NATIONAL Assessment Centre Services (wef 1 Jan 03) NMA18133264

Date In: 15/10/2018 09:20	Job description	Date & Time Completed	Done by
Ref No NBA/INC/180/8608/Y	SAS e-filing		
Veh No FY 5685M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 14/10/2018 11:40	i-Motor Claim Form	IMT/10/5725-001	15/10/2018 16:45
OD (TP) Repairing 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: SKU 417R 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

NA1806630

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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 2003)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
• 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 (Non INC) against INC	$20		
9) N12: Idac Mobile	$30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

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	15/10/2018 09:20
Date Of Accident	14/10/2018 11:40
Exact Location Of Accident	MACRITCHIE RESERVOIR CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FY5685M
Insured/Policyholder	
Name Of Registered Owner	LEE BAI YU CARRIE
NRIC No	S8809709B
Email Address	CARRIELBY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96660329
Alternative Phone No	OFFICE-96660329
Vehicle Particulars	
Manufacturer	VESPA
Model	GT200-198CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080075426-02
Cover Note Number	
Driver	
Name of Driver	LEE BAI YU CARRIE
NRIC No	S8809709B
Date Of Birth	29/03/1988
Occupation	INDOOR
Date Of Driving Pass	09/04/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96660329
Fax Number	
Contact Number	OFFICE-96660329
EMail Address	CARRIELBY@GMAIL.COM

Address	BLK 18B HOLLAND DRIVE #04-447
Postcode	273018
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SKU417R
Vehicle Make/Model/Colour	LAND ROVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. YEO
NRIC/Passport Number	S2014453Z
Contact Number	96620350
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

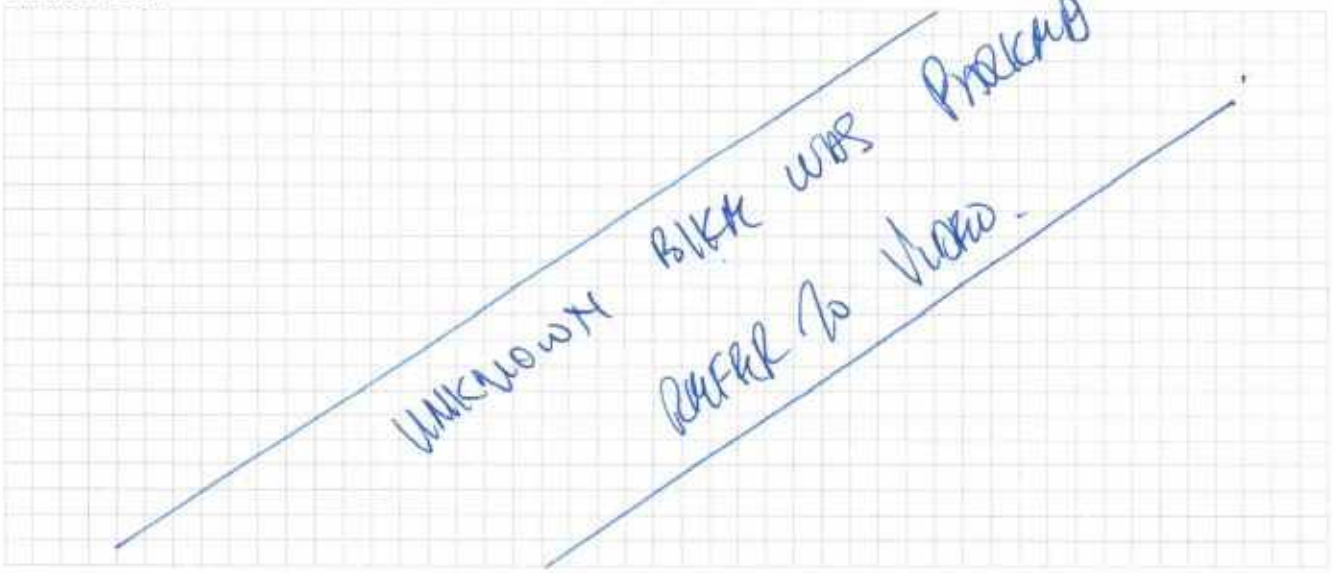
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 15/10/2018 9:11 915	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature 15/10/2018 Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My bike was parked at Mackitchie Reservoir as I went for a run. When I came ~~back~~ back, I opened my topbox and the cover fell off. A man came over from his car opposite and asked if there was a note on my bike. I checked and realised there was a note slipped into my helmet (which was locked on top of my seat). The man (witness Jason) told me what had happened and he sent me video footage from his car's dashboard camera. I called the driver of Land Rover SKV417R to arrange for comparison. ~~It~~ The drive of SKV417R was travelling on the wrong direction of a one-way road. He realised it and reversed ~~to~~, and hit my bike, causing it to fall on the ground. He stopped and came out to pick ~~me~~ up my bike, and the witness came to help him lift it up.

When I ~~for~~ surveyed the damage, I found:
- Topbox scratched & broken hinge
- Exhaust pipe case cracked
- Side panel badly scratched
- Legshield trim ribbon scratched
- Right brake lever bent out of shape
- Throttle grip chipped
- Helmet scratched
- Wheel alignment off

DECLARATION

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

Policyholder's Signature
Date & Time: 15 Oct 2018 0925

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

15/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1015725

Policy No.	5080075426-02	Vehicle No.	FY5685M	GST Registration No.	
Certificate No.					
Policyholder Name	LEE BAI YU CARRIE			Policyholder NRIC	S8809709B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96660329	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	15/10/2018 16:24	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	15/10/2018	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACRITCHIE RESERVOIR CARPARK				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 188 #04-447	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 273018
Address 4		Address Type	Singapore address	Post Code	273018
Unit No.		Related Policy Number	5080075426-02		

OI Driver Info

Driver Name	LEE BAI YU CARRIE (LI BAIYU)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8809709B	Driver DOB	29/03/1988
Register Date of Driver License	09/04/2014	Driver Age	30	Driving Experience	4
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 188 #04-447	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 273018
Address 4		Address Type	Singapore address	Post Code	273018
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FY5685M	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEE BAI YU CARRIE	Insured NRIC	S8809
Contact No.(Mobile)	96660329	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	CARRIELBY@GMAIL.COM	OI Vehicle Number	FY5685M	TP Vehicle Number	SKU56
Claim Description	FY5685M / SKU5685M ON 15 Oct 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Consent No. Finalisation	Yes	Registered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2018 16:43	Claim Close Date		Date Received	15/10/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1015725	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/10/2018 16:45

Path *

		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_8006766(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-15

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:45	SAS	Normal	SAS 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:45	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:45	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:45	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:44	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:44	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:44	Photos	Normal	Photos 2018-10-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:44	Photos	Normal	Photos 2018-10-15
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 16:43	Photos	Normal	Photos 2018-10-15

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 2018) (DD/MM/YYYY), TIME: (11 : 39) (HH:MM)

LOCATION: MacRitchie Reservoir Carpark

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FY5685M
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 508007542 6-02
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Vespa GT200
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Personal
   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 BAI YU CARRIE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8809709B CONTACT: 9666 0329
   c) ADDRESS: 18B HOLLAND DRIVE #04-447 SINGAPORE 273018

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers (including driver) (__)

3. DRIVER
   a) NAME: LEE BAI YU CARRIE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8809709B CONTACT: 9666 0329
   c) ADDRESS: 18B HOLLAND DRIVE #04-447 SINGAPORE 273018

   *a) DATE OF BIRTH: (29 / 03 / 1988) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS: 09/04/2014
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF
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: SKU417R MODEL: Land Rover
   b) DRIVER'S NAME: MR YEO CHAR SUAN
   c) NRIC/FIN/PASSPORT: S2014453Z CONTACT: 96620350

No. of passengers (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No. of passengers (including driver) (__)

Witness: Jason
92347282

EMAIL = CARRIELBY@GMAIL.COM

VIDEO = YES

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8809709B

Name
LEE BAI YU CARRIE

李 白 钰

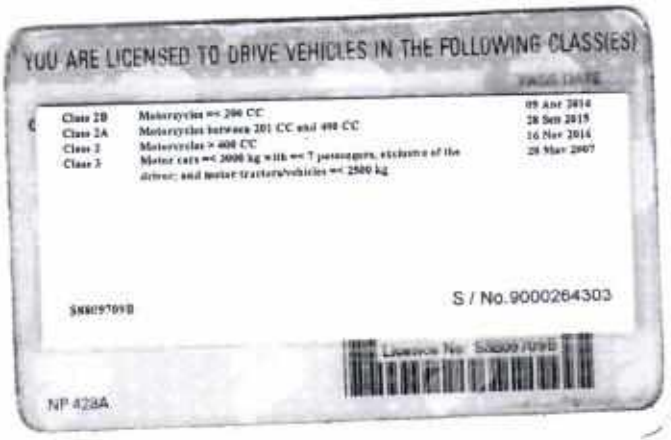
Race
CHINESE
Date of birth
29-03-1988
Sex
F
Country/Place of birth
SINGAPORE

5981527

NRIC No. S8809709B

Date of issue
18-07-2018

Address
APT BLK 18B HOLLAND DRIVE
#04-447
SINGAPORE 273018



eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. | Date of Accident: 14/10/2018 09:17

Vehicle No.(For Motor): FY5685M | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5080075426-02		LEE BAI YU CARRIE	S8809709B	GMC	Third Party, Fire & Theft	FY5685M	FY5685M	23/05/2018	22/05/2019

Continue