

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MA418134205			
Date In: 16/10/2018 10:07	Job description	Date & Time Completed	Done by
Ref No: NB01NCC8018724	SAS e-filing		
Veh No: SUM 7326D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/2018 07:45	i-Motor Claim Form	MT/10/5816201	16/10/2018
OD: TP - Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:32
	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: SJL 2509E	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

MA1806713 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 2005)			
	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 (N11 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 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	16/10/2018 10:07
Date Of Accident	15/10/2018 07:45
Exact Location Of Accident	ALONG BOON LAY AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7326D
Insured/Policyholder	
Name Of Registered Owner	LEE NG HUAT TIMOTHY
NRIC No	S7110628D
Email Address	LTIMOTHY071@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91763407
Alternative Phone No	OFFICE-91763407

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING KIDS TO SCHOOL
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	5099570541
Cover Note Number	

Driver

Name of Driver	LEE NG HUAT TIMOTHY
NRIC No	S7110628D
Date Of Birth	08/04/1971
Occupation	INDOOR
Date Of Driving Pass	07/08/1995
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91763407
Fax Number	
Contact Number	OFFICE-91763407
EEmail Address	LTIMOTHY071@GMAIL.COM

Address	BLK 277 TOH GUAN ROAD #10-167
Postcode	600277
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER 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

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	SJL2509E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMED ISA
NRIC/Passport Number	
Contact Number	96888604
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

15/10/18 0940am

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

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

16/10/2018
Rohit Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front driver applied E brake to avoid hitting onto a guy crossing the road. I was unable to stop in time, thus hit onto the rear of his car.

DECLARATION

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

Policyholder's Signature
Date & Time:

5/10/18 0940am

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

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

16/10/2018
Rafiq Ibrahim

10/16/2018

Claim Handling

Accident HT/1015818

Policy No.	5099570541	Vehicle No.	SLH73260	GST Registration No.	
Certificate No.		Cover Type	drive CLASSIC	Policyholder NRIC	S7110628D
Policyholder Name	LEE NG HUAT TIMOTHY	Contact No. (Office)		Loading	0
Product Code	PRIVATE CAR INSURANCE	Special Remark		Contact No. (Home)	
Contact No. (Mobile)	91763407	TCA	= No Yes	eCode	No
Email Address		NCD Entitlement(%)	50	eCode Reason	
KFK	= No Yes			Private Hire	No
NCD Protection	Yes			Accident Type	Collision - Head to Rear
Report Date	16/10/2018 10:23	Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Date of Accident	16/10/2018	Time of Accident hh:mm	07:45	ICM No.	
Reporting Centre		Orange Force			
Accident Location	ALONG BOON LAY AVENUE			Windscreen Excess	100.00
Own Damage Excess	500.00	Additional Excess	0		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information	No	GST Registration Date		GST Status Verified	Yes
GST Registered					
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 267 #22-07	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 600267
Address 4		Address Type	Singapore address	Post Code	600267
Unit No.		Registered Policy Number	5099570541		
Driver Name	LEE NG HUAT TIMOTHY	Driver Type	Main Driver	Driver DOB	08/04/1971
Unnamed Driver Name		Driver NRIC	S7110628D	Driving Experience	23
Register Date of Driver License	07/08/1995	Driver Age	47	Contact No. (Home)	
Contact No. (Mobile)	91763407	Contact No. (Office)		Address 3	SINGAPORE 600267
Address 1	BLK 267 #22-07	Address 2	TOH GUAN ROAD	Post Code	600267
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLH73260		
Declaration		Any Injury?	Yes = No		
Breathalyzer or Blood Test Reading?	0 mg				

Modification History

Claim 001

Next

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

CO-INS	Insured Name	LEE NG HUAT TIMOTHY	Insured NRIC	S7110628D
	Contact No. (Home)	97909524	Contact No. (Office)	NIL
	OT Vehicle Number	SLH73260	TP Vehicle Number	SLH73260
SLH73260 / SLH73095 ON 15 Oct 2018				
Name of Preferred Workshop				

Preferred Workshop	Insured Liability	Fully at Fault	Report	Received	Claim Close Date	Date Received
Yes	Preferred Workshop, Name unknown				16/10/2018 10:31	16/10/
Finalisation	Report Option				ROSLI WAHAB	

Report Taken By

Print All Letter

Save Submit

Attachment

Accident No.	HT/1015818	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/10/2018 10:32
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List	Uploaded By/Date	Category	Urgency
Attachment	NAC_BUKIT_MERAH_800676 (NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 10:32	Photos	Normal
			Description
			Photos 2018-10-16



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 10:32	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 10:32	Photos	Normal	Photos 2018-10-16
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 10:32	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 10:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 10:32	SAS	Normal	SAS 2018-10-16

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 15/10/18 (DD/MM/YYYY), TIME: 07:45 (HH:MM)

LOCATION: Boon Lay Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SEM 7326 D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 009510541
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving to school
 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 Ng Huat, Timothy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S711062812 CONTACT: 91763407
 c) ADDRESS: 12 Chua Chua Kong Grove #20-29 S(688208)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABRAH (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: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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) NO

7. a) REPORTED TO POLICE (YES / NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL 2509 E MODEL: Honda
 b) DRIVER'S NAME: Mohammed Isa
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9658 8604

9. THIRD PARTY VEHICLE

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

EMAIL = Timothy071@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7110628D



Name
LEE NG HUAT, TIMOTHY
(LI HUANGFA, TIMOTHY)
李 黃 發

Race
CHINESE

Date of birth
06-04-1971

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving Number: S7110628D

Name
LEE NG HUAT, TIMOTHY
(LI HUANGFA, TIMOTHY)

Birth Date: 06 Apr 1971

Issue Date: 19 Mar 2004

0011064827

Barcode

Ident No: S7110628D

Valid till
09-01-2008

APT BLK 277 TOH GUAN ROAD #10-167
SINGAPORE 600277

Ident No: S7110628D Date: 01/04/2015

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

PASS DATE: 07 Aug 1993

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

NP 425A

Barcode

Licence No: S7110628D

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

15/10/2018 09:42

Vehicle No.(For Motor)

SLM7326D

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"/>	5099570541		LEE NG HUAT TIMOTHY	S7110628D	GPC	drive CLASSIC	SLM7326D	SLM7326D	07/04/2018	06/04/2019

Continue