

NATIONAL Assessment Centre Services. [Print 1 Jan'05] MNA 118157812.

Date In: 6/12/18 13:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021979/64.	SAS e-filing		
Veh No: SLA 8418 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/12/18 19:40.	I-Motor Claim Form	MT/1022844-01	6/12/18 16:22.
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SLM 4597 H.	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

<p>MA1807971</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>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice/Repairation Checklist</p> <table border="1"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Amount (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$50)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>Q1:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$3</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$3</td> <td></td> </tr> <tr> <td>TP (N11): TP (Inc INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	Item	Amount (\$)	Amount (\$)	1) AR: Accident Reporting (\$30);		30.00	2) DA: Damage Assessment (\$100); INC (\$50)			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 2005)			6) TR: Re-inspection	\$75		7) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:-			Q1:			*N5: Courtesy Car / Tpt Allowance	\$3		*N6: Repair Co-ordination	\$10		*N7: Post Repair Inspection	\$25		*N8: DV / Collect Excess Coordination	\$3		TP (N11): TP (Inc INC) against INC	\$20		9) N12: Idao Mobile	\$0	
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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	06/12/2018 13:52
Date Of Accident	05/12/2018 19:40
Exact Location Of Accident	RAFFLES AVE INFRONT MANDARIN ORIENTAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8418U
Insured/Policyholder	
Name Of Registered Owner	ANJELRIC
Co Reg No	53364688W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93862022

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092786809-01
Cover Note Number	-

Driver

Name of Driver	LEE CHOON GEE
NRIC No	S1234249G
Date Of Birth	23/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93862022
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 475 PASIR RIS DR 6 #08-556
Postcode	510475
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 - MAJOR/MINOR RD
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : UNKNOWN
	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

I WAS TRAVELLING ALONG RAFFLES AVE ON THE SECOND LANE WHILE APPROACHING MANDARIN ORIENTAL, SUDDENLY VEH B (BEARING NO SLM4597H) DASHED OUT FROM THE MANDARIN ORIENTAL AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4597H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

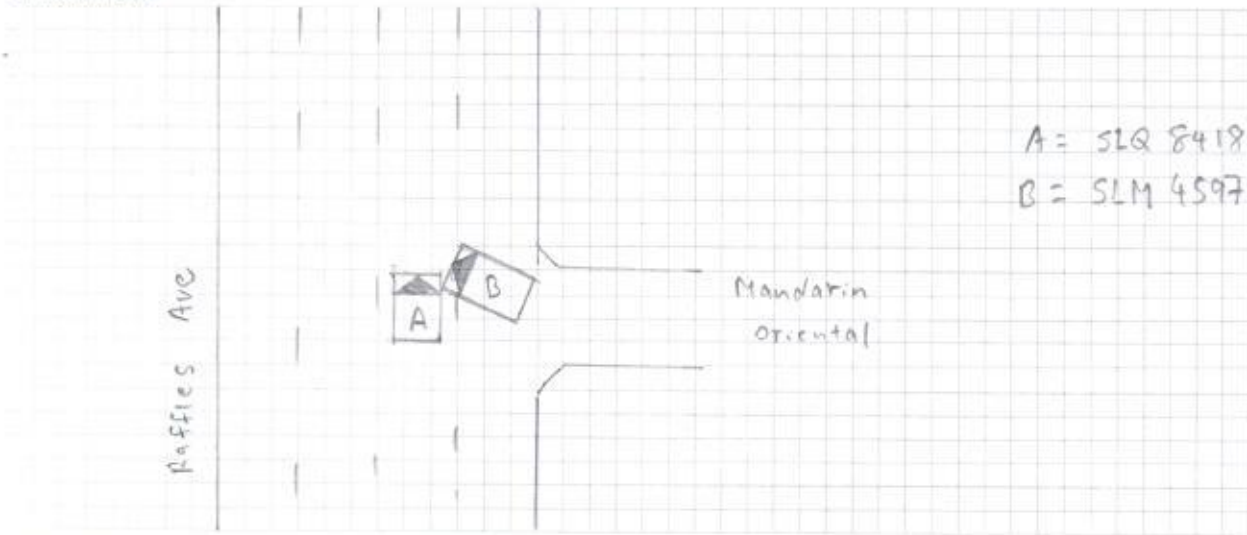
- I understand, acknowledge, agree and consent that:

- 

Driver's Signature



SKETCH PLAN



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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1234249G**

Name: **LEE CHOON GEE**

Birth Date: **23 Jan 1957**

Issue Date: **28 Jun 2006**

001420137J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1234249G**

LEE CHOON GEE

李春毅

Race: **CHINESE**

Date of Birth: **23-01-1957**

Country of Birth: **SINGAPORE**

Sex: **M**



Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S1234249G**

Name: **LEE CHOON GEE**

Card Issue Date: **19/03/2018**

Please visit www.lta.gov.sg to check the status of this vocational licence



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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: **16 Sep 1977**

Licence No: **S1234249G**

NP 428A

2306010

S1234249G

24-08-1994

2061

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	19/03/2018



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="05/12/2018 13:44"/>							
Vehicle No.(For Motor)	<input type="text" value="SLQ8418U"/>	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"/>	5092786809-01		ANJELRIC	53364688W	GPC	drivo PREMIUM	SLQ8418U	SLQ8418U	25/07/2018	24/07/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1022844

Policy No.	5092786809-01	Vehicle No.	SLQ8418U	GST Registration No.	
Certificate No.					
Policyholder Name	ANJELRIC			Policyholder NRIC	53364
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	93862022	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	06/12/2018 16:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	05/12/2018	Time of Accident hh:mm	19:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	RAFFLES AVE INFRONT MANDARIN ORIENTAL				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE 6	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	S1047
Unit No.	08-556	Related Policy Number	5092786809-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE CHOON GEE	Driver NRIC	S1234249G	Driver DOB	23/01/
Register Date of Driver License	19/03/2018	Driver Age	61	Driving Experience	0
Contact No.(Mobile)	93862022	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE 6	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	S1047
Unit No.	08-556				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANJELRIC
Contact No.(Mobile)	81181391	Contact No.(Home)	
Email Address		OI Vehicle Number	SLQ8418U
Claim Description	SLQ8418U / SLM4597H ON 5 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By	06/12/2018 16:19		
	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1022844	Claim No.	001
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Last Rec. Received

* Yes ☐ No ☐

Upload Date

06/12/2018 16:22

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 *

Please Select

Confidential

NO

Urgency *

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:22	SAS	Normal	SAS 2018-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:22	Photos	Normal	Photos 2018-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:22	Photos	Normal	Photos 2018-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:22	Photos	Normal	Photos 2018-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:21	Photos	Normal	Photos 2018-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:21	Photos	Normal	Photos 2018-12-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:19	Photos	Normal	Photos 2018-12-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:19	Photos	Normal	Photos 2018-12-6

Video List

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

Scan and uploading