

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MND 119030567

Date In: 6/3/19 - 15:05	Job description	Date & Time Completed	Done by
Ref No: NA/NC 19004159/24	SAS e-filing		
Veh No: F086542	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/3/19 - 18:45	i-Motor Claim Form	M1/1034847-032	6/3/19 17:36
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: Vch No: yp7965p. 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

Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
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: Idac 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 (N-in INC) against INC \$20		
9) N12: Idac Mobile 30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA190377

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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	06/03/2019 15:05
Date Of Accident	05/03/2019 18:45
Exact Location Of Accident	JUNC GEYLANG LOR 23 & SIMS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FPB654D
Insured/Policyholder	
Name Of Registered Owner	LEE KWONG JIN
NRIC No	S1261646E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92295633
Alternative Phone No	OFFICE-92295633
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5037834599-09
Cover Note Number	
Driver	
Name of Driver	LEE KWONG JIN
NRIC No	S1261646E
Date Of Birth	28/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92295633
Fax Number	
Contact Number	OFFICE-92295633
EMail Address	NOEMAIL

Address	BLK 29A CHAI CHEE AVENUE #02-82
Postcode	461029
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 - CHANGE/CROSS LANE
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	3
Was any body injured in the Accident?	YES
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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7965P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ4410S
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)	

DETAILS OF INJURED PERSON 1

Name	LEE KWONG JIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBB654D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 rescind 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:

- (i) 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")
- (ii) 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
- (iii) 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.
- (iv) 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.
- (v) the information so collected under (i) 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

On the stated time and date,
I was riding my motorcycle (Veh A: FBB654D) exiting
Greyling Lorong 23 to Sim Ave while I was executing the
left turn to exit, a lorry (Veh B: YP7965P) turned left
from the right side of me and collided onto me which
caused my vehicle to hit another car (Veh C: SMJ440S).
I wish to state that the lorry is turning out from
the entrance which is a opposite direction flow for the
road.

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 Person's Signature
Name:
NRIC/FIN No.:

Date of Accident : 05/03/2019 1845
 Accident Time: ~~03/05/2019~~ 1845 (24-HR-Format)
 Accident Place : GEYLANG LOR 23 EXIT TO SIMS AVE
 Vehicle Reg. No. (Car Plate No.) : FBB 654 D
 Vehicle Make/Model : SPARK 135 YAMAHA
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : LEE KWONG JIN S1261646E
 Owner or Company Contact No. : 9229 5633 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 28/10/1957 DRIVER'S License Pass Date 28/05/1979
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 29 A CHAL CHEE AVE #02-82 S(761029)
 DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : ADMIN@MYCAR.SG
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Driver injured.

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>YP 7965P</u>	Vehicle Reg. No: <u>SMJ 4410S</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1261646E



LEE KWONG JIN

李光賢

Race

CHINESE

Date of Birth

28-10-1957

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1261646E
Name

LEE KWONG JIN

Birth Date: 28 Oct 1957

Issue Date: 03 Nov 2003



000964958G



S1261646E



SBFC
F920

Blood Group Date of issue

O+ 13-05-1993

APT BLK 29A CHAI CHEE AVENUE #02-82
SINGAPORE 461029

S1261646E

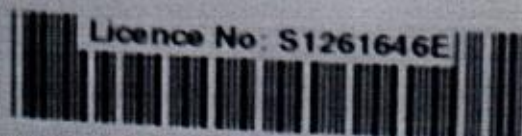
16-10-2001

Date:

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	28 May 1979
Class 2A Motorcycles between 201 cc and 400 cc	28 May 1979
Class 2 Motorcycles exceeding 400 cc	28 May 1979
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Dec 1978
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Dec 1980
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	09 Jul 1982

NP 428A



Licence No: S1261646E

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5037834599-09		LEE KWONG JIN	S1261646E	GMC	Third Party	FB8654D	FB8654D	24/11/2018	23/11/2019

Continue

Claim Handling

Exit

Accident MT/1034847

Policy No.	5037834599-09	Vehicle No.	FBB654D	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KWONG JIN	Cover Type	Third Party	Policyholder NRIC	S1261646E
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	06/03/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	05/03/2019	Time of Accident h:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 29A #02-82	Address 2	CHAI CHEE AVENUE	Address 3	SINGAPORE 461029
Address 4		Address Type	Singapore address	Post Code	461029
Unit No.		Related Policy Number	5037834599-09		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	CD-MX	Insured Name	LEE KWONG JIN	Insured NRIC	S1261646E
Contact No. (Mobile)	92295673	Contact No. (Home)	S4441019	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	FBB654D	TP Vehicle Number	YP7965P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBB654D / YP7965P ON 5 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/03/2019 17:36	Claim Close Date		Date Received	06/03/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1034847	Claim No.	002
Last Doc. Received	☒ Yes ☐ No	Upload Date	06/03/2019 17:37
Path *			
	Browse...	Clear	Category *
	Browse...	Clear	Confidential
	Browse...	Clear	Urgency *
	Browse...	Clear	Description *
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2585802&objectId=...> 6/3/2019