

NATIONAL Assessment Centre Services

Page 1 Jan 2005

MNA 118105653

Date In: 15/1/18 16:26	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18014868164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SKK 4229T	i-Motor Claim Form	MT/1007418-001	16/1/18 11:11
D.O.A: 15/1/18 11:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SLW 4349E 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%; P: 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

MNA1805155		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				Est Bill	Add Bill
Claimant's Particulars:-		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) iFT: 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:-			
QC Checked by (Engr-In-Charge):		QD*			
		*N5: Courtesy Car / Tpt Allowance \$3			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$3			
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	15/08/2018 16:26
Date Of Accident	15/08/2018 11:50
Exact Location Of Accident	SEMPAWANG RD NEAR KHATIB CAMP AT U TURN POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK4229T
Insured/Policyholder	
Name Of Registered Owner	LEE LEE SIANG
NRIC No	S1325566J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666057
Alternative Phone No	OFFICE-96666057
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 4D 1.6I-S AWD CVT
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	5099119164
Cover Note Number	-
Driver	
Name of Driver	LEE LEE SIANG
NRIC No	S1325566J
Date Of Birth	12/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666057
Fax Number	
Contact Number	OFFICE-96666057
Email Address	NOEMAIL

Address	BLK 730 YISHUN ST 71 #06-39
Postcode	760730
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 - CHANGE/CROSS LANE
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 TRAVELLING ALONG SEMBAWANG RD NEAR THE KHATIB CAMP ON THE EXTREME RIGHT LANE, WHEN I NOTICED VEH B (BEARING NO SLW4349E) FROM OPPOSITE MAKE A U TURN TO THE CENTER LANE, WHILE PASS THRU VEH B, SUDDENLY VEH B CHANGE INTO MY LANE AND HIT ONTO MY VEH LEFT HAND SIDE, THE IMPACT PUSH MY VEH TO THE RIGHT SIDE CAUSING MY RIGHT HAND SIDE GRAZZED ONTO THE KERB.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW4349E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81831026
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

Sembawang Rd

A = SKK 4229T.
B = SLW 4349E

Please Refer to statement.

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

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1325566J**

Name: **LEE LEE SIANG**

Birth Date: **12 Nov 1958**

Issue Date: **19 Mar 2008**

001582998C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1325566J

Name: **LEE LEE SIANG**

李 利 祥

Race: **CHINESE**

Date of Birth: **12-11-1958**

Sex: **M**

Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	19 Mar 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	22 Apr 2008

S1325566J

S / No. 9000090592

Licence No: S1325566J

NP 428A



A0207230

NRIC No: **S1325566J**

Blood Group: **O+**

Date of Issue: **27-08-2002**

APT BLK 730 YISHUN STREET 71 #06-39

SINGAPORE 760730

NRIC No: **S1325566J**

Date: **25-09-2006**

No: **5412972**




Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099119164		LEE LEE SIANG	S1325566J	GPC	drivo CLASSIC	SKK4229T	SKK4229T	22/03/2018	21/03/2019

Claim Handling

Accident MT/1007418

Policy No.	5099119164	Vehicle No.	SKK4229T	GST Registration No.	
Certificate No.					
Policyholder Name	LEE LEE SIANG			Policyholder NRIC	S13251
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96666057	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	16/08/2018 11:01	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	15/08/2018	Time of Accident hh:mm	11:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SEBRAWANG RD NEAR KHATIB CAMP AT U TURN POINT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 730 #06-39	Address 2	YISHUN STREET 71	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	760731
Unit No.		Related Policy Number	5099119164		

▼ O1 Driver Info

Driver Name	LEE LEE SIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1325566J	Driver DOB	12/11/
Register Date of Driver License	19/03/2008	Driver Age	59	Driving Experience	10
Contact No.(Mobile)	96666057	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 730 #06-39	Address 2	YISHUN STREET 71	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	760731
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE LEE SIANG
Contact No.(Mobile)	96666057	Contact No. (Home)	67558560
Email Address		O1 Vehicle Number	SKK4229T
Claim Description	SKK4229T / SLW4349E ON 15 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By	LIEW SHAN HUI		
Print AK letter	<input checked="" type="checkbox"/>		

Save Submit

Attachment

Accident No.	MT/1007418	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

16/08/2018 11:11

Path *

Choose File No file chosen

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Choose File No file chosen

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Message Read

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Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:11	SAS	Normal	SAS 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:08	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:08	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:08	Photos	Normal	Photos 2018-8-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:08	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:06	Photos	Normal	Photos 2018-8-16

Video List

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