

NATIONAL Assessment Centre Services [ref: J31/03] MAY 18/2013			
Date In: 05/10/2018 14:12	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/806412	SAS e-filing		
Veh No: SL2589P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/10/2018 14:15	I-Motor Claim Form	M.T. 10/14/59001	05/10/2018 14:16
OD: 7H 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: 83128	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: 90-100%)	
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

19806412	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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) FT: 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):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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 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. 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	05/10/2018 14:12
Date Of Accident	05/10/2018 11:15
Exact Location Of Accident	ALONG LOWER DELTA ROAD TOWARDS SENTOSA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ589P
Insured/Policyholder	
Name Of Registered Owner	LEE HAK SOON
NRIC No	S1497089D
Email Address	GINBOBCOM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96908070
Alternative Phone No	OTHERS-96908070

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5099986254
Cover Note Number	

Driver

Name of Driver	LEE HAK SOON
NRIC No	S1497089D
Date Of Birth	13/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96908070
Fax Number	
Contact Number	OTHERS-96908070
Email Address	GINBOBCOM@GMAIL.COM

Address	BLK 101 BUKIT PURMEI ROAD #02-24
Postcode	090101
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 - 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?	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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH8312G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD KHIRZAIM BIN ABDUL KARIM
NRIC/Passport Number	S8739029B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN8235X
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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

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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.

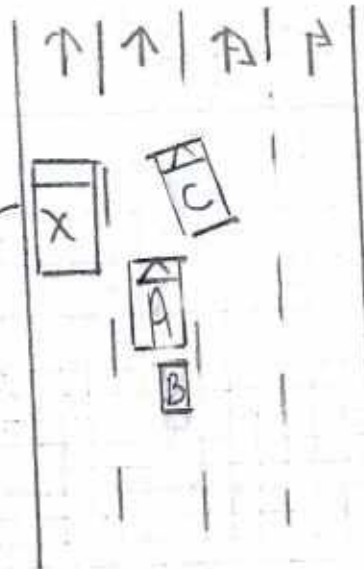
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ALONG LOWER DELTA RD
TOWARDS SENTOSA BUS



- A) SLZ589P
- B) FBH 8312G
- C) SLN 8235X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along Lower Delta Road towards Sentosa. On approaching the junction of Lower Delta Road and Telok Blangah Way. A vehicle, ^(SLN 8235X) on the right signal to switch lane & slow down to allow the car to enter my lane. All of a sudden my car was hit on the right back by this motorcycle. This is all I have to say.

The vehicle that switch lane and causes this accident was vehicle No. SLN 8235X.

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.:

05/10/2018
Rashid Wabiz

Claim Handling

Accident MT/1014459

Policy No.	S09986254	Vehicle No.	SLZ589P	GST Registration No.	
Certificate No.					
Policyholder Name	LEE HAK SOON			Policyholder NRIC	S1497089D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Group PREMIUM	Loading	0
Contact No.(Mobile)	96908070	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	05/10/2018 14:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/10/2018	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOWER DELTA ROAD TOWARDS SENTOSA				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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			No
Modification History					

Policyholder Mailing Address

Address 1	BLK 101 #02-24	Address 2	BUKIT PURMEI ROAD	Address 3	BUKIT PURMEI VILLE
Address 4	SINGAPORE 090101	Address Type	Singapore address	Post Code	090101
Unit No.	02-24	Related Policy Number	S09986254		

OI Driver Info

Driver Name	LEE HAK SOON	Driver Type	Main Driver	Driver DOB	13/11/1961
Unnamed driver Name		Driver NRIC	S1497089D	Driving Experience	27
Register Date of Driver License	10/10/1990	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	BUKIT PURMEI VILLE
Address 1	BLK 101 #02-24	Address 2	BUKIT PURMEI ROAD	Post Code	090101
Address 4	SINGAPORE 090101	Address Type	Singapore address		
Unit No.	02-24				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLZ589P	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

GA report

Received

CLAIM Close Date

Date Received

Report Taken By

Print AK letter

Save Submit

Attachment

Accident No.

MT/1014459

Claim No.

001

Last Doc. Received

Yes No

Upload Date

05/10/2018 14:46

Path *

Category *

Confidential

Urgency *

Descr

Attachment List

Attachment




















Updated By/Date

Category

Urgency

Description

N/

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:45	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:45	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:45	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:45	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:45	Photos	Normal	Photos 2018-10-5
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:44	Photos	Normal	Photos 2018-10-5
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:44	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:44	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:43	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:43	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:43	Photos	Normal	Photos 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:43	SAS	Normal	SAS 2018-10-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Oct 2018 14:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-5

Video List

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

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 05/10/2018 (DD/MM/YYYY), TIME: 11:12 (HH:MM)

LOCATION: Lower Delta Road To Vards Sentosa

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ589P
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5099986254
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN NOTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LOBBY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
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: LEE HAK SOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S14970810 CONTACT: 96908070
c) ADDRESS: Blk 101, #02-54, Bukit Purmei Road, S (090101)

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/07/1985

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

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: FBH P312 G MODEL: Motorcycle
b) DRIVER'S NAME: Muhamad Khurzaiz Bin Abdul Karim
c) NRIC/FIN/PASSPORT: S8739029B CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SW 8235X MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = ginbobcom@gmail.com

VIDEO = Yes

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1497089D



Name

LEE HAK SOON

李合順

Race

CHINESE

Date of birth

13-11-1961

Country of birth

SINGAPORE

Sex

M

S1497089D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1497089D

Name

LEE HAK SOON

Birth Date: 13 Nov 1961

Issue Date: 05 Jan 2005



3867091

NRIC No. S1497089D



Date of issue

06-01-2005

Address

APT. BLK 101 BUKIT PURMEI ROAD
#02-24
SINGAPORE 090101

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles ≤ 200 cc
Class 3 Motor cars ≤ 3000 kg with ≤ 7 passengers,
exclusive of the driver; and motor tractors
vehicles ≤ 2500 kg

04 Jun 1967
09 Jul 1985



NP 428A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/10/2018 12:34"/>							
Vehicle No.(For Motor)	<input type="text" value="SLZ589P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099986254		LEE HAK SOON	S1497089D	GPC	drive PREMIUM	SLZ589P	SLZ589P	21/04/2018	20/04/2019
<input type="button" value="Continue"/>										