

NATIONAL Assessment Centre Services

Date In: 18/1/19 - 17:56	Job description	Date & Time Completed	Done by
Ref No: NA1901241	SAS e-filing		
Veh No: 54C33371C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/1/19 - 11:15	i-Motor Claim Form	18/1/19 11:21	
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: JME 4599M	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

NA1901241	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	18/02/2019 13:56
Date Of Accident	17/02/2019 11:15
Exact Location Of Accident	COMPASSVALE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC3337K
Insured/Policyholder	
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Co Reg No	201713503C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96235068
Alternative Phone No	OFFICE-96235068
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104933641
Cover Note Number	
Driver	
Name of Driver	LEE TIANGUI (LI TIANGUI)
NRIC No	S8202477H
Date Of Birth	24/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96504609
Fax Number	
Contact Number	OFFICE-96504609
EEmail Address	NOEMAIL

Address	BLK 448A SENGKANG WEST WAY #16-311
Postcode	791448
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. AS MY LEG CRAMP, I RELEASE FROM THE BRAKE. MY VEHICLE ACCELERATE AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR 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	SME4597M
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HU KHAI MEN

NRIC/Passport Number

S0126823F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

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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

Sketch plan area with grid lines and handwritten notes:

- Left side: *Compass rose 2d.*
- Center: A vertical rectangle divided into two sections, labeled *B* (top) and *A* (bottom).
- Right side:
 - A: SHC3337K*
 - B: JME4597M*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident section with horizontal lines. The first line contains the handwritten text: *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.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8202477H



Name

LEE TIANGUI
(LI TIANGUI)

李 天 贵

Race

CHINESE

Date of birth

24-01-1982

Country/Place of birth

SINGAPORE

Sex

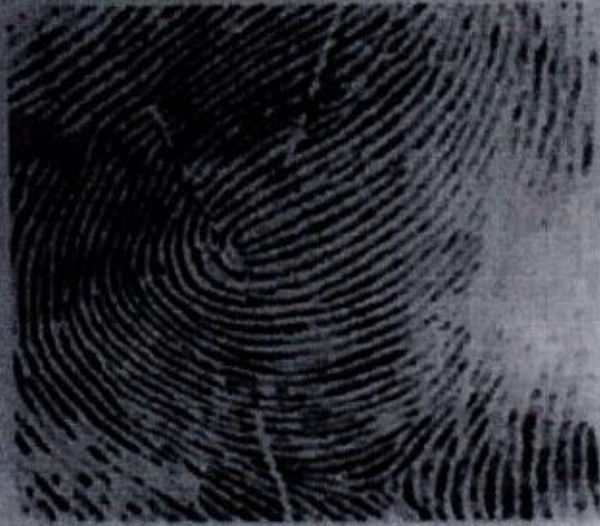
M



5259864



NRIC No. S8202477H



Date of Issue

23-01-2014

Address

APT BLK 448A SENGKANG WEST WAY
#16-311
SINGAPORE 791448

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8202477H**
Name: **LEE TIANGUI (LI TIANGUI)**

Birth Date: **24 Jan 1982**
Issue Date: **27 Feb 2017**

002661018K



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 27 Feb 2017

NP 428A



eBaoTech

GeneralClaim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104933641		PAUL HOE ENTERPRISE PTE LTD	201713503C	GPC	Third Party	SGC3337K	SGC3337K	25/10/2018	24/07/2019

Claim Handling

Task Transfer • Edit

IDS SML SUB

Accident MT/1032508

Policy No.	S104933641	Vehicle No.	SGC3337K	GST Registration No.	
Certificate No.					
Policyholder Name	PAUL HOE ENTERPRISE PTE LTD			Policyholder NRIC	201713503C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96235068	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	5.11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/02/2019 16:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/02/2019	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	COMPASSVALE RD				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-107 AUTOBAY @ KAKI BUK	Address 3	SINGAPORE 417883
Address 4		Address Type	Singapore address	Post Code	417883
Unit No.	11-07	Related Policy Number	5107171081		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/01/1982
Unnamed driver Name	LEE TIANGUI (LI TIANGUI)	Driver NRIC	S8202477H	Driving Experience	1
Register Date of Driver License	27/02/2017	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	96504609	Contact No.(Office)		Address 3	FERNVALE CREST
Address 1	BLK 44BA #16-311	Address 2	SENGKANG WEST WAY	Post Code	791448
Address 4	SINGAPORE 791448	Address Type	Singapore address		
Unit No.	16-311				
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
Modification History			

Investigation

Claim 002 OD-MX New

Claim Case Officer

IDS SML SUB

Claim Type	OD-MX	Insured Name	PAUL HOE ENTERPRISE PTE LTD	Insured NRIC	201713503C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65155333
Email Address		OI Vehicle Number	SGC3337K	TP Vehicle Number	SME4597M
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SGC3337K / SME4597M ON 17 Feb 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/02/2019 21:21	Claim Close Date		Date Received	18/02/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1032508	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2019 00:00
Path *		Category *	Confidential
		Urgency *	Description *

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	SAS	Normal	SAS 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:19	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:18	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:18	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:18	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:18	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:18	Photos	Normal	Photos 2019-2-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2019 21:18	Photos	Normal	Photos 2019-2-18		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in new Window"/>	<input type="button" value="Scan and uploading"/>	