

NATIONAL Assessment Centre Services

(weF 1 Jan 2005)

MNA 418/32715

Date In: 12/10/2008 17:20	Job description	Date & Time Completed	Done by
Ref No: N3A/INC/80/8580/	SAS e-filing		
Veh No: SKP 0381X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/10/2008 13:10	i-Motor Claim Form	M1/10/5434-001	12/10/2008 17:37
OD: TP: <u>Reporting Only</u>	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:

SKA 4946J

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

NIA 006538

Invoice Preparation Checklist

Am (\$)

Am (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N11 INC) against INC \$20

9) N12: Idac Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

12/10/2008

12/10/2008

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	12/10/2018 17:20
Date Of Accident	12/10/2018 13:10
Exact Location Of Accident	FILTER LANE AT CLEMENTI RD TURN TO CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6381X
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW HONG
NRIC No	S1630878A
Email Address	JIMLEEKM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91875177
Alternative Phone No	OTHERS-92961262

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093017634-01
Cover Note Number	

Driver

Name of Driver	LEE KIT MING
NRIC No	S1484831B
Date Of Birth	04/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1973
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92961262
Fax Number	
Contact Number	OTHERS-91875177
EMail Address	JIMLEEKM@GMAIL.COM

Address	BLK 20 HOLLAND DRIVE #17-405
Postcode	271020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA4946J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
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

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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:

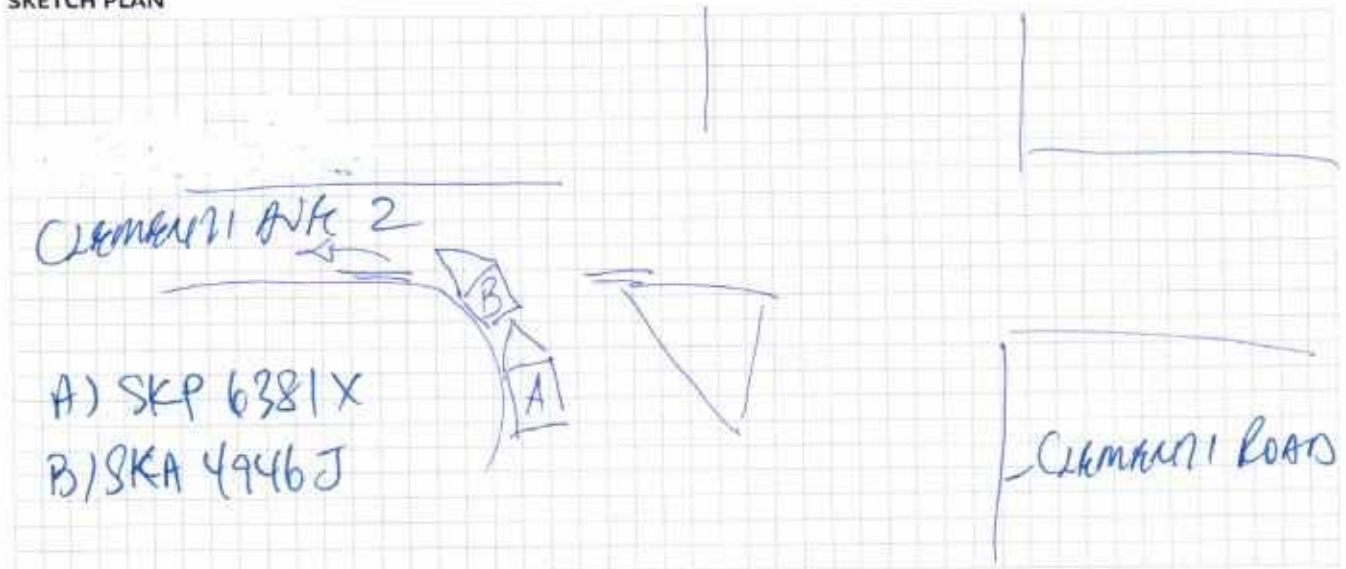
Subodh

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/2018

12/10/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle (A) stopped at the filter lane (stop road) at the Clementi intersection waiting behind vehicle B to make so that I can proceed going to my destination (West Coast Rd).

Vehicle B was moving, I follow but vehicle (B) make a sudden stop. I was not able to stop in time and trying to make a slight turn to avoid collision and jam brake.

It was too late and my vehicle (A) collide to the right side of vehicle (B).

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/1015434

Policy No.	5093017634-01	Vehicle No.	SKP6381X	GST Registration No.	
Certificate No.					
Policyholder Name	ONG SIEW HONG	Cover Type	Third Party	Policyholder NRIC	S1630878A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91875177	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/10/2018 17:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/10/2018	Time of Accident Approx	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICW No.	
Accident Location	FILTER LANE AT CLEMENTI RD TURN TO CLEMENTI AVE 2				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 20 #17-405	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 271020
Address 4		Address Type	Singapore address	Post Code	271020
Unit No.		Related Policy Number	5093017634-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/02/1953
Unnamed driver Name	LEE KIT HING	Driver NRIC	S1484831B	Driving Experience	45
Register Date of Driver License	17/03/1973	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	92961262	Contact No.(Office)		Address 1	SINGAPORE 271020
Address 1	BLK 20 #17-405	Address 2	HOLLAND DRIVE	Post Code	271020
Address 4		Address Type	Foreign address		
Unit No.	17-405				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKP6381X	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 OD-MX

NEW

Claim Type *	OD-MX	Insured Name	ONG SIEW HONG	Insured NRIC	S163
Contact No.(Mobile)	91875177	Contact No. (Home)		Contact No. (Office)	
Email Address	ONG_SIEW_HONG@HQS.EDU.SG	Vehicle Number	SKP6381X	Vehicle Number	SKAA
Claim Description	SKP6381X ON 12 Oct 2018				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Repair Option	Preferred Workshop, Name unknown				
Date Registered	12/10/2018 17:36	Claim Date		Date Received	12/11
Report Taken By	ROS LI WANAS	Workshop Repairer		Total Loss Out Repaired	
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1015434	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/10/2018 17:37
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Des
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:37	Photos	Normal	Photos 2018-10-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:37	Photos	Normal	Photos 2018-10-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:37	Photos	Normal	Photos 2018-10-12
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:37	Photos	Normal	Photos 2018-10-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:37	SAS	Normal	SAS 2018-10-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:37	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-10-12

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: (12 / 10 / 2018) (DD/MM/YYYY), TIME: (13 : 10) (HH:MM)

LOCATION: CLEMENTI JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 6381 X
 b) INSURANCE COMPANY: N7UC
 c) POLICY NUMBER: 5093 01 7634 -01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LATID
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: ONG SIEW HUNG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S163 08784 CONTACT: 91851777
 c) ADDRESS: BLK 20 HOLLAND DRIVE #07-405
 SINGAPORE 271020

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE KIT MING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S14848318 CONTACT: 92961262
 c) ADDRESS: BLK 20 HOLLAND DRIVE #17-405
 SINGAPORE 271020

* d) DATE OF BIRTH: (04 / 02 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1973

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

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: SKA 4946J MODEL: TOYOTA 16
 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:

EMAIL = jimleekm@gmail.com

VIDEO = NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1484831B



LEE KIT MING

李吉民

Race
CHINESE
Date of Birth
04-02-1953
Sex
M
Country of Birth
PERAK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1484831B



LEE KIT MING

Birth Date 04 Feb 1953
Issue Date 23 Feb 2004



1953017

NRIC No. S1484831B



Block Group Date of issue
O+ 30-04-1994

APT BLK 20 HOLLAND DRIVE #17-405
SINGAPORE 271020

NRIC No: S1484831B Date: 31/03/2018

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	17 Mar 1973
Class 2A	Motorcycles between 201 cc and 400 cc	17 Mar 1973
Class 2	Motorcycles exceeding 400 cc	17 Mar 1973
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Mar 1973



NP 428A

eBaoTech

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Hello, NAC_BUKIT_MERAH_800676

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

5093017634-01

Date of Accident

12/10/2018 15:11

Vehicle No.(For Motor)

SKP6381X

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"/>	5093017634-01		ONG SIEW HONG	S163087BA	GPC	Third Party	SKP6381X	SKP6381X	10/08/2018	09/08/2019