

NATIONAL Assessment Centre Services				MNA/18083876	
Date In: 29/06/2018 12:17	Job description	Date & Time Completed	Done by		
Ref No: NBA/180811876/Y	SAS e-filing				
Veh No: SKW 4871A	E-mail (within 8hrs, A/C 2hrs)				
D.O.A: 28/06/2018 17:55	i-Motor Claim Form	M7/1800872-001	29/06/2018 12:47		
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: SLT5954S	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

MNA/1804228		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):		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			
Auditors' Comments :-		TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:		9) N12: Idac Mobile \$30			
Cat. 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	29/06/2018 12:17
Date Of Accident	28/06/2018 17:55
Exact Location Of Accident	WESTGATE (WESTGATE DRIVE) TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4871A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	53311649W
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96615252
Alternative Phone No	OFFICE-96615252

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090961322-01
Cover Note Number	

### Driver

Name of Driver	LEE KHAR HOU
NRIC No	S8608151B
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615252
Fax Number	
Contact Number	OFFICE-96615252
Email Address	HANCARREPAIRS@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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

#### 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

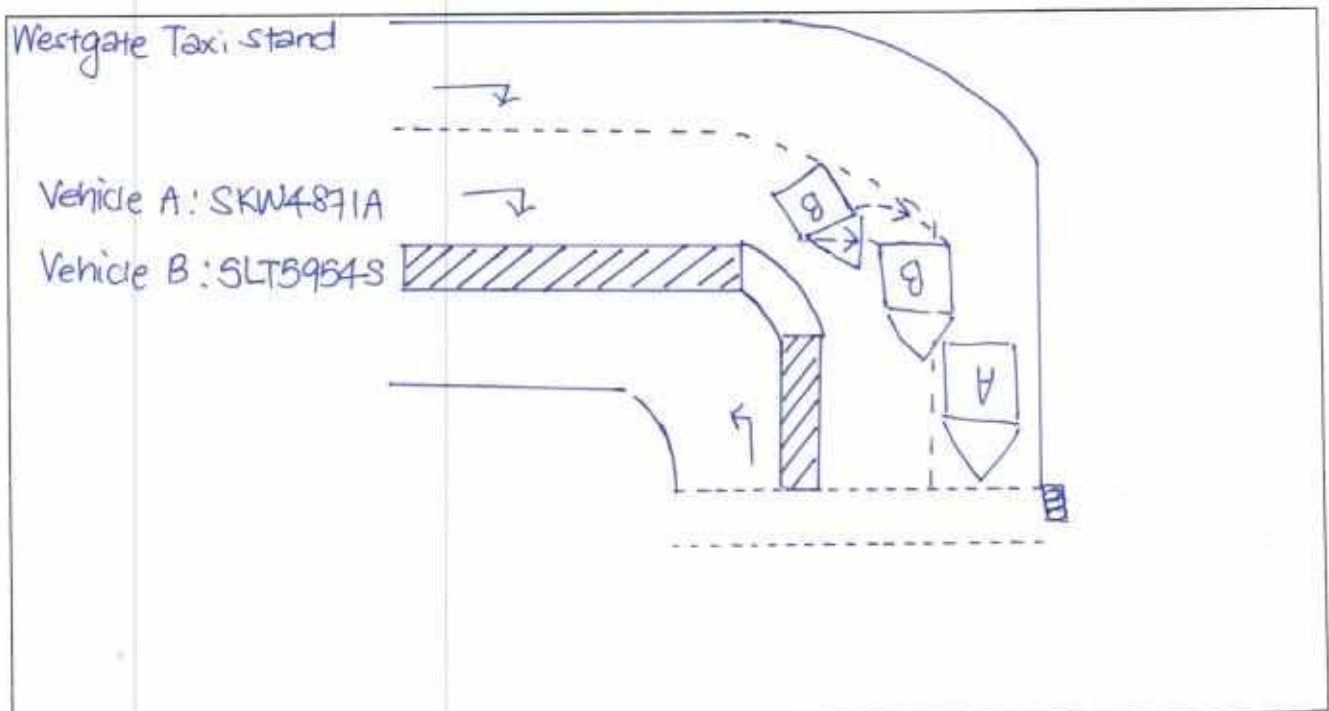
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT5954S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82981030
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_**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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (ii) 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) involved in this accident and the insurers' 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.

**PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.**Policyholder's Signature  
Date & TimeDriver's Signature (Date & Time)  
(If driver is not the policyholder)Witnessed by Reporting Center  
Personnel**Sketch Plan**

Describe Circumstances of the Accident

I was travelling along Westgate (Gateway Drive) taxi stand on 28/6/18 at about 1755hrs.

I was moving out from that area after picking up my passengers, when vehicle B came from the right and hit onto me when he changed lane. I was approaching the traffic light and was in my lane the whole time.

I also wish to state that the traffic light was green.

Declaration

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



Policyholder's Signature  
Date & Time

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

29/06/2018  
Witnessed by Reporting Centre  
Personnel



## Claim Handling

[Exit](#)

Accident MT/1000872

Policy No.	509061322-01	Vehicle No.	SKW4871A	GST Registration No.	
Policyholder Name	SAFE N SWIFT			Policyholder NRIC	53311649W
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96615252	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
ETK	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

## Accident Details

Report Date	29/06/2018 12:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/06/2018	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WESTGATE (WESTGATE DRIVE) TAXI STAND				

## Benefits

## Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	No
Modification History			

## Policyholder Mailing Address

Address 1	BLK 165 #05-3607	Address 2	BUKIT MERAH CENTRAL	Address 3	SINGAPORE 150155
Address 4		Address Type	Singapore address	Post Code	150155
Unit No.	05-3609	Related Policy Number	509061322-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
(Unnamed) driver Name	LEE KHAR HOU	Driver NRIC	586081518	Driver DOB	01/04/1985
Register Date of Driver License	25/04/2011	Driver Age	32	Driving Experience	7
Contact No.(Mobile)	96615252	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 578 #02-732	Address 2	WOODLANDS AVENUE 8	Address 3	ADMIRALTY PLACE
Address 4	SINGAPORE 730678	Address Type	Foreign address	Post Code	730678
Unit No.	02-732				
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	SKW4871A	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading?	0 -ing	Any Injury?	Yes - No
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## Modification History

Claim 001 OD-MX

[New](#)

Claim Type *	OD-MX	Insured Name	SAFE N SWIFT	Insured NRIC	53311649W	
Contact No.(Mobile)		Contact No.(Home)	Nil	Contact No.(Office)		
Email Address		OI Vehicle Number	SKW4871A	TP Vehicle Number	SLT5954S	
Claim Description	SKW4871A / SLT5954S ON 28 Jun 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	29/06/2018 12:46	Claim Close Date		Date Received	29/06/2018 00:00	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter[Save](#) [Submit](#)

## Attachment

Accident No.	MT/1000872	Claim No.	001		
Last Out. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/06/2018 12:47		
Path *		Category *	Confidential	Urgency *	Description *
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<a href="#">Message Read</a>					

[Send Message](#) [Upload](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CU)	Action
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (B. UNIT MERAH)) on 29 Jun 2018 12:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-29		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (B. UNIT MERAH)) on 29 Jun 2018 12:47	SAS	Normal	SAS 2018-6-29		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (B. UNIT MERAH)) on 29 Jun 2018 12:47	Photos	Normal	Photos 2018-6-29		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading



2 (M)  
(F)

PERSONAL PARTICULARS

Date of Accident: 28 / 6 / 2018 Time of Accident: 17 : 55 (24Hrs)  
Vehicle No: SKW 4871 A Vehicle Make/Model: Toyota Wish  
Exact Location of Accident: West Gate Taxi Stand  
Owner's Name/NRIC: Safe N Swift S3311649 W  
Driver's Name/NRIC: Lee Khar Hou I/C No: S8608151 / B  
Driver's Contact: 96615252 Insurance Co & Policy No: NTUC Ins  
Driver's Email Address: hancarrepairs@gmail.com  
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: \_\_\_\_\_ Vehicle No: SLT 5954 S

Insurance Company: \_\_\_\_\_ Driver's Contact: 82981036

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8608151B**



Name  
**LEE KHAR HOU**

**李家豪**

Race  
**CHINESE**

Date of birth  
**01-04-1986**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**




**S8608151B**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number: **S8608151B**

Name  
**LEE KHAR HOU**

Birth Date: **01 Apr 1986**

Valid Date: **25 Apr 2011**



1001968394A

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

RP 428A

License No: **S8608151B**



[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

28/06/2018 12:16

Vehicle No. (For Motor)

SKW4871A

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090961322-01	SAFE N SWIFT	53311649W	GPC	Third Party, Fire & Theft	SKW4871A	SKW4871A	23/05/2018	22/05/2019