

NATIONAL Assessment Centre Services (Ref: 1 Jan 05)		MNA418080583	
Date In: 22/06/2018 14:26	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/80/1380/7			
Veh No: SLF 9111E	E-mail (within 8hrs, AIC 2hrs)		
DOA: 21/06/2018 19:30	i-Motor Claim Form	m/0999669-001	22/06/2018 15:10
OD: (P) 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: SLF 91929	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

N/A 1808033		Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2 / 3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*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 (N-in INC) against INC \$20			
		9) N12: Idac Mobile \$0			
		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	22/06/2018 14:26
Date Of Accident	21/06/2018 19:30
Exact Location Of Accident	REDHILL LIBRARY OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9111E
Insured/Policyholder	
Name Of Registered Owner	LOH SIEW LEE
NRIC No	S7282638H
Email Address	SLOH68@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98582296
Alternative Phone No	OTHERS-98582296

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5093494140
Cover Note Number	

Driver

Name of Driver	LOH SIEW LEE
NRIC No	S7282638H
Date Of Birth	23/02/1972
Occupation	INDOOR
Date Of Driving Pass	05/08/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98582296
Fax Number	
Contact Number	OTHERS-98582296
Email Address	SLOH68@YAHOO.COM

Address	101 PRINCE CHARLES CRESCENT #21-01
Postcode	159017
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

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 21062018 AT ABOUT 1900HRS I PARKED MY CAR AT REDHILL LIBRARY OPEN CARPARK AND WENT TO THE SHOP NEAR TO THE LIBRARY. AT 1930HRS I CAME TO MY CAR I SAW A NOTE ON THE WINDSCREEN SAYING THAT SOMEONE BANG INTO MY CAR. (NOTE ATTACH)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD9192G
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOON TET LIONG TERENCE
NRIC/Passport Number	S1690139C
Contact Number	98710434
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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

INSURED UNKNOWN WHEN RAN
TO THE CAR THERE WAS A NOTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT

DECLARATION

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

Shin

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.:

[Signature] 22/06/2018
[Signature] 20821 20703

sorry, I reversed
into your car by
accident. Please
call me.

Boon

98710434

SLD 9192G

Claim Handling

Accident MT/0999669

Policy No.	5093494140	Vehicle No.	SLF9111E	GST Registration No.	
Policyholder Name	LOH SIEW LEE			Policyholder NRIC	S7282638H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98582256	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	22/06/2018 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/06/2018	Time of Accident (h:mm)	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RECHILL LIBRARY OPEN CARPARK				

Benefits

Coverage		Sum Insured	
Excess Waiver		999999999.99	
Transport Allowance		999999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0	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	101 PRINCE CHARLES CRESCEN	Address 2	#21-01 THE CREST	Address 3	SINGAPORE 159017
Address 4		Address Type	Singapore address	Post Code	159017
Unit No.		Related Policy number	5093494140		

OI Driver Info

Driver Name	LOH SIEW LEE	Driver Type	Main Driver	Driver DOB	23/02/1972
Unnamed driver Name		Driver NRIC	S7282638H	Driving Experience	16
Register Date of Driver License	02/01/2002	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 159017
Address 1	101 PRINCE CHARLES CRESCEN	Address 2	#21-01 THE CREST	Post Code	159017
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLF9111E	Driver Insurer Company	ATUC

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LOH SIEW LEE	Insured NRIC	S7282638H
Contact No.(Mobile)	98582256	Contact No.(Home)	63857255	Contact No.(Office)	63857255
Email Address	slf88@sgfhs.com	OT Vehicle Number	SLF9111E	TP Vehicle Number	SLD9192G
Claim Description	SLF9111E / SLD9192G ON 21 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/06/2018 15:06	Claim Close Date		Date Received	22/06/2018 15:07
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Up

Accident No.	MT/0999669	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/06/2018 15:10
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Message Read		Clear Please Select	NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B LK1T MERAH)) on 22 Jun 2018 15:10	Photos	Normal	Photos 2018-6-22		Edit
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B LK1T MERAH)) on 22 Jun 2018 15:10	Photos	Normal	Photos 2018-6-22		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:07	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:07	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:07	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:06	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:06	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:06	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:06	Photos	Normal	Photos 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:06	NRDC/ Driving License	Normal	NRDC/ Driving License 2018-6-22	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 15:06	SAS	Normal	SAS 2018-6-22	Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
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[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (21, 6, 18) (DD/MM/YYYY), TIME: (07:30) (HH:MM)

LOCATION: Red Hill Library Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 9111E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5093494146
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes CLA 180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Car was parked
 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: Loh Siew Lee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7282648H CONTACT: 9882296
 c) ADDRESS: 101 Pines Charles Crescent #4-01
 The West (15907)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loh Siew Lee (as above) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (22/01/72) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5 Aug 2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SLD 91926 MODEL: Honda Jazz
 b) DRIVER'S NAME: Boon Tet Gong Terence
 c) NRIC/FIN/PASSPORT: S1690139C CONTACT: 98710434

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

alan.quek@cyclocarriage.com.sg

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7282638H



Name

LOH SIEW LEE

罗秀丽

Race

CHINESE

Date of Birth

23-02-1972

Sex

F

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7282638H

Name

LOH SIEW LEE

Birth Date: 23 Feb 1972

Issue Date: 01 Oct 2003



NRIC No. S7282638H

Nationality

MALAYSIAN

Blood Group

AB+

Date of issue

14-12-2001

101 PRINCE CHARLES CRESCENT #21-01
SINGAPORE 159017

NRIC No: S7282638H

Date: 30/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

05 Aug 2000
05 Aug 2000



NP 428A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident:

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093494140	LOH SIEW LEE	S7282638H	GPC	drive PREMIUM	SLF9111E	SLF9111E	29/09/2017	28/09/2018