

NATIONAL Assessment Centre Services

Date In 27/08/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18015524/13	SAS e-filing		
Veh No SFL79L	E-mail (within 8hrs, A/C 2hrs)		
DOA 06/08/18 1100	i-Motor Claim Form	MT/1006325 - 002	
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFS1388B	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

Claimant's Particulars:-	NA1805396	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
OC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey) \$30		
at 1:		For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:		6) TR: Re-inspection \$75		
		7) N1: (Inc 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: Idno Mobile 30		
		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	27/08/2018 15:54
Date Of Accident	06/08/2018 11:00
Exact Location Of Accident	THE HEEREN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC79L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	LEDYS.ENGRG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93688797

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	5102451039
Cover Note Number	

### Driver

Name of Driver	LEE KAR POH, LOUIS (LI JIABAO, LOUIS)
NRIC No	S7939697D
Date Of Birth	16/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93688797
Fax Number	
Contact Number	
Email Address	LEDYS.ENGRG@GMAIL.COM

Address	BLK 766 WOODLANDS CIRCLE #12-354
Postcode	730766
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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

WHILE REVERSING MY VEH INSIDE THE HEEREN CARPARK, MY VEH HIT ONTO THE FRT RIGHT SIDE PORTION OF VEH(B) BEARING REG NO SFJ1388B.

#### 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	SFJ1388B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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.
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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.

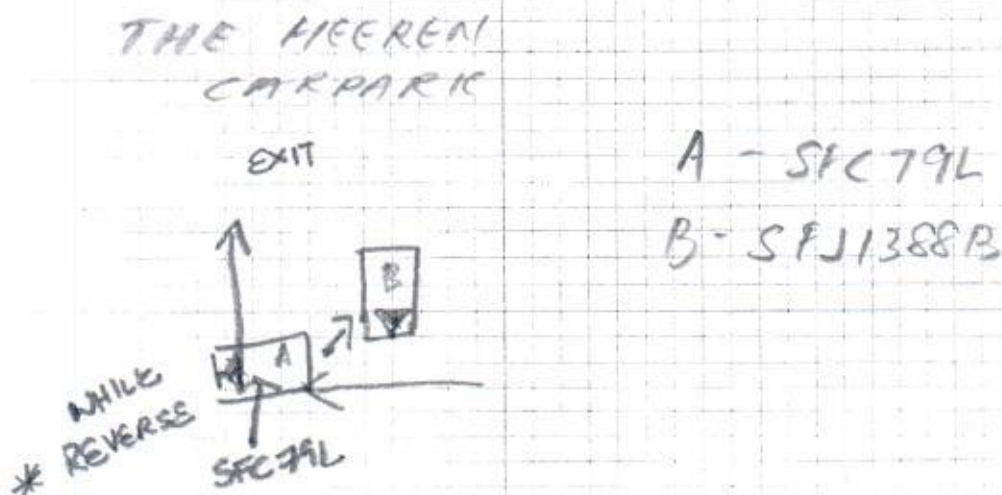


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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.:



REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number **S7939697D**  
 Name  
**LEE KAR POH, LOUIS**  
**(LI JIABAO, LOUIS)**

Birth Date **16 Dec 1979**  
 Issue Date **01 Jul 2014**



002320584E


REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7939697D**



Name  
**LEE KAR POH, LOUIS**  
**(LI JIABAO, LOUIS)**  
**李家葆**

Race  
**CHINESE**

Date of Birth **16-12-1979** Sex **M**  
 Country of Birth  
**SINGAPORE**



S7939697D

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

Class 3 **Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg**

EFFECTIVE DATE  
**07 Jun 1999**



Licence No: **S7939697D**

NP 426A

**A0123565**



S7939697D



Blood Group **O+** Date of issue **15-04-2002**

**APT BLK 766 WOODLANDS CIRCLE #12-354**  
**SINGAPORE 730766**  
**S7939697D** **19/12/2013 (R)**

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

5102451039

Date of Accident

06/08/2018 10:30

Vehicle No.(For Motor)

SFC79L

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"/>	5102451039		VENUEFEST SERVICE	53358071D	GPC	drivo CLASSIC	SFC79L	SFC79L	26/07/2018	25/07/2019

## Claim Handling

## Accident MT/1006325

Policy No.	5102451039	Vehicle No.	SFC79L	GST Registrat
Certificate No.				
Policyholder Name	VENUEFEST SERVICE			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	07/08/2018 15:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/08/2018	Time of Accident hh:mm	11:10	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	LOT 16 BASEMENT 2 THE HEEREN 260 ORCHARD RD			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/08/2018 15:23:15 Emily Tan changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 766 #12-354	Address 2	WOODLANDS CIRCLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102451039	

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Exper
Register Date of Driver License		Driver Age		Contact No.(I
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	<input type="text"/>	<input type="checkbox"/>
Contact No.(Mobile)	<input type="text"/>	Contact No. (Home)	<input type="text"/>	<input type="checkbox"/>
Email Address	<input type="text"/>	OJ Vehicle Number	<input type="text"/>	<input type="checkbox"/>
Claim Description	SFC79L / SF11388B ON 6 Aug 2018			
Preferred Workshop	<input type="text"/>	Insured Liability	Fully at Fault	
Report No. Finalisation	Yes <input type="checkbox"/>	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	<input type="text"/>	GIA report	Received	
Report Taken By	<input type="text"/>	Claim Close Date	27/08/2018 16:31	
		Workshop Repairer	ROSLINDA	

☒ Print AK letter

Save

Submit

## Attachment

Accident No. MT/1006325

Claim No.

002



Last Doc. Received

\* Yes ☐ No ☐

Upload Date

27/08/2018 00:00

Path \*

Category \*

Confid

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2018 16:31	Photos	Normal	P

## Video List

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