

NATIONAL Assessment Centre Services

(Unit 1 2000)

NA0418137239

Date In: 22/10/2018 19:24
 Ref No: NBA/INC/0019139/Y
 Veh No: 89U 4037A
 D.O.A: 20/10/2018 16:35
 OD / TP / Reporting Only

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 3hrs, A/C 3hrs)

I-Motor Claim Form

I-Motor W/O (within 3hrs, TP 3hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars

Veh No: GW 87BS

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%; P: 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 repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks

INC 67810016

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

Action

NA1806884

Customer's Details

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Will be Comments

L.L.

2/2

Invoice Reproduction Charges

1) AA: Accident Reporting (\$20)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$10/\$15

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$20

For claimant apply INC Only (w/ 10 Jan 2019)

6) TR: Re-inspection \$15

7) NI: 1 day DA + SMAT Survey \$160

8) NTUC Additional Services

9) Other

*N1: Courtesy Car / Tol Allowance \$5

*N1: Repair Coordination \$10

*N1: Post Repair Inspection \$15

*N1: DY / Collision Coordination \$5

TP (N1) + TP (Non INC) against INC \$20

9) N1: 1 day Mobile \$10

Invoice dated

Invoice Period

Not Charged

Not Charged

2018/10/24

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	22/10/2018 19:24
Date Of Accident	20/10/2018 16:35
Exact Location Of Accident	ALONG SCOTTS ROAD BEFORE TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU4037A
Insured/Policyholder	
Name Of Registered Owner	YVONNE KOH I-YIN
NRIC No	S8370389Z
Email Address	LEECHINCHONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96260616
Alternative Phone No	OTHERS-98301282

Vehicle Particulars

Manufacturer	MAZDA
Model	6
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5071545595-03
Cover Note Number	

Driver

Name of Driver	LEE CHIN CHONG (LI ZHENZONG)
NRIC No	S8035471A
Date Of Birth	07/11/1980
Occupation	INDOOR
Date Of Driving Pass	10/12/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98301282
Fax Number	
Contact Number	OTHERS-96260616
Email Address	LEECHINCHONG@HOTMAIL.COM

Address	BLK 124A BUKIT MERAH VIEW #12-406
Postcode	151124
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	GW8731S
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96745050
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.
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:

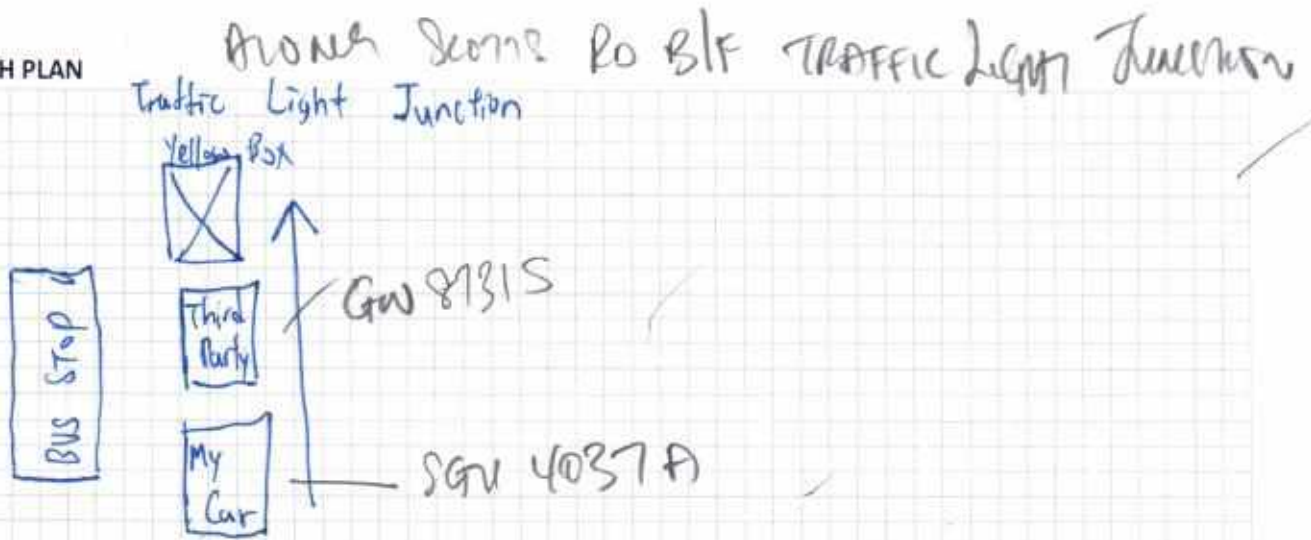
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car at traffic light junction, as I was driving along Scott's road towards Steens road.

All lanes are congested with traffic.

After traffic light turned green, all vehicles start to move. I also start to move my vehicle.

The van in front of my car suddenly stopped (light just turned green less ~~than~~ ^{although} 10 seconds ago.)

My car cannot stop in ~~front~~ in time as my car had started accelerating. My speed at that time is around 20 km/h - 25 km/h (max)

The 3rd party driver came down with his passenger and exchanged details with me after ~~exchanging~~ taking some photos.

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: 22/10/18
11:54 am

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

NOTICE OF REPORTING

This is to confirm that Lee Chin Chong, NRIC/FIN S8035471A, has reported to the Police a non-injury traffic accident which

· occurred along 13 Scotts Road towards Stevens Road before traffic light junction on 20/18/2018 at 1635hrs involving the following vehicles:

SGU 4037 A (Grey Mazda 6 SP)
GW 8731 S (White/Red Toyota Van)

On the above mentioned date, time and location, complainant was driving car regn no. SGU 4037 A and another party van regn no. GW 8731 S was in front. Complainant's car was behind said van and was at the traffic light. As traffic light turns green, both vehicles started to move off however said van in front suddenly applied his brakes and I could not stop in time to avoid the collision. At that point of time, no injuries and no government properties was damaged. No pedestrians involve and no conveyance. Both myself and the other party exchanged particulars.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: ST 140271 Mohd Munzir Aziz

Date: 21/10/2018 Time: 0010hrs

S/D Ref: 01

Police Post/Unit: Bukit Merah West NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Bukit Merah West
Neighbourhood Police Centre
No 590 Bukit Merah View #01-01
Singapore 159682
Tel : 1800-3779999

Claim Handling

Accident MT/1016739

Policy No.	5071545595-03	Vehicle No.	SGU4037A	GST Registration No.	
Certificate No.					
Policyholder Name	YVONNE KOH I-YIN	Cover Type	Third Party	Policyholder NRIC	S8370389Z
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	96260616	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	23/10/2018 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/10/2018	Time of Accident hh:mm	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SCOTTS ROAD BEFORE TRAFFIC LIGHT JUNCTION				
Excess					
Own damage Excess	0.00	Additional Excess		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 124A #12-406	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 151124
Address 4		Address Type	Singapore address	Post Code	151124
Unit No.		Related Policy Number	5071545595-03		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/11/1980
Unnamed driver Name	LEE CHIN CHONG (LI ZHENZON)	Driver NRIC	S8039471A	Driving Experience	14
Register Date of Driver License	10/12/2003	Driver Age	37	Contact No. (Home)	
Contact No. (Mobile)	98301282	Contact No. (Office)		Address 1	SINGAPORE 151124
Address 1	BLK 124A #12-406	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 151124
Address 4		Address Type	Foreign address	Post Code	151124
Unit No.	12-406				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	SGU4037A	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History













Claim 001 **NEW**


Claim Type *	OD-MK	Insured Name	YVONNE KOH I-YIN	Insured NRIC	S8370
Contact No. (Mobile)	96260616	Contact No. (Home)	96101103	Contact No. (Office)	NIL
Email Address	elyksh@hotmail.com	DI Vehicle Number	SGU4037A	TP Vehicle Number	GW877
Claim Description	SGU4037A / GW87315 ON 20 Oct 2018				Name of Preferred Workshop
Preferred Workshop	Insured Liability	Fully at Fault	GIA Report	Received	
Accident No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	23/10/2018 11:25
Date Registered				Date Received	23/10/2018
Report Taken By	KOSLI WARAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1016739	Claim No.	001
Last Date Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	23/10/2018 11:26
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			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_5006781 NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal
5 (BUKIT MERAH) on 23 Oct 2018 11:26			
Description			
Photos 2018-10-23			

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 11:25	SAS	Normal	SAS 2018-10-23

 Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 10 / 2018) (DD/MM/YYYY), TIME: (16 : 35) (HH:MM)

LOCATION: Along 13 Scotts road, before traffic light junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGV 4037 A
 b) INSURANCE COMPANY: NIVC
 c) POLICY NUMBER: 5071545545-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 6
 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) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Yvonne Koh I-Yin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8370389Z CONTACT: 9626 0616
 c) ADDRESS: 124A Bukit Merah View #12-46, Spore 15/124

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Chin Chong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8035471A CONTACT: 98301282
 c) ADDRESS: 124A Bukit Merah View #12-46, Spore 15/124

* d) DATE OF BIRTH: (07 / 11 / 1980) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 10/12/2003

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) Normal

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Merah West NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GW 8731 S MODEL: Toyota Hiace
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9674 5050

9. THIRD PARTY VEHICLE

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

EMAIL = leechinchong@hotmail.com

VIDEO = No

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8035471A



LEE CHIN CHONG
(LI ZHENZONG)

李振宗

Race
CHINESE

Date of birth

07-11-1980

Country/Place of birth

SINGAPORE

Sex

M



5997756



NRIC No. S8035471A



Date of issue

10-08-2018

Address

APT BLK 124A BUKIT MERAH VIEW
#12-406
SINGAPORE 151124

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8035471A

Name

LEE CHIN CHONG
(LI ZHENZONG)

Birth Date 07 Nov 1980

Issue Date 10 Dec 2003



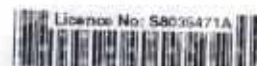
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

10 Dec 2003

NP 429A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8370389Z



Name

YVONNE KOH I-YIN

李 爱 英

Race

CHINESE

Date of birth

16-06-1983

Sex

F

Country/Place of birth

UNITED KINGDOM



9385466



NRIC No. S8370389Z



Nationality

MALAYSIAN

Date of issue

02-11-2015

APT BLK 124A BUKIT MERAH VIEW #12-406
SINGAPORE 151124

NRIC No: S8370389Z

Date: 04/02/2016

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

20/10/2018 13:49

Vehicle No.(For Motor)

SGU4037A

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"/>	5071545595-03		YVONNE KOH I-YIN	58370389Z	GPC	Third Party	SGU4037A	SGU4037A	14/05/2018	13/05/2019