

# NATIONAL Assessment Centre Services. [ver 1 Jan'00]

19/11/2018 16:27

Date In: 27/12/2018 10:12	Job description	Date & Time Completed	Done by
Ref No: NBSA/INC 18023146/4	SAS e-filing		
Veh No: 808 397SP	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 26/12/2018 14:05	1-Motor Claim Form	27/12/2018 10:45	
OID: TP & Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No:	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 repaler.

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

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

Remarks: (INC 18023146/4) Date & Time Completed: 27/12/2018 10:45

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Action	By

<p>19/11/2018 16:27</p> <p>Clientant 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>2/3</p>	<p>Invoice for Insurance Claim</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$40)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idea DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpl Allowance \$3</p> <p>*NG: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$3</p> <p>TP (Nil): TP (Non INC) against INC \$20</p> <p>9) NI: Idea Mobile \$30</p>	<p>Fee Charged</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Invoice dated</p>
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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	27/12/2018 10:12
Date Of Accident	26/12/2018 14:05
Exact Location Of Accident	CARPARK AT BLK 354 CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR3975P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEEW KONG KEEYON
NRIC No	S2073598H
Email Address	OAYNAIT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97288608
Alternative Phone No	OTHERS-65649982

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5048526099-07
Cover Note Number	

### Driver

Name of Driver	LIU TIANYAO
NRIC No	S8207108C
Date Of Birth	03/03/1982
Occupation	INDOOR
Date Of Driving Pass	18/02/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97288608
Fax Number	
Contact Number	OTHERS-65649982
Email Address	OAYNAIT@GMAIL.COM

Address	BLK 347 KANG CHING ROAD #08-143
Postcode	610347
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX7954H
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEOW KIM ENG
NRIC/Passport Number	S6812623A
Contact Number	91874224
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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: 27/12/2018  
1015am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

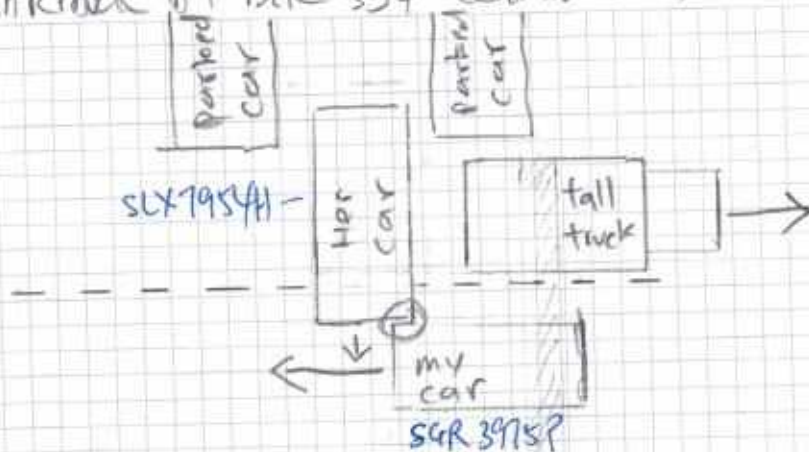
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

CARPARK A1 BLK 354 CLAMARTI AVENUE 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into the carpark and crossing a hump when the accident happened. once my front wheels crossed the hump, the truck on my right moved passed my vehicle and I saw at the corner of my eyes a car moving out of the parking lot perpendicular to my direction of movement. I Jam braked but the other vehicle still ram onto the right side of my vehicle.

## DECLARATION

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

Policyholder's Signature

Date & Time: 27/12/2018  
10:15 am

CLAMARTI SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/12/2018  
Res Li Lim 1003



## Claim Handling

Accident MT/1025294

Policy No.	5048526099-07	Vehicle No.	SGR3975P	GST Registration No.	
Certificate No.				Policyholder NRIC	S3673598H
Policyholder Name	LEEW KONG KEEYON	Driver Type	Third Party, Fire & Theft	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	65649982	Contact No. (Home)	
Contact No. (Mobile)	97288608	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KFR	No Yes	NCD Entitlement(%)	30	Private Hire	No
NCD Protection	No				

## Accident Details

Report Date	27/12/2018 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/12/2018	Time of Accident (h:mm)	14:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	CARPARK AT BLK 334 CLEMENTI AVENUE 2				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 516 #09-45	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640516
Address 4		Address Type	Singapore address	Post Code	640516
Unit No.		Related Policy Number	5048526099-07		

## O1 Driver Info

Driver Name	LEEW KONG KEEYON	Driver Type	Main Driver	Driver DOB	17/05/1946
Unnamed driver Name		Driver NRIC	S2073598H	Driving Experience	22
Register Date of Driver License	01/01/1996	Driver Age	73	Contact No. (Home)	
Contact No. (Mobile)	97288608	Contact No. (Office)	65649982	Address 3	SINGAPORE 640516
Address 1	BLK 516 #09-45	Address 2	JURONG WEST STREET 52	Post Code	640516
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGR3975P		

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEEW KONG KEEYON	Insured NRIC	S207
Contact No. (Mobile)	60447024	Contact No. (Home)	65649982	Contact No. (Office)	
Email Address		OT Vehicle Number	SGR3975P	TF Vehicle Number	SLX7
Claim Description	SGR3975P / SLX7954 (IN 26 Dec 2018)				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop, Name unknown		Report	Report	Claim Close Date	27/12/2018 10:27
Date Registered		Workshop Repairer	ROSLI WAHAB	Total Loss But Repaired	27/12
Report Taken By					

Print AK letter

Save



Submit

## Attachment

Accident No.	MT/1025294	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/12/2018 10:45
Path *		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		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description

12/27/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	Photos	Normal	Photos 2018-12-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	Photos	Normal	Photos 2018-12-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	Photos	Normal	Photos 2018-12-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	Photos	Normal	Photos 2018-12-27
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	Photos	Normal	Photos 2018-12-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	SAS	Normal	SAS 2018-12-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 10:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-27

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: (26/12/2018) (DD/MM/YYYY), TIME: (14:05) (HH:MM)

LOCATION: Carpark at 354 Clementi Ave 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGR3975P  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5048526099-07  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Vios  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: private errand  
 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 Hong Keeyon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2673598H CONTACT: 65649982  
 c) ADDRESS: 516 Jurong West St 52 #09-45  
Singapore 640516

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Liu Tianyao (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8207108C CONTACT: 97288608  
 c) ADDRESS: 347 Kang Ching Road #01-34  
Singapore 610347

\*d) DATE OF BIRTH: (02/03/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/02/2005

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father-in-law

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX7954H MODEL: Toyota Harrier  
 b) DRIVER'S NAME: Yeow Kim Sing  
 c) NRIC/FIN/PASSPORT: S6812623A CONTACT: 9187 4224

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

email = oaynaite@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8207108C



Name  
LIU TIANYAO  
刘天耀

Race  
CHINESE

Date of birth  
03-03-1982

Country of birth  
SINGAPORE

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8207108C

Name  
LIU TIANYAO

Birth Date: 03 Mar 1982

Issue Date: 18 Feb 2005




001321315G

4888470



NRIC No: S8207108C



Date of issue  
08-08-2012

APT BLK 347 KANG CHING ROAD #08-143  
SINGAPORE 610347

NRIC No: S8207108C

Date: 27/07/2017

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

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors / vehicles  $\leq$  2500 kg

PASS DATE  
18 Feb 2005

NP 428A

Licence No: S8207108C



[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/12/2018 10:08"/>
Vehicle No.(For Motor)	<input type="text" value="SGR3975P"/>	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"/>	5048526099-07		LEEW KONG KEEYON	S2073598H	GPC	Third Party, Fire & Theft	SGR3975P	SGR3975P	07/02/2018	06/02/2019