

NATIONAL Assessment Centre Services [Ref: JAN03] <b>MAA418709111</b>			
Date In: <b>23/08/2018 14:43</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC0015205/1</b>	SAS e-filing		
Veh No: <b>SKR 5792P</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>21/08/2018 17:15</b>	I-Motor Claim Form	<b>M7/1008404-001</b>	<b>23/08/2018 15:18</b>
OD <b>(TP)</b> 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: <b>PC 4068Z</b>	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

<b>NA1805346</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	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) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON:				
*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 (Non 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	23/08/2018 14:43
Date Of Accident	21/08/2018 17:15
Exact Location Of Accident	JUNCTION OF KENT RIDGE ROAD/SOUTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5792P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUI FOOK KEE
NRIC No	S0142544G
Email Address	MICHAELFKLUI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96359395
Alternative Phone No	OTHERS-96359395

### Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	5077418140-02
Cover Note Number	

### Driver

Name of Driver	LUI FOOK KEE
NRIC No	S0142544G
Date Of Birth	03/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1974
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359395
Fax Number	
Contact Number	OTHERS-96359395
EMail Address	MICHAELFKLUI@YAHOO.COM.SG



Address	381 PASIR PANJANG ROAD #04-03
Postcode	118713
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	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)	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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4068Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	KWOK KWONG CEI
NRIC/Passport Number	
Contact Number	
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: 23-08-18  
10:35 am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

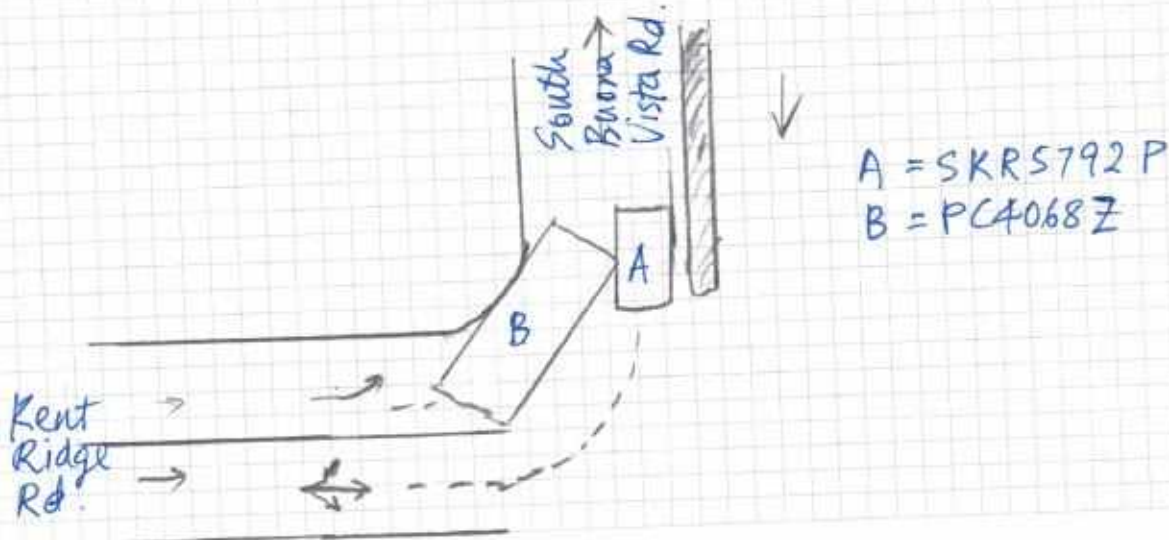


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After turning from Kent Ridge Rd to South Buona Vista Rd. on the outer lane. The Bus lost control and knock into the rear of my car on the rear passenger door and the left corner of my car.

## 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.:



## Claim Handling

Accident MT/1008404

Policy No.	5077418140-02	Vehicle No.	SKR5792P	GST Registration No.	
Certificate No.				Policyholder NRIC	S0142544G
Policyholder Name	LUI FOOK KEE	Cover Type	Privy PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96359395	Special Remark		eCode	no *
Email Address		TCA	Yes	eCode Reason	No
KPK	Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
<b>Accident Details</b>					
Report Date	23/08/2018 15:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/08/2018	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF KENT RIDGE ROAD/SOUTH BUONA VISTA ROAD				
<b>Benefits</b>					
Coverage		Sum Insured	88999999.99		
Transport Allowance					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	500	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	381 PASIR PANJANG ROAD	Address 2	#04-03	Address 3	SINGAPORE 118713
Address 4		Address Type	Singapore address	Post Code	118713
Unit No.		Related Policy Number	5077418140-02		
<b>OI Driver Info</b>					
Driver Name	LUI FOOK KEE	Driver Type	Main Driver	Driver DOB	03/02/1951
Unnamed driver Name		Driver NRIC	S0142544G	Driving Experience	41
Register Date of Driver license	01/01/1977	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	96359395	Contact No.(Office)		Address 3	SINGAPORE 118713
Address 1	381 PASIR PANJANG ROAD	Address 2	#04-03	Post Code	118713
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKR5792P		
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

## Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	LUI FOOK KEE	Insured NRIC	S0142544G
Contact No.(Mobile)	96359395	Contact No.(Home)	87764045	Contact No.(Office)	825089
Email Address	machy_valuer@yahoo.com	Vehicle Number	SKR5792P	Vehicle Type	PC400
Claim Description	SKR5792P / PC400BZ ON 21 Aug 2018				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Preferred Workshop, Name unknown	Repair Option	Preferred Workshop, Name unknown			
Date Registered	23/08/2018 15:16	Claim Close Date		Date Received	23/08/2018
Report Taken By	NOSLI WAHAB				
Print All letter					

Save Submit

## Attachment

Accident No.	MT/1008404	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/08/2018 15:18
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
<b>Attachment List</b>			
Attachment	uploaded by/Date	Category	Urgency



# ACCIDENT STATEMENT

ACCIDENT DATE: 21/08/2018 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: Junction of Kow Ridge Rd / South Bouna Vista Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 5792P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Odyssey  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: LUI FOOK KEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: SO142544 G CONTACT: 96359395  
 c) ADDRESS: 381 Pagar Panjang Rd #04-03  
S. 118713

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 03/02/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19-08-1974

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: PC 4068Z MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: KWOK KWONG CEI  
 c) NRIC/FIN/PASSPORT: SO167171Z CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = michaelfklui@yahoo.com.sg

fax = SHINAG@HOMBA.COM.SG



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0142544G



Name  
LUI FOOK KEE

吕福基

Race  
CHINESE

Date of Birth  
03-02-1951

Country of Birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Personal Number S0142544G

Name  
LUI FOOK KEE

Birth Date 03 Feb 1951

Issue Date 18 Jun 2003




1184801



NRIC No S0142544G



Blood Group AB+ Date of issue 12-08-1993

Address  
381 PASIR PANJANG ROAD #04-03  
SINGAPORE 118713

NRIC No: S0142544G Date: 19-01-2000 No: S010591

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

CLASS DATE  
19 Aug 1974

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



MP 428A

Licence No: S0142544G



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)

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"/>	5077418140-02		LUI FOOK KEE	S0142544G	GPC	drive PREMIUM	SKR5792P	SKR5792P	16/02/2018	15/02/2019