/2017 00:00	Expiry Date	11/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	PHILLIP SECURITIES PTE LTD	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 623 #20-112	Address 2	SENJA ROAD	Address 3	SINGAPORE 670623
Address 4		Address Type	Singapore address	Post Code	670623
Unit No.	10-66	Related Policy Number	5085426101-01		

Insured Object: SBR173R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	08/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 08 Mar 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: MR053BK4107025258 ENGINE NUMBER: 1AZE088395 VEHICLE REGISTRATION NUMBER: SBR173R</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 28 Oct 2017 TO 11 Mar 2019 In view of this amendment, an additional premium of \$360.35 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-88xx-xxxx-7688.</p>
2	08/03/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Exit

Accident MT/0999574

Policy No.	S085426101-01	Vehicle No.	SBR173R	GST Registration No.	
Policyholder Name	LEE SIEW KIM (LI XIUJIN)	Cover Type	drive CLASSIC	Policyholder NRIC	S7119894D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98336665	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details		Time of Accident (hh:mm)	14:45	Accident Type	Collision - head to Rear
Report Date	21/06/2018 19:33	Orange Force		Country of Accident	Singapore
Date of Accident	15/06/2018			ICM No.	
Reporting Centre					
Accident Location	JUNC SIMS WAY & SIMS AVE				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore DO 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 623 #20-112	Address 2	SENJA ROAD	Address 3	SINGAPORE 670623
Address 4		Address Type	Singapore address	Post Code	670623
Unit No.	10-66	Related Policy Number	S085426101-01		
01 Driver Info					
Driver Name	LEE SIEW KIM	Driver Type	Main Driver	Driver DOB	07/06/1971
Unnamed Driver Name		Driver NRIC	S7119894D	Driving Experience	19
Register Date of Driver License	28/10/1998	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	98336665	Contact No.(Office)	0	Address 3	TANGLIN GROVE
Address 1	BLK 26	Address 2	TANGLIN HALL ROAD	Post Code	141026
Address 4	SINGAPORE 141026	Address Type	Singapore address		
Unit No.	10-66				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	CD-MX	Insured Name	LEE SIEW KIM (LI XIUJIN)	Insured NRIC	S7119894D
Contact No.(Mobile)	98336665	Contact No.(Home)	63674501	Contact No.(Office)	
Email Address	kimlee076@me.com	Oil Vehicle Number	SBR173R	TP Vehicle Number	SGP5748P
Claim Description	SBR173R / SGP5748P ON 15 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	21/06/2018 00:00
Date Registered	21/06/2018 19:37	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment					
Accident No.		MT/0999574	Claim No.	001	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/06/2018 19:38	
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> Yes	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
<input type="button" value="Reset Attachment"/>		<input type="checkbox"/> Send Message <input type="button" value="Upload"/>			
Attachment List					

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:38	SAS	Normal	SAS 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:38	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:38	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:38	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:38	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 19:37	Photos	Normal	Photos 2018-6-21	Edit
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
		Display in New Window	Scan and uploading		