

NATIONAL Assessment Centre Services

Date In: 19/07/2018 17:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013170/K4	SAS e-filing		
Veh No: SLZ 8690B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/2018 14:30	i-Motor Claim Form	MT/1003756-001	20/7/18 09:45
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: SKA2509B	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

NA1804560	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2 / 3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TF (N11): TP (Non INC) against INC \$20		
	9) N12: Idno 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	19/07/2018 17:06
Date Of Accident	19/07/2018 14:30
Exact Location Of Accident	BISHAN NORTH SHOPPING MALL LEVEL 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8690B
Insured/Policyholder	
Name Of Registered Owner	LEE AH LEONG
NRIC No	S1344245B
Email Address	DLAL59@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98160579
Alternative Phone No	OTHERS-98160579

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 LX CVT ABS D/AIRBAG 2WD
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	5101575478
Cover Note Number	

Driver

Name of Driver	LEE AH LEONG
NRIC No	S1344245B
Date Of Birth	05/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98160579
Fax Number	
Contact Number	OTHERS-98160579
Email Address	DLAL59@SINGNET.COM.SG

Address	BLK 626 YISHUN STREET 61 #04-99
Postcode	790626
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	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	
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKA2509B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FARHAN BIN SHUKOR
NRIC/Passport Number	S8943086J
Contact Number	90719443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE

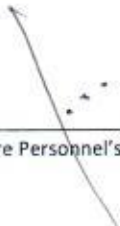
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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.

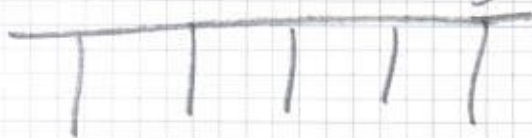

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Bishan North Shopping Mall, Level 2 Carpark.



Car A - SLZ 8690B
Car B - SKA 2509B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.7.2018 at around 9:30pm as I was driving my car, Car A, out from the parking lot at Bishan North Shopping Mall, Level 2, Multi-Storey, Carpark, I accidentally rubbed against Car B on the bumper with some damage.

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:

19/7/2018

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

Reported on 19/7/2018
@ 1655 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 19/7/2018 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Bishan North Shopping Mall, Level 2
Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 8690 B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98160579
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: SKA 2509 B MODEL: _____
b) DRIVER'S NAME: MUHAMMAD FARHAN BIN SHUKOR
c) NRIC/FIN/PASSPORT: S8943086 J CONTACT: 90719443

9. THIRD PARTY VEHICLE

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

dlal59@singnet.sg email =
fax =

dlal59@singnet.sg ✓

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1344245B

Name: LEE AH LEONG

Birth Date: 05 Nov 1959

Issue Date: 19 May 2003

900492308J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1344245B

Name: LEE AH LEONG

Race: 李亞陵

CHINESE

Date of birth: 05-11-1959

Sex: M

Country of birth: SINGAPORE



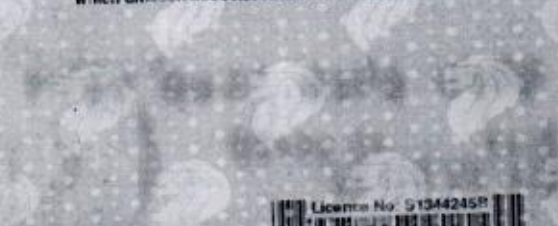

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE: 02 Jun 1982

License No: S1344245B

NP 428A



4747443

NRIC No. S1344245B

Date of issue: 18-07-2011

APT BLK 626 YISHUN STREET 61 #04-99
SINGAPORE 760626

NRIC No: S1344245B

Date: 20/07/2011

No: 6710473




Hello, NAC_PAYA_UBI_800601

[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"/>	S101575478	LEE AH LEONG	S1344245B	GPC	drive CLASSIC	SLZ8690B	SLZ8690B	22/06/2018	26/07/2019

▼ Policy Information

Policy No.	5101575478	Policyholder Name	LEE AH LEONG	Policyholder NRIC	S1344245B
Address	BLK 626 #04-99 YISHUN STREET 61 SINGAPORE 760626				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/06/2018	Effective Date	22/06/2018 00:00	Expiry Date	26/07/2019 23:59
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		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 626 #04-99	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760626
Address 4		Address Type	Singapore address	Post Code	760626
Unit No.		Related Policy Number	5101575478		

▶ Insured Object: SLZ8690B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1003756

Policy No.	5101575478	Vehicle No.	SLZ8690B	GST Registration No.	
Policyholder Name	LEE AH LEONG			Policyholder NRIC	S13
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98160579	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	20/07/2018 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	19/07/2018	Time of Accident hh:mm	14:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN NORTH SHOPPING MALL LEVEL 2 CARPARK				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD 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 626 #04-99	Address 2	YISHUN STREET 61	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7601
Unit No.		Related Policy Number	5101575478		

▼ OI Driver Info

Driver Name	LEE AH LEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1344245B	Driver DOB	05/1
Register Date of Driver License	02/06/1982	Driver Age	58	Driving Experience	36
Contact No.(Mobile)	98160579	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 626	Address 2	YISHUN STREET 61	Address 3	
Address 4		Address Type	Singapore address	Post Code	7601
Unit No.	#04-99				
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEE AH LEONG	Insured NRIC	S13
Contact No.(Mobile)	98160579	Contact No.(Home)	67526061	Contact No.(Office)	673
Email Address	dlat59@singnet.com	OI Vehicle Number	SLZ8690B	TP Vehicle Number	SKA
Claim Description	SLZ8690B / SKA2509B ON 19 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	20/07/2018 09:44	Claim Close Date		Date Received	20/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

7/20/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1003756

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

20/07/2018 09:45

Path *

Category *

Confidential

Urgency *

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

Choose File No file chosen

Message Read

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	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:44	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:42	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 09:41	Photos	Normal	Photos 2018

Video List

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