

**NATIONAL Assessment Centre Services.** [part 1 Jan03] **MA 119021377**

Date In: 15/12/19 16:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC19002880/h4.	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLW 73F4H	I-Motor Claim Form	MT/103223-001	15/12/19 17:00.
D.O.A: 14/12/19 18:30.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	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: Vch No: SLW 3802C 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:	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

Client's Particulars: N141901180	Invoice Preparation Checklist	Am (S)	RS Am (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
At: 1:	For claiming against INC Only (wef 10 Jan 2003)		
2 / 3:	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (Inc in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	15/02/2019 16:00
Date Of Accident	14/02/2019 18:30
Exact Location Of Accident	REPUBLIC PLAZA NEAR FLAG POLES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7384H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARC LEE CHIN YEW
NRIC No	S8502156G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96399191
Alternative Phone No	OFFICE-96399191

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099164909
Cover Note Number	-

### Driver

Name of Driver	LEE ENG HOCK
NRIC No	S0241780D
Date Of Birth	15/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1974
Driving Experience	44 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96399191
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	296A JOO CHIAT PLACE
Postcode	427978
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	
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

AFTER I ALIGHTED MY PASSENGER AT THE REPUBLIC PLAZA DROP OFF POINT AND MOVING OFF FROM THE DROP OFF POINT, MY VEH LEFT SIDE MIRROR ACCIDENTALLY TOUCH ONTO VEH B (BEARING NO SLL3802C) RIGHT SIDE MIRROR. AFTER THE INCIDENT, THE LADY DRIVER CLAIMS THERE WAS A SCRATCH ON THE RIGHT REAR BUMPER, CAUSE BY MY VEH. THE SCRATCH MARK ON HER VEH IS BLACK COLOR WHEREAS MY CAR IS GREY COLOR. THERE IS NO GREY COLOR STAIN ON HER CAR THAT SHOW MY CAR SCRATCH HER CAR. ALSO MY VEH CANNOT FOUND ANY MATCHING DAMAGE (WHITE COLOR) ON THE FRONT LEFT BUMPER. PLEASE REFER TO SCENE PHOTO.

#### 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	SLL3802C
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)



## 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:

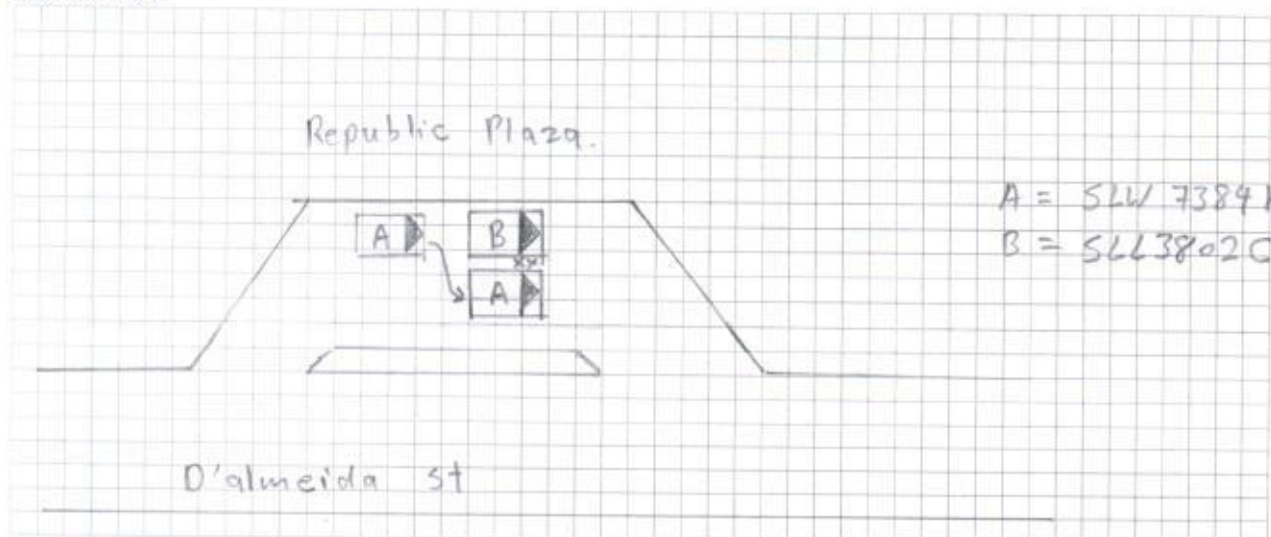
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Plans + 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:

15/2/19

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0241780D





Name  
LEE ENG HOCK  
李英福

Place  
CHINESE


Date of birth  
15-11-1950

Country/Place of birth  
SINGAPORE

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0241780D  
Name  
LEE ENG HOCK

Birth Date: 15 Nov 1950  
Issue Date: 07 Jul 2011



1001979529B

5984940



NRIC No. S0241780D



Date of issue  
23-07-2018

Address  
696A JOO CHIAT PLACE  
SINGAPORE 427978

YOU ARE LICENSED 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

EFFECTIVE DATE  
12 Aug 1974

NP 428A



Licence No: S0241780D

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="14/02/2019 15:59"/>
Vehicle No. (For Motor)	<input type="text" value="SLW7384H"/>	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"/>	5099164909		MARC LEE CHIN YEW	S8502156G	GCV	Third Party	SLW7384H	SLW7384H	12/03/2018	11/03/2019



## Claim Handling

Accident MT/1032230

Policy No.	5099164909	Vehicle No.	SLW7384H	GST Registration No.	
Certificate No.					
Policyholder Name	MARC LEE CHIN YEW			Policyholder NRIC	58502
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96399191	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
<b>Accident Details</b>					
Report Date	15/02/2019 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	14/02/2019	Time of Accident hh:mm	18:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	REPUBLIC PLAZA NEAR FLAG POLES				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	296A JOO CHIAT PLACE	Address 2	SINGAPORE 427978	Address 3	
Address 4		Address Type	Singapore address	Post Code	427978
Unit No.		Related Policy Number	5099164909		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE ENG HOCK	Driver NRIC	S0241780D	Driver DOB	15/11/
Register Date of Driver License	12/08/1974	Driver Age	68	Driving Experience	44
Contact No.(Mobile)	96399191	Contact No.(Office)		Contact No.(Home)	
Address 1	296A # JOO CHIAT PLACE	Address 2	SINGAPORE 427978	Address 3	
Address 4		Address Type	Singapore address	Post Code	427978
Unit No.					
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		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MARC LEE CHIN YEW
Contact No.(Mobile)	97929191	Contact No.(Home)	66677043
Email Address	marc_lee88@hotmail.com	DI Vehicle Number	SLW7384H
Claim Description	SLW7384H / SLL3802C ON 14 Feb 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/02/2019 16:59	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
Print AK letter			
Save Submit			

## Attachment

Accident No.	MT/1032230	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

15/02/2019 17:00

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

Urgency \*

NO

Normal

Clear

Please Select

NO

Normal

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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 15 Feb 2019 17:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 17:00	SAS	Normal	SAS 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 17:00	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 17:00	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 17:00	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 17:00	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 16:59	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 16:59	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 16:59	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 16:59	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 16:59	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 16:59	Photos	Normal	Photos 2019-2-15

## Video List

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