NATIONAL Assessment Centre Services. [wef 1 Jan'05]. MNA4(90/2649

Date In: 28/01/2019 09:29	Job description	Date &Time Completed	Done by
Ref No: NBA/INC/9001753/Y	SAS e-filing		
Veh No: SKG 1581R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 27/01/2019 14:05	i-Motor Claim Form	MT/1029643-001	28/01/2019 10:26
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: GBJ 1384E 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: [illegible]

( ) 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: ( )

Reminder [illegible]	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	Action

NA1900785

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

2 / 3:

Invoice Preparation Checklist		Amt($)	Trans(1)
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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) N1 : Idea 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	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA419012649-01 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 28/01/2019 09:29
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	28/01/2019 09:29
Date Of Accident	27/01/2019 14:05
Exact Location Of Accident	SLIP RD FROM CTE INTO BT TIMAH RD TOWARDS TOWN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG1581R
Insured/Policyholder	
Name Of Registered Owner	LEE KIAN ENG, VICTOR (LI JIANRONG, VICTOR)
NRIC No	S7220182E
Email Address	VICTORLEE07@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90100972
Alternative Phone No	OTHERS-90100972
Vehicle Particulars	
Manufacturer	BMW
Model	320I
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	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	5077559753-02
Cover Note Number	
Driver	
Name of Driver	LEE KIAN ENG, VICTOR (LI JIANRONG, VICTOR)
NRIC No	S7220182E
Date Of Birth	09/06/1972
Occupation	INDOOR
Date Of Driving Pass	09/06/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90100972
Fax Number	
Contact Number	OTHERS-90100972
EMail Address	VICTORLEE07@GMAIL.COM

Address	16 CASHEW ROAD #02-14
Postcode	679695
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 (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)	3
Passenger 1	NAME: : JACQUELIN YEO GENDER: : FEMALE
Passenger 2	NAME: : KATE LEE 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

PLEASE REFER TO SKETCH PLAN

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	GBJ1394E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG CHENG CHWEE
NRIC/Passport Number	S1269055Z
Contact Number	90286785
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.

28/JAN/19 9.30 AM

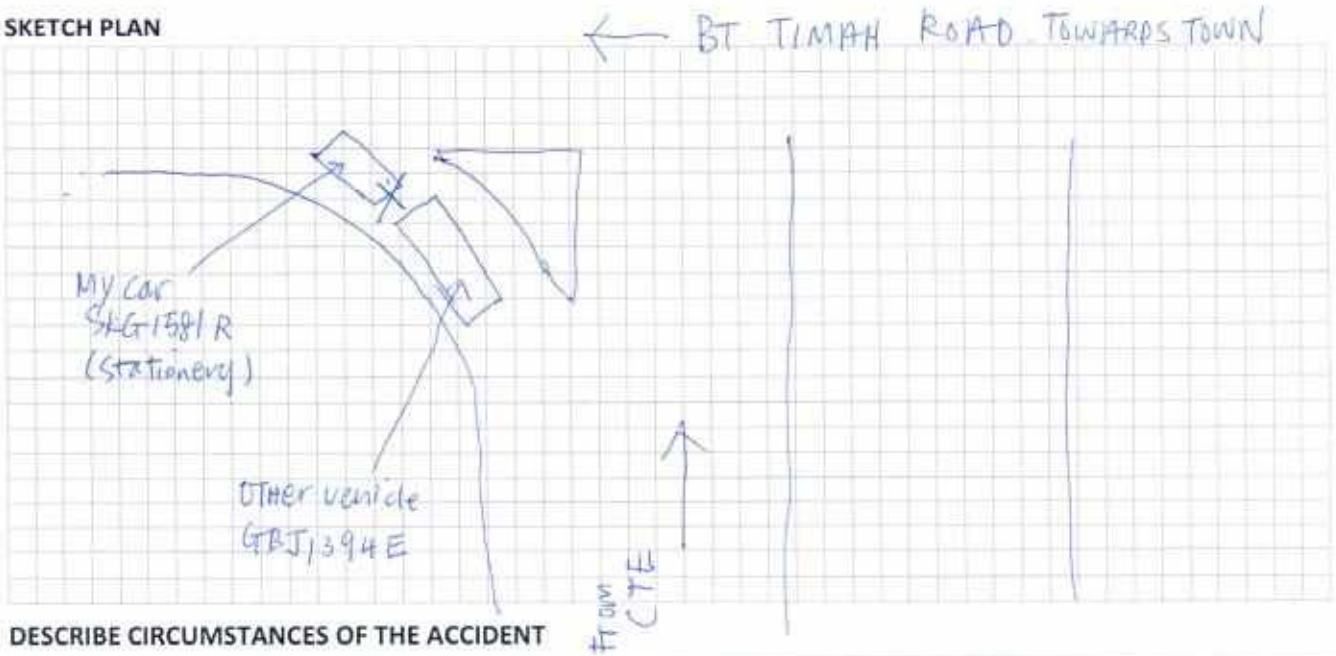
Policyholder's Signature
Date & Time:

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

28/01/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 14.05 hrs I was waiting to filter out via the CTE slip road onto BT TIMAH ROAD. My car was stationery as I stopped due to oncoming traffic. Then the other vehicle knocked into my rear.

DECLARATION

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

28/Jan/19 9.30AM

28/01/2019

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.:

Claim Handling

Accident MT/1029693

Policy No.	5077559753-02	Vehicle No.	SKG1581R	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KIAN ENG, VICTOR (LI JIANRONG, VICTOR)			Policyholder NRIC	S7220183E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	90100972	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	28/01/2019 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/01/2019	Time of Accident hh:mm	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM CTE INTO BT TIMAH RD TOWARDS TOWN				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	16 CASHEW ROAD	Address 2	#02-14 ESPA	Address 3	SINGAPORE 679695
Address #		Address Type	Singapore address	Post Code	679695
Unit No.		Related Policy Number	5077559753-03		

OI Driver Info

Driver Name	Lee Kian Eng Victor	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7220183E	Driver DOB	09/06/1972
Register Date of Driver License	23/06/1992	Driver Age	46	Driving Experience	26
Contact No.(Mobile)	90100972	Contact No.(Office)		Contact No.(Home)	
Address 1	16 CASHEW ROAD	Address 2	#02-14 ESPA	Address 3	SINGAPORE 679695
Address #		Address Type	Singapore address	Post Code	679695
Unit No.					
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SKG1581R	Driver Insurer Company	MTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ○ No

Modification History

Claim 001 New

Claim Handling

Accident MT/1029693

Policy No.	5077559753-02	Vehicle No.	SKG1581R	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KIAN ENG, VICTOR (LI JIANRONG, VICTOR)			Policyholder NRIC	S7220183E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	90100972	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	28/01/2019 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/01/2019	Time of Accident hh:mm	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM CTE INTO BT TIMAH RD TOWARDS TOWN				

Excess — **Total Excess Applicable**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		

All Claims Excess			
YIEO All Claim Excess		Driver is Covered?	
Total All Claim Excess Applicable			
OD Standard Excess		TP Standard Excess	
YIEO OD Excess		YIEO TP Excess	Driver is Covered?
Additional Excess	0.00		
Total OD Excess Applicable		Total TP Excess Applicable	

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	16 CASHEW ROAD	Address 2	#02-14 ESPA	Address 3	SINGAPORE 679695
Address #		Address Type	Singapore address	Post Code	679695
Unit No.		Related Policy Number	5077559753-03		

OI Driver Info

Driver Name	Lee Kian Eng Victor	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7220183E	Driver DOB	09/06/1972
Register Date of Driver License	23/06/1992	Driver Age	46	Driving Experience	26
Contact No.(Mobile)	90100972	Contact No.(Office)		Contact No.(Home)	

Address 1	19 CASHEW ROAD	Address 2	#02-14 ESPA	Address 3	SINGAPORE 679695
Address 4		Address Type	Singapore address	Post Code	679695
Unit No.					
Does he own a Singapore Registered car?	Yes ○ No	Driver Vehicle No.	SKG1581R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes ○ No

Modification History

Claim 001 OD-MX | **New**

Claim Type *	OD-MX	Insured Name	LEE KIAN ENG, VICTOR (LI JIAN	Insured NRIC	S7220182E
Contact No.(Mobile)	90100972	Contact No. (Home)	NIL	Contact No. (Office)	64711094
Email Address	victorlee37@gmail.com	OI Vehicle Number	SKG1581R	TP Vehicle Number	GBJ1394E
Claim Description	SKG1581R / GBJ1394E ON 27 Jan 2019			Name of Preferred Workshop	

Preferred Workshop | Insured Liability: Not at Fault

Garage No. Finalization: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Date Registered	28/01/2019 10:26	Claim Close Date		Date Received	28/01/2019 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

✓ Print AA letter

Save | Submit

Attachment

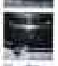
Accident No.	MT/1029603	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	28/01/2019 10:26

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	SAS	Normal	SAS 2019-1-28	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 10:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-28	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and Uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (27/01/2019) (DD/MM/YYYY). TIME: (14:05) (HH:MM)

LOCATION: JUNCTION / SLIP ROAD OF CTE BT. TIMAH EXIT TO BT TIMAH ROAD. TOWARDS TOWN.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKG 1581R
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 507755953-02
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: BMW 320i
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL
   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: VICTOR LEE KIAN ENG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7220182E CONTACT: 90100972
   c) ADDRESS: 16 CASHEW ROAD #02-14 SINGAPORE 679695

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

*No of passenger (Including driver) (3)

JACQUELINE YEO (WIFE)
KATE LEE (DAUGHTER)

3. DRIVER
   a) NAME: VICTOR LEE KIAN ENG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7220182E CONTACT: 90100972
   c) ADDRESS: 16 Cashew Road #02-14 S(679695)
   *d) DATE OF BIRTH: (09/06/1972) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS (10/06/2003)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
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:

*No of passenger (Including driver) (1)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: GBJ1394E MODEL: TOYATA DYNA
   b) DRIVER'S NAME: ANG CHENG CHWEE
   c) NRIC/FIN/PASSPORT: S1269055Z CONTACT: 90286785

*No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = victorlee07@gmail.com

VIDEO


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7220182E

Name
LEE KIAN ENG, VICTOR
(LI JIANRONG, VICTOR)
李 健 荣
Race
CHINESE
Date of birth
09-06-1972
Sex
M
Country/Place of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S7220182E
LEE KIAN ENG, VICTOR
(LI JIANRONG, VICTOR)
Birth Date 09 Jun 1972
Issue Date 10 Jun 2003


5366797
NRIC No. S7220182E
Date of Issue
17-09-2014
16 CASHEW ROAD #02-14
SINGAPORE 679685
NRIC No: S7220182E
Date: 18/05/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING
PASS BAT
Motor Cars and Motor Tractors the
which unladen does not exceed 2500
Licence No: S7220
NP 42A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKG1581R

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5077559753-02		LEE KIAN ENG, VICTOR (LI JIANRONG, VICTOR)	S7220182E	GPC	drivo PREMIUM	SKG1581R	SKG1581R	06/02/2018	05/02/2019

Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 56633002G / GST Reg. No.: M400017731

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 : MNA4190176495 Vehicle Registration No: SKG 1581R

Name(as shown in NRIC) : Lee Kiow Fatt, Victor NRIC/FIN/Passport No : S7220182FE

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No.: 90100972

Email Address : _____

Date of Accident : 27/01/2019 Time of Accident : 14:05

Place of Accident : Slip Rd from CTE into Bukit Timah Rd towards JB

Insurance Company : NTUC

(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:

DATE OF ACCIDENT SHOULD BE 27/01/2019

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 28/01/2019