

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MNA 118156684 -01

Date In: 4/12/18 11:31	Job description	Date & Time Completed	Done by
Ref No: NAI 1MC18021774/64	SAS e-filing		
Veh No: SMC 4117B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/12/18 06:00	I-Motor Claim Form	MT/1022543-001	4/12/18 16:54
OD: TP Repair 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:

SHB 44262

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

<p>WA1807905</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>At 1:</p> <p>At 2/3:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (ver 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) N1: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>OD:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpl Allowance \$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (N-in INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30);	30.00	2) DA: Damage Assessment (\$100); INC (\$80)		3) TP: Towing Fee \$40/\$45		4) FT: Follow-Through Survey \$120		5) FT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (ver 10 Jan 2009)		6) TR: Re-inspection \$75		7) N1: Idao DA + SMRT Survey \$160		8) NTUC Additional Services:-		OD:		*N5: Courtesy Car / Tpl Allowance \$5		*N6: Repair Co-ordination \$10		*N7: Post Repair Inspection \$25		*N8: DV / Collect Excess Coordination \$5		TP (N11): TP (N-in INC) against INC \$20		9) N12: Idao Mobile \$0		Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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	04/12/2018 11:31
Date Of Accident	04/12/2018 06:00
Exact Location Of Accident	AIRPORT T2 BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4117B
Insured/Policyholder	
Name Of Registered Owner	LEE CHEW SUNG
NRIC No	S7697065C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83380883
Alternative Phone No	OFFICE-83380883

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102418990
Cover Note Number	-

Driver

Name of Driver	LEE CHEW SUNG
NRIC No	S7697065C
Date Of Birth	28/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83380883
Fax Number	
Contact Number	OFFICE-83380883
Email Address	NOEMAIL

Address	BLK 672B YISHUN AVE 4 #09-548
Postcode	762672
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	
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

I STOP AT THE GIVE WAY LINE ALONG AIRPORT T2 BLVD TO CHECK ON THE TRAFFIC. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SHB4426Z) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4426Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ESMOND LIM POH CHYE
NRIC/Passport Number	S7105779H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE CHEW SUNG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMC4117B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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

T2 Blvd.



A = SMC 41178

B = SHB 44262

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118156684 Vehicle Registration No: SMC4117B
Name(as shown in NRIC) : LEE CHEW SUNG NRIC/FIN/Passport No : S7697065C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 672B YISHUN AVE 4 #09-548 Singapore 762672
Contact (Tel) : - Mobile No. : 83380883
Email Address : NO EMAIL
Date of Accident : 04/12/2018 Time of Accident : 06:00
Place of Accident : AIRPORT T2 BOULEVARD
Insurance Company : NTUC Income Insurance Co-operative Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from Reporting to TP

AM
Policyholder / Driver's Signature
Date:

4/12/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7697065C



Name

LEE CHEW SUNG
(LI QIUSHUANG)

李 秋 双

Race
CHINESE

Date of birth
28-07-1976

Sex
M

Country of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

LICENCE NUMBER S7697065C



LEE CHEW SUNG
(LI QIUSHUANG)

Birth Date: 28 Jul 1976

Issue Date: 12 Aug 2016



3951462

NRIC No. S7697065C



Date of issue
30-10-2006

APT BLK 672B YISHUN AVENUE 4 #09-54B
SINGAPORE 762672

NRIC No: S7697065C

Date: 01/01/2017

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	03 Apr 2003
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	03 Mar 2003

NP 428A



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="04/12/2018 11:29"/>
Vehicle No.(For Motor)	<input type="text" value="SMC4117B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102418990		LEE CHEW SUNG	S7697065C	GPC	drive CLASSIC	SMC4117B	SMC4117B	26/07/2018	25/07/2019

Claim Handling

Accident MT/1022543

Policy No.	5102418990	Vehicle No.	SMC4117B	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHEW SUNG			Policyholder NRIC	S7697065C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83380883	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
4FK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	04/12/2018 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	04/12/2018	Time of Accident hh:mm	06:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT T2 BOULEVARD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 672B #09-548	Address 2	YISHUN AVENUE 4	Address 3	VINE G
Address 4	SINGAPORE 762672	Address Type	Singapore address	Post Code	762672
Unit No.	09-548	Related Policy Number	5102418990		

O1 Driver Info

Driver Name	LEE CHEW SUNG (LI QIUSHUANG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7697065C	Driver DOB	28/07/
Register Date of Driver License	03/03/2003	Driver Age	42	Driving Experience	15
Contact No.(Mobile)	83380883	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 672B #09-548	Address 2	YISHUN AVENUE 4	Address 3	VINE G
Address 4	SINGAPORE 762672	Address Type	Singapore address	Post Code	762672
Unit No.	09-548				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	Insured Name	LEE CHEW SUNG
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	67548830
Finalisation						O1 Vehicle Number	SMC4117B
Date Registered							SMC4117B / SHB4426Z ON 4 Dec 2018
Report Taken By						Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1022543	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

04/12/2018 16:54

Path *

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

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2018 16:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2018 16:54	SAS	Normal	SAS 2018-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2018 16:54	Photos	Normal	Photos 2018-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2018 16:54	Photos	Normal	Photos 2018-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2018 16:54	Photos	Normal	Photos 2018-12-4
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Video List

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