

NATIONAL Assessment Centre Services

Date In: 25/02/2019 11:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19003440/k4	E-mail (within 3hrs, AIC 2hrs):		
Veh No: ES2846 D	i-Motor Claim Form: MT/1033504-001	25/2/19 14:20	
DOA: 23/02/2019 20:10	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:	Veh No: SLQ6760T	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%; F: 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
at 1:	7) N1 : Idac DA + SMRT Survey \$160			
at 2/3:	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: Idac 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	25/02/2019 11:32
Date Of Accident	23/02/2019 20:10
Exact Location Of Accident	SEANG CRESCENT TWDS JALAN SEANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES2846D
Insured/Policyholder	
Name Of Registered Owner	LEE CHIN TAO ANDREW (LI QINGTAO)
NRIC No	S0908613G
Email Address	ANDREWCTLEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98187831
Alternative Phone No	OTHERS-98187831

Vehicle Particulars

Manufacturer	SUZUKI
Model	APV 7-SEATER 1.6 5DR GLX AT ABS D/AIRBAG
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5045531310-08
Cover Note Number	

Driver

Name of Driver	LEE CHIN TAO ANDREW (LI QINGTAO)
NRIC No	S0908613G
Date Of Birth	03/05/1947
Occupation	INDOOR
Date Of Driving Pass	07/08/1964
Driving Experience	54 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98187831
Fax Number	
Contact Number	OTHERS-98187831
EMail Address	ANDREWCTLEE@GMAIL.COM

Address	BLK 151 RIVERVALE CRESCENT #03-92
Postcode	540151
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	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?	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)	2
Passenger 1	NAME: : TEH KIM LIAN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6760T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED FAROOK BIN SHAHUL HAMEED
NRIC/Passport Number	S9047854J
Contact Number	96260874
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

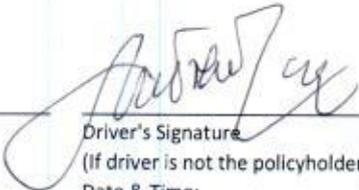
IMPORTANT NOTICE

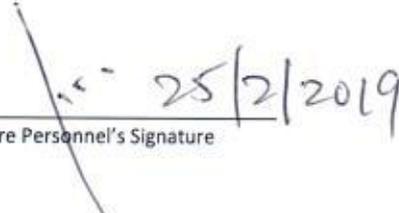
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

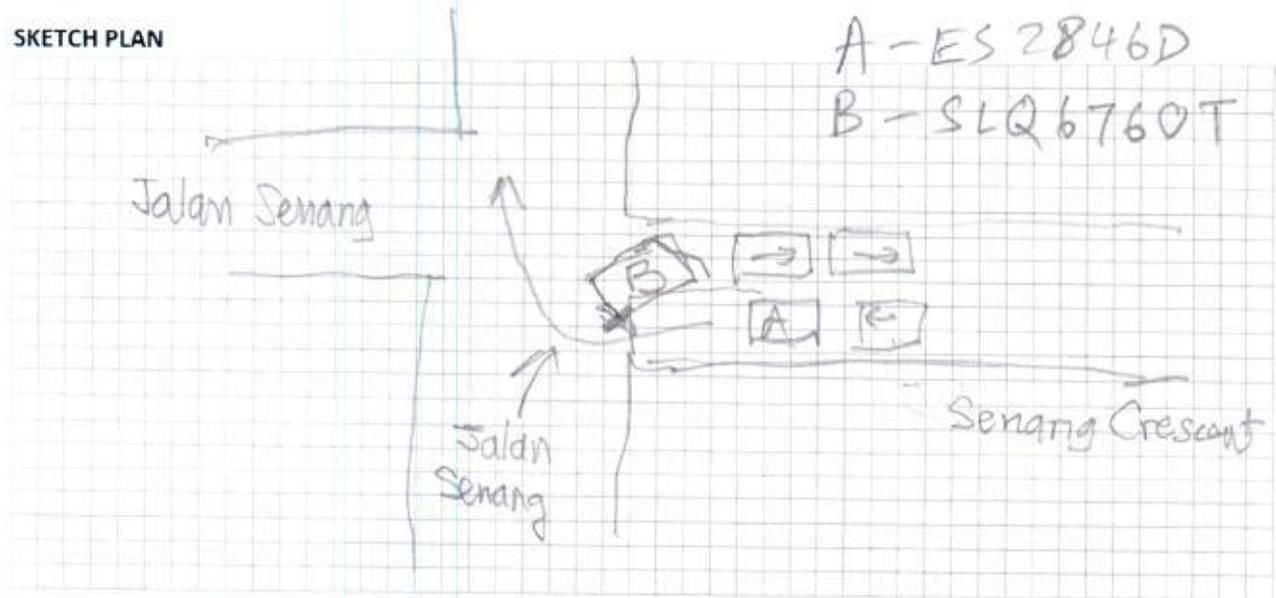
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Vehicle A driving along Senang Crescent towards Jalan Senang at about 8:10 pm Saturday night 23 Feb 2019. There was traffic jam and slow moving vehicles. As Veh A reach junction and Veh B turns into Senang Cre. but his veh's backside protruded into the other lane. As lane was narrow, in attempting to turn right, will hit B at rear left bumper. Minor scratches were also seen on my right rear door sill. As driver inform me that he only rented his car, this report was filled for record purposes. Damages is expected to be below the excess.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 25/2/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

MT/NB/WELCOM/001

20 Aug 2018

LEE CHIN TAO ANDREW (LI QINGTAO)
BLK 151 #03-92
RIVERVALE CRESCENT
RIVERVALE GREEN
SINGAPORE 540151

Dear Policyholder

PRIVATE CAR INSURANCE
POLICY NUMBER: 5045531310-08

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

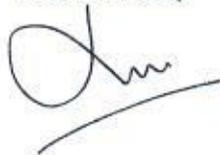
Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Private Car Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at csquery@income.com.sg. Alternatively, you may contact your agent MUHAMMAD ADIL B HUSSEIN at **93658668** or email adil.hussein@income.com.sg. Thank you.

Yours sincerely



Ken Ng
Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0908613G



Name
LEE CHIN TAO ANDREW
(LI QINGTAO)
李庆涛

Race
CHINESE

Date of Birth Sex
03-05-1947 M

Country of Birth
CHINA

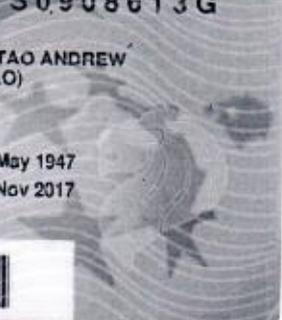



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0908613G

Name: LEE CHIN TAO ANDREW
(LI QINGTAO)

Birth Date: 03 May 1947
Issue Date: 17 Nov 2017

002744648G

0350118



NRIC No. S0908613G



Blood Group Date of issue
O+ 19-05-1992

APT BLK 151 RIVERVALE CRESCENT #03-92
SINGAPORE 540151

NRIC No: S0908613G Date: 01/03/2017

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	07 Aug 1964

NP 428A

Licence No: S0908613G



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5045531310-08

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : ES2846D |
| Chassis Number | : MHYGDN71V00301864 |
| 2. Name of Policyholder | : LEE CHIN TAO ANDREW (LI QINGTAO) |
| 3. Effective Date of Insurance | : 07 Sep 2018 |
| 4. Expiry Date of Insurance | : 06 Sep 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE CHIN TAO ANDREW (LI QINGTAO)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

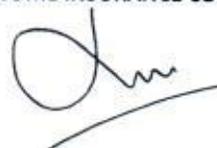
Agency : MUHAMMAD ADIL B HUSSEIN (00000527965)
 Date of Issue : 15 Aug 2018 20:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5045531310-08		LEE CHIN TAO ANDREW (LI QINGTAO)	S0908613G	GPC	drivo CLASSIC	ES2846D	ES2846D	07/09/2018	06/09/2019

▼ **Policy Information**

Policy No.	5045531310-08	Policyholder Name	LEE CHIN TAO ANDREW (LI QIN	Policyholder NRIC	S0908613G
Certificate No.					
Address	BLK 151 #03-92 RIVERVALE CRESCENT RIVERVALE GREEN SINGAPORE 540151				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/08/2018	Effective Date	07/09/2018 00:00	Expiry Date	06/09/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	MUHAMMAD ADIL B HUSSEIN	Agent Tel.	64481823	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 151 #03-92	Address 2	RIVERVALE CRESCENT	Address 3	RIVERVALE GREEN
Address 4	SINGAPORE 540151	Address Type	Singapore address	Post Code	540151
Unit No.		Related Policy Number	5045531310-08		

▶ **Insured Object: ES2846D**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Claim Handling

Accident MT/1033504

Policy No.	5045531310-08	Vehicle No.	ES2846D	GST Registration No.
Certificate No.				
Policyholder Name	LEE CHIN TAO ANDREW (LI QINGTAO)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98187831	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	25/02/2019 14:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/02/2019	Time of Accident hh:mm	20:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SENANG CRESCENT TWDS JALAN SENANG			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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	BLK 151 #03-92	Address 2	RIVERVALE CRESCENT	Address 3
Address 4	SINGAPORE 540151	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5045531310-08	

▼ OI Driver Info

Driver Name	LEE CHIN TAO ANDREW (LI QINGTAO)	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S0908613G
Register Date of Driver License	01/01/1985	Driver Age	71
Contact No.(Mobile)	98187831	Contact No.(Office)	0
Address 1	BLK 151	Address 2	RIVERVALE CRESCENT
Address 4		Address Type	Singapore address
Unit No.	#03-92		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
			Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEE CH
Contact No.(Mobile)	98187831	Contact No. (Home)	634805
Email Address	ANDREWCTLEE@GMAIL.COM	OI Vehicle Number	ES2846
Claim Description	ES2846D / SLQ6760T ON 23 Feb 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	25/02/2019 14:41	Preferred Workshop, Name unknown	GIA report
Report Taken By		Repair Option	Received
			Claim Close Date
			Workshop Repairer

Print AK letter

