

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

NA190/8184

Date In: 09/02/2019 17:34	Job description	Date & Time Completed	Done by
Ref No NA190/2817/Y	SAS e-filing		
Veh No: 890492R	E-mail (w/dla thrs, AIC thrs)		
D.O.A: 04/02/2019 13:25	I-Motor Claim Form	MT/1031253/001	09/02/2019 17:54
OD / TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD Thrs, TP Thrs)		
	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: 8K629D

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 10/01/03: 6788/6016)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time:

Actions:


NA190/244	Invoice Preparation	Fee Charged
Client's Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N3: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) N12: Idan Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## 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	09/02/2019 17:34
Date Of Accident	04/02/2019 13:25
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ492R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEO MENG LOCK
NRIC No	S1487259J
Email Address	JASPERLOONYLEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96306922
Alternative Phone No	OTHERS-98518343

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	5052614333-07
Cover Note Number	

### Driver

Name of Driver	JASPER LEO YAO AN
NRIC No	S9521086D
Date Of Birth	08/06/1995
Occupation	INDOOR
Date Of Driving Pass	13/10/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96306922
Fax Number	
Contact Number	OTHERS-98518343
Email Address	JASPERLOONYLEO@GMAIL.COM

Address	BLK 517 BEDOK NORTH AVENUE 2 #10-139
Postcode	460517
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	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)	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6219D
Vehicle Make/Model/Colour	PEUGEOT 3008
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMIAH CHUA JUN JIE
NRIC/Passport Number	S8845401D
Contact Number	96386671
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:

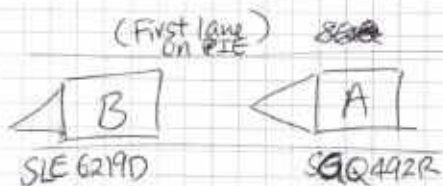
Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

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



SKETCH PLAN

Along PIE towards Cheras



A: My car

B: Other party's car.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was driving on the first lane where cars ahead applied brakes suddenly, almost emergency brakes, couldn't manage to stop in time, bumped into the other party's car.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature *[Signature]* 09/2/2019 3:58pm.  
(If driver is not the policyholder)  
Date & Time:

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

## Claim Handling

Accident MT/1031253

Policy No.	S052614333-07	Vehicle No.	SGQ492R	GST Registration No.	
Certificate No.					
Policyholder Name	LEO MENG LOCK			Policyholder NRIC	S1487
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96306922	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	09/02/2019 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	04/02/2019	Time of Accident hh:mm	13:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE TOWARDS CHANGI				

## ▼ 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 517 #10-139	Address 2	BEDOK NORTH AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46051
Unit No.		Related Policy Number	S052614333-07		

## ▼ OI Driver Info

Driver Name	JASPER LEO YAO AN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S95210860	Driver DOB	06/06/
Register Date of Driver License	13/10/2015	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	98518343	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SGQ492R	Driver Insurer Company	NTUC

## 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 *	OD-MX	Insured Name	LEO MENG LOCK
Contact No.(Mobile)	96306922	Contact No.(Home)	64428145
Email Address	menglock@hotmail.com	Vehicle Number	SGQ492R
Claim Description	SGQ492R / SLE62190 ON 4 Feb 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By	09/02/2019 17:54	Claim Close Date	
	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

## Attachment

Accident No.	MT/1031253	Claim No.	001
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Last Doc: Received

\* Yes \* No

Upload Date

09/02/2019 17:54

Path \*

Category \*

Confidential

Urgency \*

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	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 09 Feb 2019 17:54	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	SAS	Normal	SAS 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 17:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-9

## Video List

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

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 2 / 2019) (DD/MM/YYYY), TIME: (13:25) (HH:MM)

LOCATION: Along PIE towards Choa Chu Kang

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGQ 492 R  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5052614333-07  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Altis  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Travelling home  
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: LEONG LUK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1487259J CONTACT: 96306922  
c) ADDRESS: Blk 517 Bedok North Ave 2 #10-139 S'pore 460517

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

## DRIVER

- a) NAME: Jasper Leo (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9521056D CONTACT: 98518343  
c) ADDRESS: Blk 517 Bedok North Ave 2 #10-139 S'pore 460517

\* d) DATE OF BIRTH: (08 / 06 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 Oct 2015

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

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: SLE 6291D MODEL: Perodua 3008  
b) DRIVER'S NAME: Jeremiah Chua Jun Jie  
c) NRIC/FIN/PASSPORT: S8845401D CONTACT: 9638 6671

## 9. THIRD PARTY VEHICLE

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

Email = jasperloonyleo@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9521086D



Name

JASPER LEO YAO AN

梁耀安

Race

CHINESE

Date of birth

08-08-1995

Sex

M

Country of birth

SINGAPORE

00522086D

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S9521086D



JASPER LEO YAO AN

Birth Date: 08 Jun 1995

Valid Date: 13 Oct 2015



002482517C

S9521086D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1487259J



LEO MENG LOCK

梁明樂

Race

CHINESE

Date of birth

03-11-1961

Sex

M

Country of birth

SINGAPORE



4514445

NRIC No. S9521086D



Date of issue  
21-01-2010

Address

APT BLK 517 BEDOK NORTH AVENUE 2  
#10-139  
SINGAPORE 460517

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 13 Oct 2015



License No: S9521086D

NP 428A



1431887

NRIC No. S1487259J



Blood Group

B+

Date of issue

16-11-1993

Address

APT BLK 517 BEDOK NORTH AVENUE 2  
#10-139  
SINGAPORE 1646

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

SGQ492R

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5052614333-07		LEO MENG LOCK	S1487259J	GPC	Third Party, Fire & Theft	SGQ492R	SGQ492R	03/01/2019	02/01/2020