

NATIONAL Assessment Centre Services

Date In: 10/09/2018 16:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016476/K4	SAS e-filing		
Veh No: SJH 4899L	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 07/09/2018 21:20	i-Motor Claim Form	MT/1010938-001	11/9/18
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: SGF11D 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	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

NA 1805791

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao 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	10/09/2018 16:52
Date Of Accident	07/09/2018 21:20
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4899L
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN SOON WEI LIANG
NRIC No	S9409230B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92291072
Alternative Phone No	OTHERS-92291072

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	5103179867
Cover Note Number	

Driver

Name of Driver	LEE KAH HWEE
NRIC No	S9330139J
Date Of Birth	24/08/1993
Occupation	INDOOR
Date Of Driving Pass	28/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81638908
Fax Number	
Contact Number	OTHERS-81638908
Email Address	NOEMAIL



Address	BLK 218 SERANGOON AVENUE 4 #10-182
Postcode	550216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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	SGF11D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96731202
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.

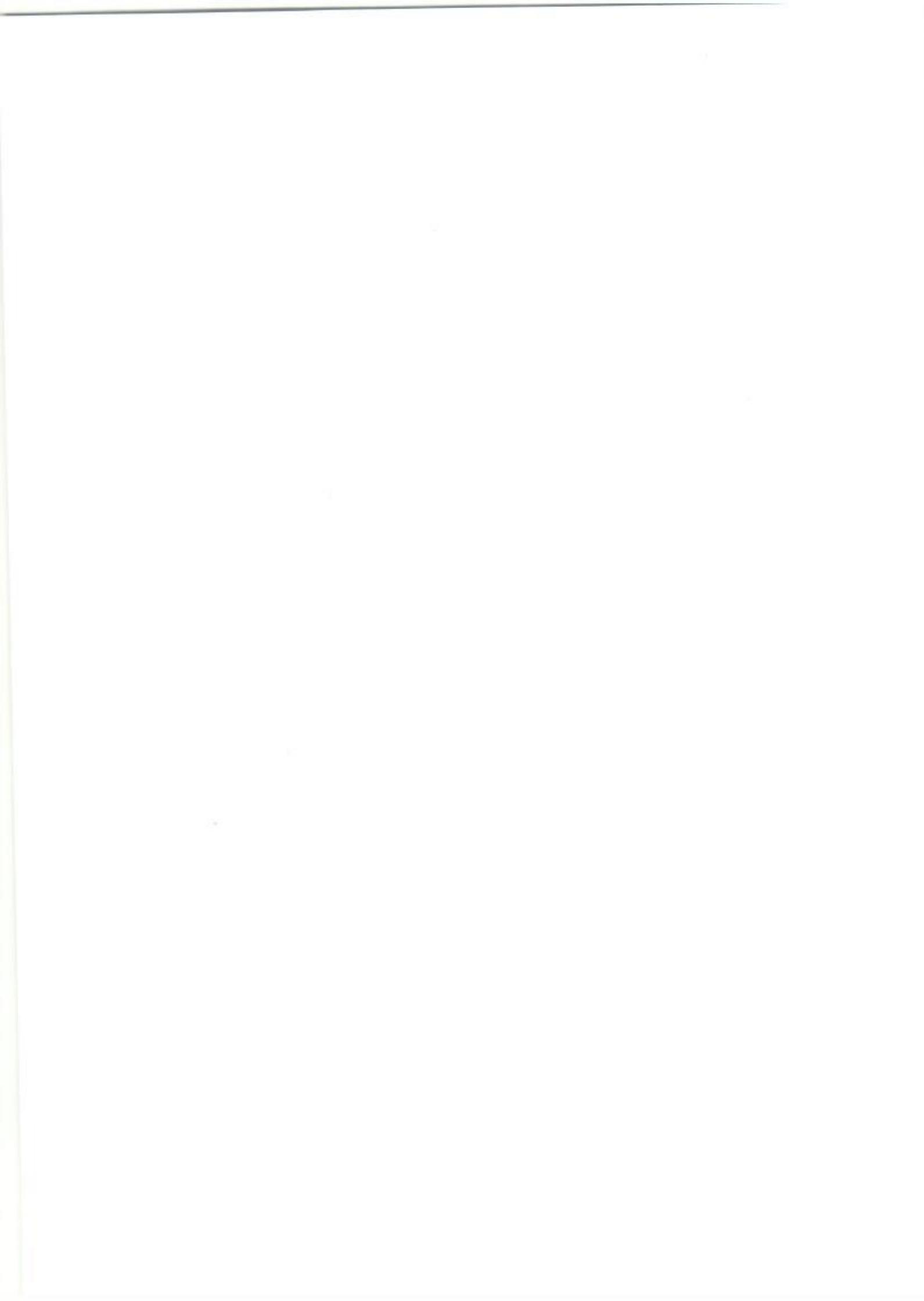
Policyholder's Signature
Date & Time:

LWS

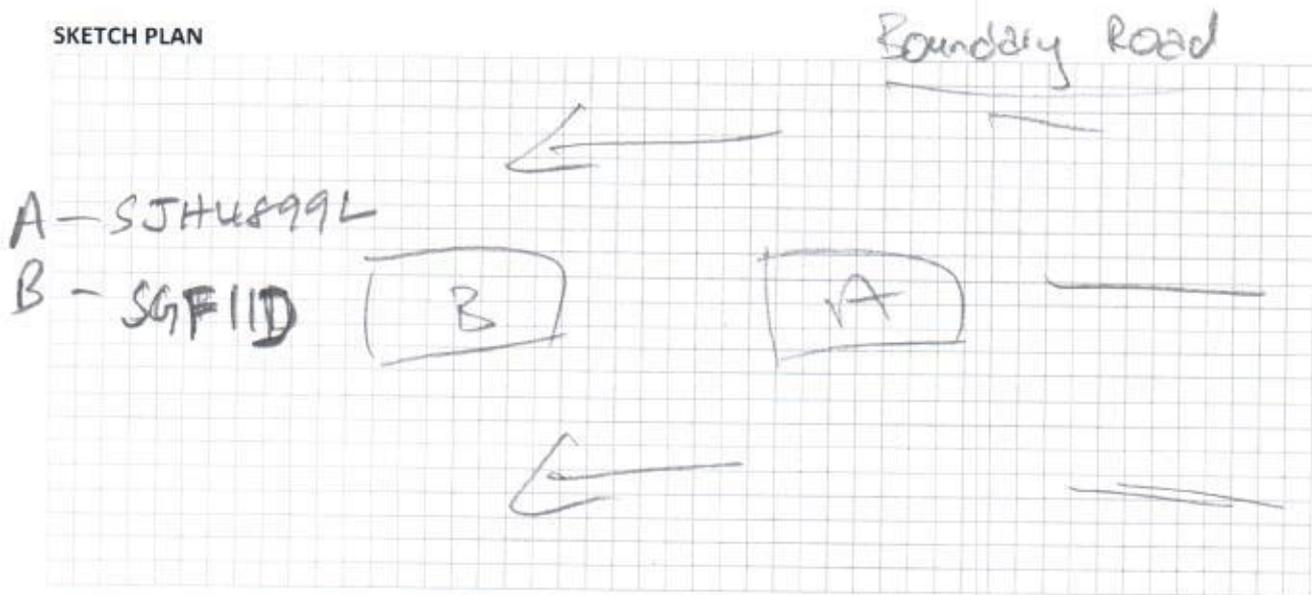
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/9/2018

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver B claim my car ^{hit} ~~missed~~ her bumper, upon going down, no damages on both sides were seen. She claimed she filed an accident report and claimed insurance. I reported the accident ~~after 1 day~~ in order to claim insurance and reported only on 10th as she told me on the 10th.

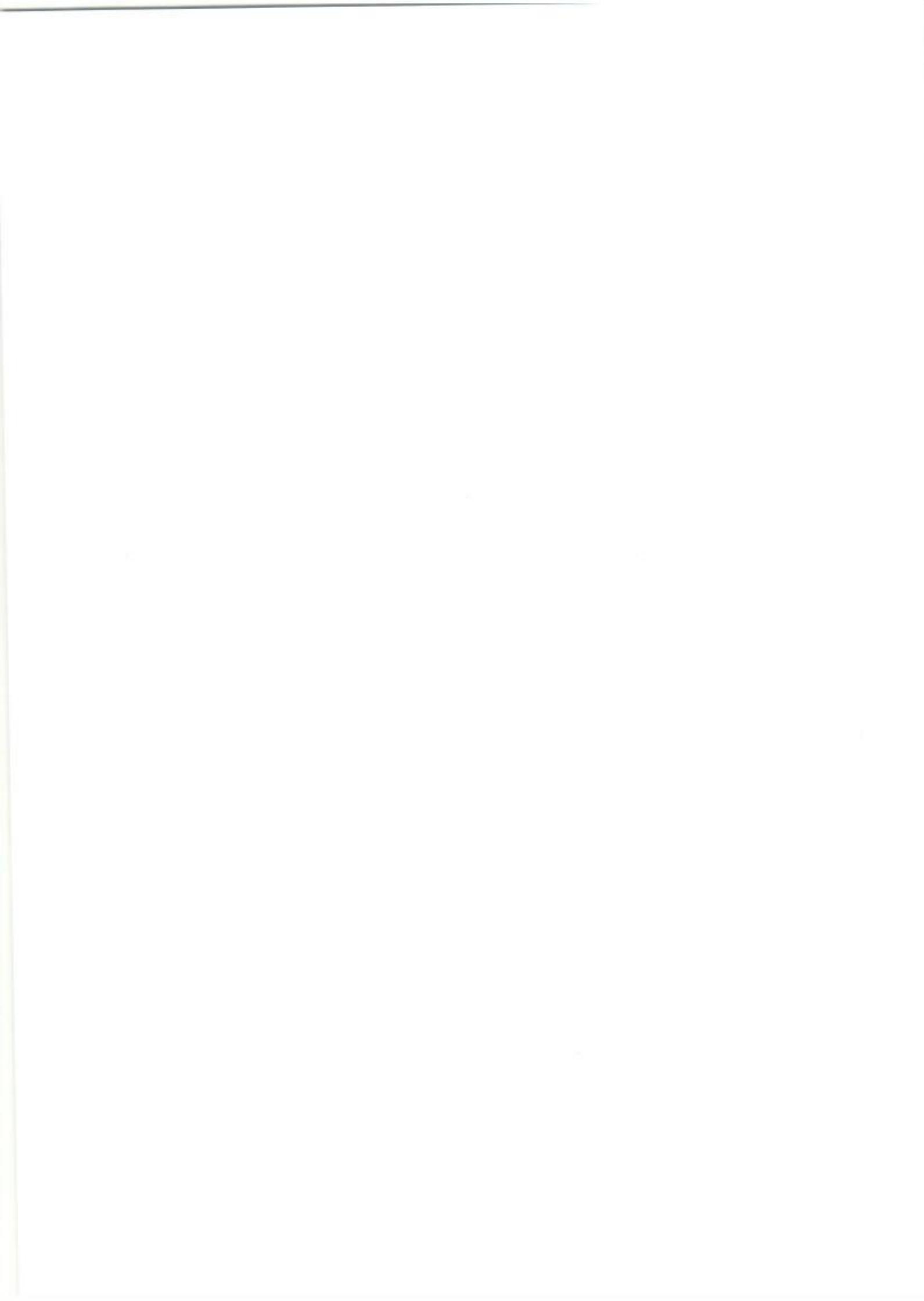
DECLARATION

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

Policyholder's Signature
Date & Time:

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

10/9/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9330139J



Name
LEE KAH HWEE

李家輝
Race
CHINESE
Date of birth
24-08-1993
Country of birth
SINGAPORE

Sex
M

S9330139J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S9330139J

Name
LEE KAH HWEE

Birth Date 24 Aug 1993

Issue Date 28 Mar 2013



002165392D



4268315



NRIC No. S9330139J

Date of issue
23-08-2008

Address

APT BLK 218 SERANGOON AVENUE 4
#10-182
SINGAPORE 550218

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

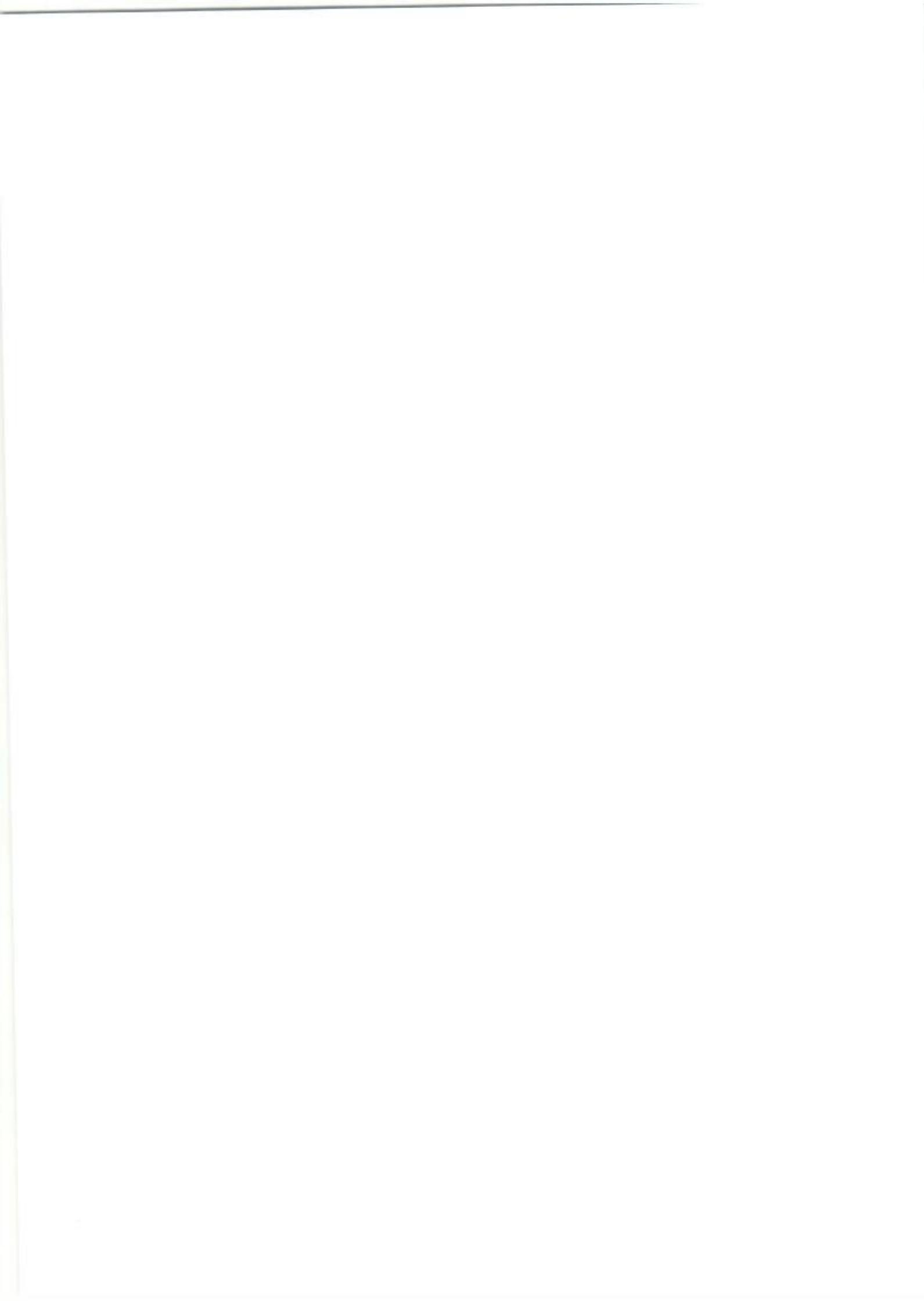
EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 28 Mar 2013



Licence No: S9330139J

NP 428A



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

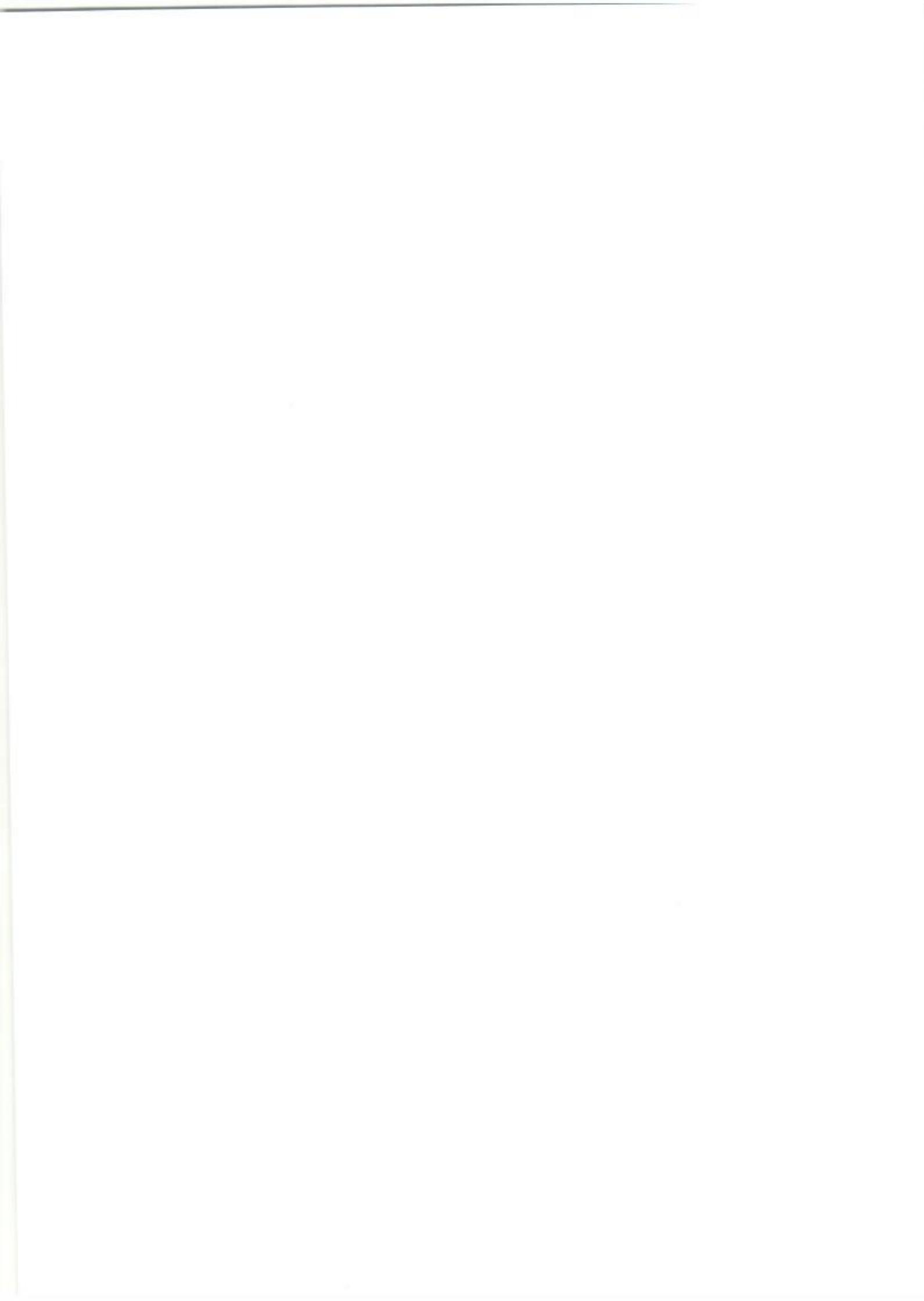
Policy Query

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"/>	5103179867		BENJAMIN SOON WEI LIANG	S9409230B	GPC	drive CLASSIC	SJH4899L	SJH4899L	20/08/2018	19/08/2019

Continue



Policy Information

Policy No.	5103179867	Policyholder Name	BENJAMIN SOON WEI LIANG	Policyholder NRIC	S9409230B
Certificate No.					
Address	702 UPPER CHANGI ROAD EAST #05-03 CHANGI COURT SINGAPORE 486832				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/08/2018	Effective Date	20/08/2018 00:00	Expiry Date	19/08/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1752.21		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	702 UPPER CHANGI ROAD EAST	Address 2	#05-03 CHANGI COURT	Address 3	SINGAPORE 486832
Address 4		Address Type	Singapore address	Post Code	486832
Unit No.		Related Policy Number	5103179867		

Insured Object: SJH4899L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

The premium on this policy has not been collected.

Accident MT/1010938

Policy No.	5103179867	Vehicle No.	SJH4899L	GST Registration No.	
Certificate No.					
Policyholder Name	BENJAMIN SOON WEI LIANG	Cover Type	drive CLASSIC	Policyholder NRIC	S940
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92291072	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	11/09/2018 10:52	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	07/09/2018	Time of Accident hh:mm	21:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOUNDARY ROAD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	702 UPPER CHANGI ROAD EAST	Address 2	#05-03 CHANGI COURT	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4868
Unit No.		Related Policy Number	5103179867		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/0
Unnamed driver Name	LEE KAH HWEE	Driver NRIC	S93301391	Driving Experience	5
Register Date of Driver License	28/03/2013	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	81638908	Contact No.(Office)	0	Address 3	
Address 1	BLK 218	Address 2	SERANGOON AVENUE 4	Post Code	5502
Address 4		Address Type	Singapore address		
Unit No.	#10-182	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	BENJAMIN SOON WEI LIANG	Insured NRIC	S940
Contact No.(Mobile)	92291072	Contact No.(Home)	65452522	Contact No.(Office)	
Email Address	benjaminsw@hotmail.com	O1 Vehicle Number	SJH4899L	TP Vehicle Number	SGFJ
Claim Description	SJH4899L / SGF11D ON 7 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	<input type="text" value="Rece"/>
Date Registered	11/09/2018 11:02	Claim Close Date		Date Received	11/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Attachment

Accident No. MT/1010938 Claim No. 001



Last Doc. Received

Yes No

Upload Date

11/09/2018 11:05

Path *

Category *

Confidential

Urgency *

	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:00	SAS	Normal	SAS 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:00	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:00	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:00	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:00	Photos	Normal	Photos 2018-9-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 11:00	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 10:59	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 10:59	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 10:59	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 10:59	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 10:59	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 10:59	Photos	Normal	Photos 2018-9-11

Video List

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

