

# NATIONAL Assessment Centre Services. [ver 1 Jan'09]

Date In: 05/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019998/13	SAS e-filing		
Veh No: GX420	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 05/11/18 0040	i-Motor Claim Form	05/10/18 701 - 001	
OD: (TP) 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: SP1A7864C	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 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

Claimant's Particulars:	NA1807328	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: 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 2009)		
		6) TR: Re-inspection \$75		
		7) N1: Idao 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 \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):		Invoice dated	Fees Charged	
Auditors' Comments:-		Invoice dated	Fees Charged	
Page 1:				
2/3				



## 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	05/11/2018 10:09
Date Of Accident	05/11/2018 00:40
Exact Location Of Accident	CLAYMORE HILL TURNING INTO DRAYCOTT DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX42U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	OWN USE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5068367014-03
Cover Note Number	

### Driver

Name of Driver	LEE TING SHEN
NRIC No	S1792042A
Date Of Birth	12/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96259487
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 296B BUKIT BATOK ST 22 #25-74
Postcode	652296
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
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	
Was any body injured in the Accident?	YES
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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE AT CLAYMORE HILL TURNING INTO DRAYCOTT DR TO GIVE WAY FOR ONCOMING VEH. SUDDENLY VEH(B) BEARING REG NO SHA7864C CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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	SHA7864C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE KENG CHAY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEE TING SHEN
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GX42U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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.

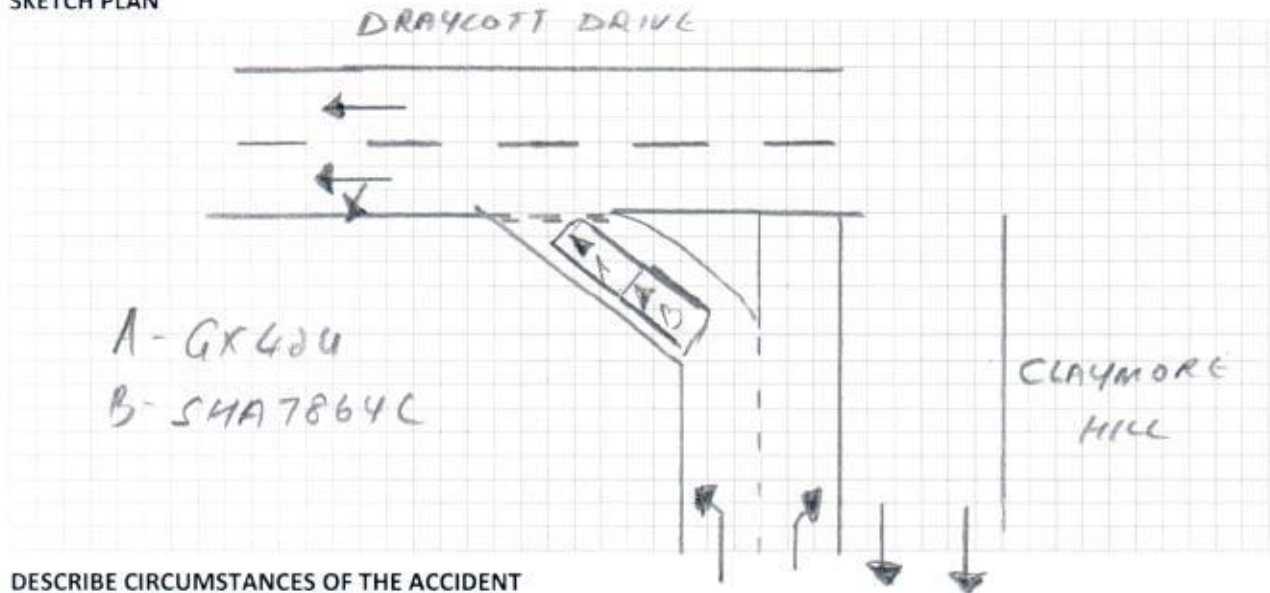


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls refer to the statement*

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 05/11/18

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1792042A



Name  
**LEE TING SHEN**  
李庭陞  
Race  
**CHINESE**  
Date of Birth  
**12-09-1967** Sex  
**M**  
Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
**S1792042A**  
Name  
**LEE TING SHEN**  
Birth Date  
**12 Sep 1967**  
Issue Date  
**28 Feb 2003**

000237222C

1224730



NRIC No. **S1792042A**



27932

Biometric Group Date of issue  
**O+ 30-08-1993**

APT BLK 298B BUKIT DATOK STREET 22 #25-74  
SINGAPORE 652298  
NRIC No: S1792042A Date: 14/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Aug 1990
Class 4	Heavy motor cars and motor tractors > 2500 kg	04 Mar 2010
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	15 Mar 2011

S1792042A

S / No. 9000145844

NP 428A

License No: S1792042A





Hello, NAC\_PAYA\_UBI\_800601

[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="05/11/2018 00:40"/>
Vehicle No.(For Motor)	<input type="text" value="GX42U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068367014-03		WENG SOON AUTO & LEASING	53227794E	GCV	Comprehensive	GX42U	GX42U	06/11/2017	05/11/2018



Claim Handling

Accident MT/1018701

Policy No.	5068367014-03	Vehicle No.	GX42U	GST Registration No.
Certificate No.				
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	92727979	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	07/11/2018 15:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/11/2018	Time of Accident hh:mm	00:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLAYMORE HILL TURNING INTO DRAYCOTT DR			

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	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	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-200	Related Policy Number	5068367014-04	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE TING SHEN	Driver NRIC	S1792042A	Driver DOB
Register Date of Driver License	13/08/2099	Driver Age	51	Driving Experience
Contact No.(Mobile)	96259487	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 296B	Address 2	BUKIT BATOK STREET 22	Address 3
Address 4	SINGAPORE 652296	Address Type	Singapore address	Post Code
Unit No.	#25-74			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WENG SOON
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GX42U
Claim Description	GX42U / SHA7864C ON 5 Nov 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	07/11/2018 15:25	GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save

Submit

## Attachment



Accident No.	MT/1018701	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/11/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/> <input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	NRIC/ Driving License		Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	Photos		Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 15:25	Photos		Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	