

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MM119034948.

Date In: 15/3/19 17:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MM11MC19004737164	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SOV 3133 S	1-Motor Claim Form	MT/1036207001	15/3/19 09:27.
D.O.A: 15/3/19 10:30	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	1-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:

Unknown

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: Hotline: 6789 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Action:

MM1901928

Invoice Preparation Checklist	Am't (\$)	PAID (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: 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 on INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 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	15/03/2019 17:21
Date Of Accident	15/03/2019 10:30
Exact Location Of Accident	CANTONMENT RD B4 MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV3133S
Insured/Policyholder	
Name Of Registered Owner	LEE AI YEAN LAUREEN
NRIC No	S1707120C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97528422
Alternative Phone No	OFFICE-97528422

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	200E 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5090987657-01
Cover Note Number	-

Driver

Name of Driver	LEE AI YEAN LAUREEN
NRIC No	S1707120C
Date Of Birth	17/01/1965
Occupation	INDOOR
Date Of Driving Pass	19/09/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97528422
Fax Number	
Contact Number	OFFICE-97528422
Email Address	NOEMAIL

Address	BLK 5 CHANGI VILLAGE ROAD #04-2063
Postcode	500005
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	CHAIN COLLISION
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?	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

PLEASE REFER TO ATTACHED STATEMENT.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM BOON SENG
NRIC/Passport Number	
Contact Number	97386127
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKJ1698Y
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

83844988

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

A = SDV 3133S

B = Unknown

C = SKJ 1698Y

Containment Rd B4 MCE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:

I WAS TRAVELLING ALONG CANTONMENT RD B4 MCE, VEH INFRONT OF ME STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

A handwritten signature in black ink, appearing to be 'C. M. M.', located to the right of the text.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 03 / 2019) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: ~~CANTONMENT~~ CANTONMENT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDV 3133S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5090987657-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCEDES BENZ
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: LEE AN JEAN LAUREEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 81707120C CONTACT: 97528422
c) ADDRESS: 5 CHANGI VILLAGE ROAD H04-2063
S 500005

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97528422
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Unknown MODEL: _____
b) DRIVER'S NAME: Lim Boon Seng
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9738 6127

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKJ 169FY MODEL: _____
e) DRIVER'S NAME: MS Hou
f) NRIC/FIN/PASSPORT: _____ CONTACT: 9384 4988

writing photo.

Email = laurenleehr@gmail.com

fax =

VIDEO = Yes No.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1707120C**

Name: **LEE AI YEAN LAUREEN**

Birth Date: **17 Jan 1965**

Valid Date: **30 Aug 2003**

1000786085A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1707120C**

Name: **LEE AI YEAN LAUREEN**

李愛燕

Race: **CHINESE**

Date of Birth: **17-01-1965**

Sex: **F**

Country of Birth: **SINGAPORE**





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

Class: **3** Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **19 Sep 1990**

NP 428A

License No: **S1707120C**



1604896

NRIC No: **S1707120C**

Blood Group: **O+**

Date of issue: **19-01-1994**

APT BLK 5 CHANGI VILLAGE ROAD #04-2083
SINGAPORE 500005

NRIC No: **S1707120C** Date: **18/08/2018 (R)**




Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

15/03/2019 14:03

Vehicle No.(For Motor)

SDV3133S

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090987657-01		LEE AI YEAN LAUREEN	S1707120C	GPC	Third Party	SDV3133S	SDV3133S	01/08/2018	30/04/2019

Continue

Claim Handling

Accident MT/1036207

Policy No.	5090987657-01	Vehicle No.	SDV31335	GST Registration No.	
Certificate No.				Policyholder NRIC	S1707
Policyholder Name	LEE AI YEAN LAUREEN	Cover Type	Third Party	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97528422	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	18/03/2019 09:23	Accident Report Within 24 hrs	Yes	Accident Type	Chain C
Date of Accident	15/03/2019	Time of Accident hh:mm	10:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CANTONMENT RD B4 MCE				
Excess					
Own damage Excess	0.00	Additional Excess	0	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	115 PASIR RIS GROVE	Address 2	#11-41 THE PALETTE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51817
Unit No.	11-41	Related Policy Number	5090987657-01		
OI Driver Info					
Driver Name	LEE AI YEAN LAUREEN	Driver Type	Main Driver	Driver DOB	17/01/
Unnamed driver Name		Driver NRIC	S1707120C	Driving Experience	28
Register Date of Driver License	19/09/1990	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	97528422	Contact No.(Office)		Address 3	SINGA
Address 1	115 PASIR RIS GROVE	Address 2	#11-41 THE PALETTE	Post Code	51817
Address 4		Address Type	Singapore address		
Unit No.	11-41				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEE AI YEAN LAUREEN
Contact No.(Mobile)	97528422	Contact No.(Home)	65827902
Email Address		OI Vehicle Number	SDV31335
Claim Description	SDV31335 / UNKNOWN ON 15 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/03/2019 09:26
			LIJEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			
Save Submit			

Attachment

Accident No. MT/1036207

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/03/2019 09:27

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 *

Confidential

Urgency *

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 18 Mar 2019 09:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:27	SAS	Normal	SAS 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:27	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:27	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:27	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:27	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:26	Photos	Normal	Photos 2019-3-18

Video List

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