

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NAI 1701002

Date In: 21/1/19 - 16:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC19201381/24	SAS e-filing		
Veh No: SF226363	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 - 15:30	i-Motor Claim Form	21/1/19 22:30	
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: 8773	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

NAI 900579	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	21/01/2019 16:51
Date Of Accident	21/01/2019 15:30
Exact Location Of Accident	BLK 226H AMK ST 22 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ2636S
Insured/Policyholder	
Name Of Registered Owner	LEE AH TEE
NRIC No	S0117747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97845390
Alternative Phone No	OFFICE-97845390

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY EX1.6M
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	5003500744-14
Cover Note Number	

Driver

Name of Driver	LEE AH TEE
NRIC No	S0117747H
Date Of Birth	30/11/1946
Occupation	INDOOR
Date Of Driving Pass	14/09/1964
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97845390
Fax Number	
Contact Number	OFFICE-97845390
Email Address	NOEMAIL

Address	BLK 938 HOUGANG STREET 92 #05-49
Postcode	530938
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 (including own vehicle) involved in the accident	2
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)	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

ON STATED DATE AND TIME, I WAS EXITING THE CARPARK GANTRY, I CHECK MY BLINDSPOT AND CHECK INCOMING VEHICLES BEFORE I CAN PROCEED. WHEN I MAKE A RIGHT TURN, SUDDENLY VEHICLE B WAS SPEEDY ALONG THE MAIN. AS A RESULT, MY VEHICLE FRONT LEFT PORTION INTACT WITH VEHICLE B RIGHT PORTION.

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	SLN3877B
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)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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:

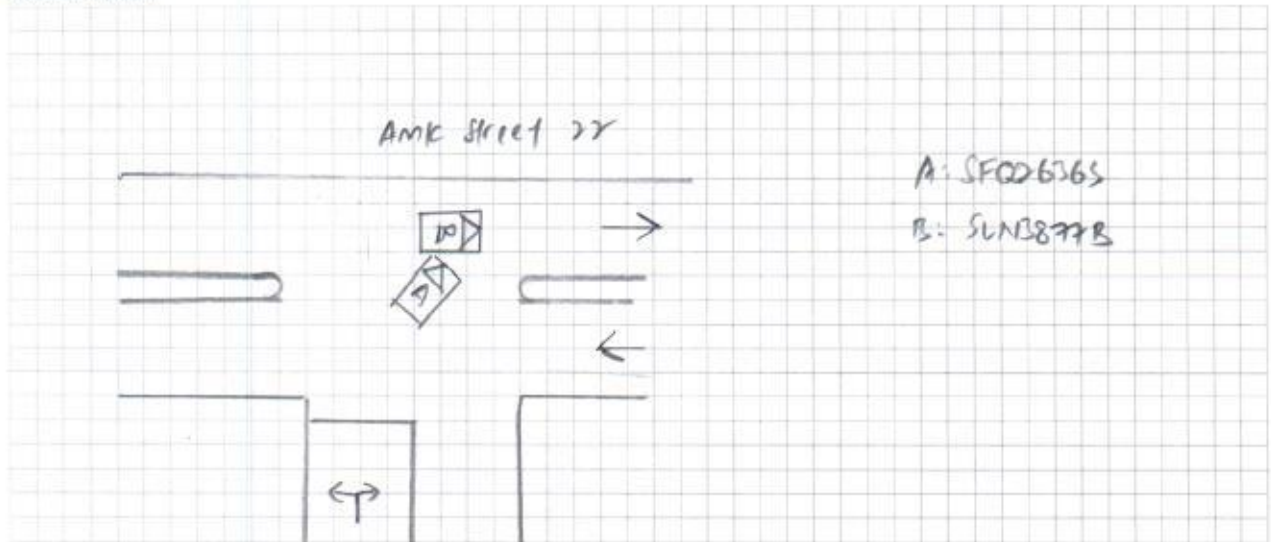
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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.:

IDENTITY CARD S0117747H



LEE AH TEE
李雅地
CHINESE
Date of Birth: 30-11-1946 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0117747H
Name: LEE AH TEE
Birth Date: 30 Nov 1946
Issue Date: 04 Jul 2003

1066617735C

APR No. S0117747H



APR No. S0117747H
Date of Issue: 04-06-1994
APT BLK 933 HOUGANG STREET 92 #05-49
SINGAPORE 530938
NRIC No. S0117747H
05/05/2008 (R) No. 5385951

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

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

PASS DATE: 14 Sep 1964

NP 428A

Licence No: S0117747H

eBaoTech

GeneralClaim

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="21/01/2019 15:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SFQ2636S"/>	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"/>	5003500744-14		LEE AH TEE	S0117747H	GPC	Third Party, Fire & Theft	SFQ2636S	SFQ2636S	20/12/2018	19/12/2019
<input type="button" value="Continue"/>										

▼

Policy Information

Policy No.	5003500744-14	Policyholder Name	LEE AH TEE	Policyholder NRIC	S0117747H
Certificate No.					
Address	BLK 938 #05-49 HOUGANG STREET 92 SINGAPORE 530938				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/11/2018	Effective Date	20/12/2018 00:00	Expiry Date	19/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0.0		Young/Inexperience Driver Excess
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼

Policyholder Mailing Address

Address 1	BLK 938 #05-49	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530938
Address 4		Address Type	Singapore address	Post Code	530938
Unit No.		Related Policy Number	5003500744-14		

▶

Insured Object: SFQ2636S

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Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/1028894

Policy No.	5003500744-14	Vehicle No.	SFQ26365	GST Registration No.	
Certificate No.					
Policyholder Name	LEE AH TEE			Policyholder NRIC	S0117747H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97845390	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/01/2019 22:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	21/01/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 226H AMK ST 22 CARPARK ENTRANCE				

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 938 #05-49	Address 2	HOUANG STREET 92	Address 3	SINGAPORE 530938
Address 4		Address Type	Singapore address	Post Code	530938
Unit No.		Related Policy Number	S003500744-14		

OT Driver Info

Driver Name	LEE AH TEE	Driver Type	Main Driver	Driver DOB	30/11/1946
Unnamed driver Name		Driver NRIC	S0117747H	Driving Experience	54
Register Date of Driver License	14/09/1964	Driver Age	72	Contact No.(Home)	0
Contact No.(Mobile)	97845390	Contact No.(Office)	0	Address 3	SINGAPORE 530938
Address 1	BLK 938	Address 2	HOUANG STREET 92	Post Code	530938
Address 4		Address Type	Singapore address		
Unit No.	05-49				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEE AH TEE	Insured NRIC	S0117747H
Contact No.(Mobile)	97845390	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SFQ26365	TP Vehicle Number	SLN38778
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SFQ26365 / SLN38778 ON 21 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/01/2019 22:32	Claim Close Date		Date Received	21/01/2019 22:32
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028894	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2019 22:32

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		
						<input type="checkbox"/> Send Message	<input type="button" value="Upload"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	SAS	Normal	SAS 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jan 2019 22:32	Photos	Normal	Photos 2019-1-21		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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