

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA18/14838**

Date In: 4/9/18-17:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016169/24	SAS e-filing		
Veh No: JLPF26A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 1/9/18-22:30	i-Motor Claim Form	M7/100 NR-001	4/9/18 18:31
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: **FYVU99C** 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

NA1803639	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		for Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TP : 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:		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	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 willful 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	04/09/2018 17:38
Date Of Accident	01/09/2018 22:30
Exact Location Of Accident	SLIP RD TPE (PIE) TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8256A
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100798940
Cover Note Number	

Driver

Name of Driver	LILIS SURYANI BINTE AHMAD
NRIC No	S7015410B
Date Of Birth	12/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83890940
Fax Number	
Contact Number	OFFICE-83890940
EEmail Address	NOEMAIL

Address BLK 463 CHOA CHU KANG AVENUE 4
#04-39
Postcode 680463
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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?
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: : -
GENDER: : MALE
Passenger 2 NAME: : -
GENDER: : FEMALE

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

REFER TO 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 FY4469C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.

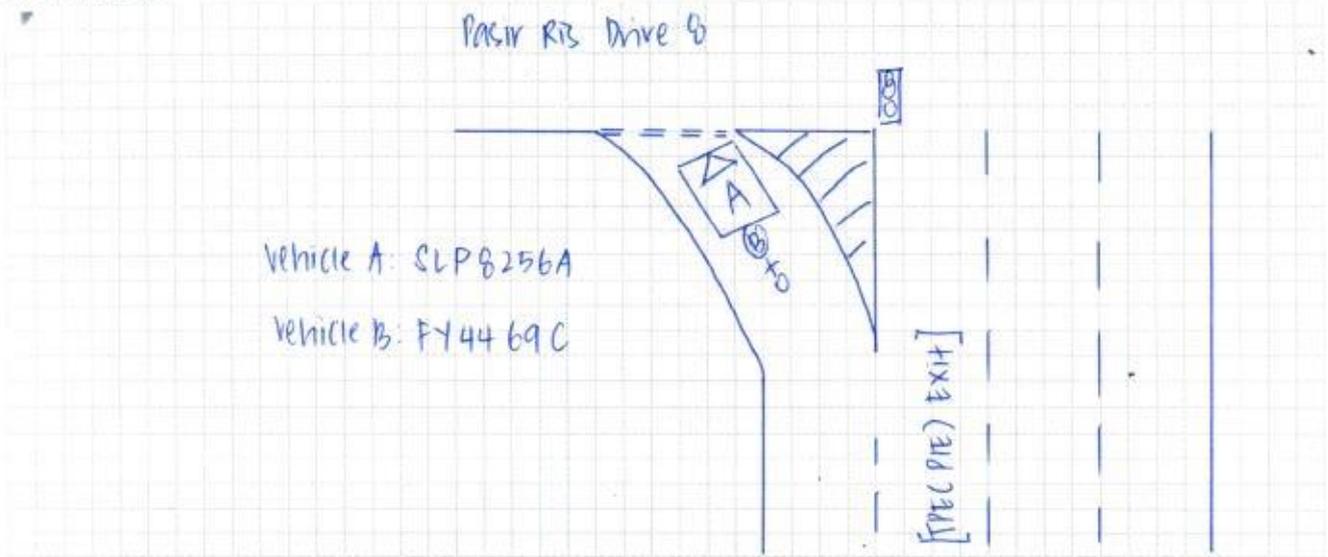


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle A: SLP8256A

Vehicle B: FY4469C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLP8256A, was stationary on the stated venue before the give-way line, to check on on-coming traffic before proceeding. Moments later, vehicle 'B', FY4469C, hit onto my vehicle's rear portion.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 09 / 2018) (DD/MM/YYYY), TIME: (22 : 30) (HH:MM)

LOCATION: TPE (PIE) EXIT TO PASIR RIS Drive 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP8256A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MASUBIKHI LAMIER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: METRO CAR LEASING PIE HD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lilis Suryani Binte Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S70154108 CONTACT: 83890940
c) ADDRESS: 463 Choa Chu Kang Ave 4, #04-39 S1686 463

*d) DATE OF BIRTH: (12 / 05 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FY4469C MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(03)
1 male,
1 female

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7015410B



Name

LILIS SURYANI BINTE AHMAD



Race

MALAY

Date of Birth

12-05-1970

Sex

F

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7015410B

Name:

LILIS SURYANI BINTE AHMAD



Birth Date: 12 May 1970

Issue Date: 30 Apr 2004

001207159G



3306945



NRIC No. **S7015410B**



Blood Group Date of issue
- 13-02-2003

**APT BLK 463 CHOA CHU KANG AVENUE 4 #04-39
SINGAPORE 680463**

NRIC No: S7015410B Date: 02/01/2017

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

PASS DATE

**Class 3 Motor Cars and Motor Tractors the weight of pr 2004
which unladen does not exceed 2500 kilograms**



Licence No: S7015410B

NP 428A

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100798940		METRO CAR LEASING PTE LTD	201810490D	GPC	drivo CLASSIC	SLP8256A	SLP8256A	17/05/2018	16/05/2019

Continue

Policy Information

Policy No.	5100798940	Policyholder Name	METRO CAR LEASING PTE LTD	Policyholder NRIC	201810490D
Certificate No.					
Address	210 TURF CLUB ROAD #LOTA8 THE GRANDSTAND SINGAPORE 287995				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/05/2018	Effective Date	17/05/2018 00:00	Expiry Date	16/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOTA8 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOTA8	Related Policy Number	5103577550		

Insured Object: SLP8256A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

- Exit

Accident MT/1010148

Policy No.	5100798940	Vehicle No.	SUP8256A	GST Registration No.	
Certificate No.					
Policyholder Name	METRO CAR LEASING PTE LTD			Policyholder NRIC	2018104900
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	04/09/2018 18:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/09/2018	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD TPE (PIE) TWDS PASJR RIS DR 8				
Excess					
Dwn Damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	210 TURF CLUB ROAD	Address 2	#LOTAS THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4	Singapore address	Address Type	Singapore address	Post Code	287995
Unit No.	LOTAS	Related Policy Number	5103577550		

DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/05/1970
Unnamed driver Name	LLIS SURYANI BUNTE AHPAD	Driver NRIC	S7015410B	Driving Experience	14
Register Date of Driver License	01/04/2004	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	83890940	Contact No.(Office)	0	Address 3	SINGAPORE 680463
Address 1	BLK 463	Address 2	CHOA CHU KANG AVENUE 4	Post Code	680463
Address 4		Address Type	Singapore address		
Unit No.	04-39				
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

Modification History

Claim 001 **New**

Claim Type *	DD-NK	Insured Name	METRO CAR LEASING PTE LTD	Insured NRIC	2018104900	
Contact No.(Mobile)	81119294	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		DI Vehicle Number	SUP8256A	TP Vehicle Number	FY4469C	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SUP8256A / FY4469C ON 1 Sept 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	04/09/2018 18:31	Claim Close Date		Date Received	04/09/2018 00:00	
Report Taken By	Jackson					

Save Submit

Attachment

Accident No.	MT/1010148	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/09/2018 18:33	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mjg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	SAS	Normal	SAS 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Sep 2018 18:32	Photos	Normal	Photos 2018-9-4		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				