

NATIONAL Assessment Centre Services.

(part 1 Jan'00)

MAA 819046838

Date In: 11/04/2018 09:16	Job description	Date & Time Completed	Done by
Ref No: 1134/MAA 819046838	SAS e-filing		
Veh No: SGN 66314	E-mail (Agency 2hrs, AIC 2hrs)		
D.O.A: 09/04/2019 11:15	1-Motor Claim Form	md1040276-002 15/04/2019 19:30	
OD: (P) Reporting Only	1-Motor W/O (Withlet: OD 2hrs, TP 4hrs)		
	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: SGP 6676C	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 ()	

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$10/245	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpr Allowance \$1	
	*NI: Repair Coordination \$10/929	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) \$10/1000	
	9) NI: Idao 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	10/04/2019 17:04
Date Of Accident	09/04/2019 11:15
Exact Location Of Accident	AT MANDAI CREMATORIUM CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN6631H
Insured/Policyholder	
Name Of Registered Owner	SEE TOH LAI YING
NRIC No	S1747695E
Email Address	JESSICASEETOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90600538
Alternative Phone No	OFFICE-90600538

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRAYER QING MING
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5024683846-11
Cover Note Number	

Driver

Name of Driver	SEE TOH LAI YING
NRIC No	S1747695E
Date Of Birth	30/01/1966
Occupation	INDOOR
Date Of Driving Pass	10/10/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90600538
Fax Number	
Contact Number	OFFICE-90600538
Email Address	JESSICASEETOH@GMAIL.COM

Address	41 JURONG EAST AVENUE 1 #14-03
Postcode	609777
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: : HUSBAND GENDER: : MALE

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 SKETCH PLAN

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	SBP6676C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH HAU TICK
NRIC/Passport Number	S6827174F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

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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.

 10/4/2019

Policyholder's Signature
Date & Time:



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

 10/06/2019

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

SKETCH PLAN

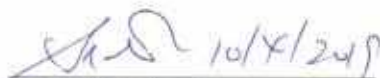
AS PER ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/4/2019 Tuesday at around 11.15am, I arrived at Mandai Crematorium carpark. When I was about to reverse my car for parking, suddenly a car with no plate SBP 6676C drive pass my car and hit my front right bumper as you refer to the attached diagram.

DECLARATION

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

 10/4/2019

Policyholder's Signature
Date & Time:

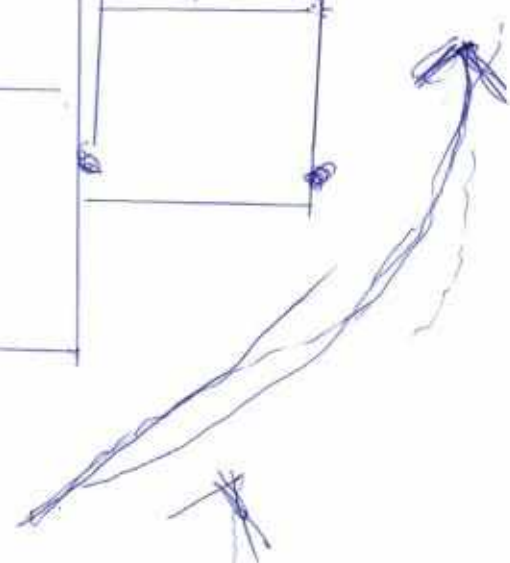
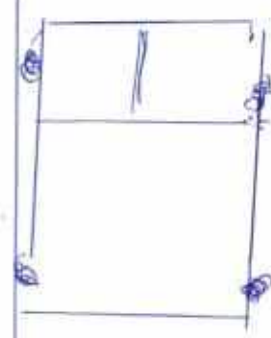
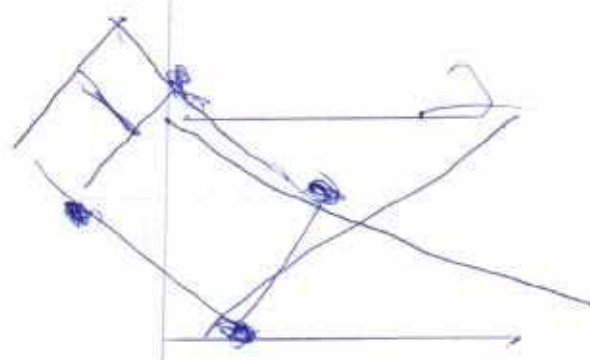


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/04/2019

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

МОНДАТІ СЕРМІТОРІУМ СЕРПЕРК



А.С.

См. план 10119
Рос. Укр. 10119

Claim Handling

Accident NT/1040276

Policy No.	5024583846-11	Vehicle No.	SGN6631H	GST Registration No.	
Certificate No.					
Policyholder Name	SEE TOH LAI YING			Policyholder NRIC	S1747695E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90600538	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="NA"/>
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	15/04/2019 18:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/04/2019	Time of Accident (H:M:S)	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT HANGAI CREMATORIUM CARPARK				

Excess

Own damage Excess	0.00	Additional Excess		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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	41 JURONG EAST AVENUE 1	Address 2	#14-03 PANIC OASIS	Address 3	SINGAPORE 609777
Address 4		Address Type	Singapore address	Post Code	609777
Unit No.		Related Policy Number	5024583846-11		

GT Driver Info

Driver Name	SEE TOH LAI YING	Driver Type	Main Driver	Driver DOB	30/01/1966
Unnamed driver Name		Driver NRIC	S1747695E	Driving Experience	19
Regulator Date of Driver License	01/01/2000	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	90600538	Contact No.(Office)		Address 3	SINGAPORE 609777
Address 1	41 JURONG EAST AVENUE 1	Address 2	#14-03 PANIC OASIS	Post Code	609777
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 002

New

Claim Type *	GD-MX	Insured Name	SEE TOH LAI YING	Insured NRIC	S1747695E
Contact No.(Mobile)	90600538	Contact No.(Home)	62681940	Contact No.(Office)	68142311
Email Address	seecase@oh@gmail.com	Vehicle Number	SGN6631H	TP Number	SBP6675C
Claim Description	SGN6631H / SBP6675C ON 9 Apr 2019				
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault		
Search No.	Yes	Insured Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Date	15/04/2019 19:38	Date Received	15/04/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	NT/1040276	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/04/2019 19:38
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800476 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15	
	NAC_BUKIT_MERAH_800476 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15	

4/15/2019

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	Photos	Normal	Photos 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2019 19:38	SAS	Normal	SAS 2019-4-15
Video List				
Uploaded By/Date	Folder/Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

rsbm

From: Desmond Foo Guo Hui <desmond.fooogh@income.com.sg>
Sent: Monday, 15 April, 2019 7:31 PM
To: rsbm@lkkauto.com
Subject: SGN6631H -09/04/2019 (Recreate file)

Hi

The file was created with a wrong DOA as 10/04/2019.
The correct DOA is 09/04/2019.

There is an existing file, MT/1040276.
Please select this number and click on 'Create New claim'.

Please take note on the file accuracy please.

Desmond Foo
Assistant Manager, Motor Insurance
T +65 6430 7976
www.income.com.sg



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in with you

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 09/04/2019 (DD/MM/YYYY). TIME: 11:15 (HH:MM)

LOCATION: MANDA CREMATORIUM carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 6631 H
 b) INSURANCE COMPANY: N TUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA ALTIS
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRAYER QING MING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SEE TOH LAI YING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1747693E CONTACT: 9878
 c) ADDRESS: 41 JURONG EAST AVE 1
#14-03 SC 669777

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 30/01/1966 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 10 Oct 1990

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

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBP 6676 C MODEL: _____
 b) DRIVER'S NAME: TEH HAN TIK
 c) NRIC/FIN/PASSPORT: S6827177F CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

jessica seetoh @ gmail . com

Email = jessica seetoh

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1747695E



SEE TOH LAI YING

司徒丽英

Race
CHINESE

Date of Birth
30-01-1966 F

Country of Birth
SINGAPORE



1195309

NRIC No. S1747695E



Blood Group
B+ Date of issue
14-08-1993

41 JURONG EAST AVENUE 1 #14-03
SINGAPORE 609777

NRIC No: S1747695E

Date: 04/01/2011 No: 6570381

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 1747695E

Name:

SEE TOH LAI YING

Birth Date: 30 Jan 1966

Issue Date: 17 Sep 2003



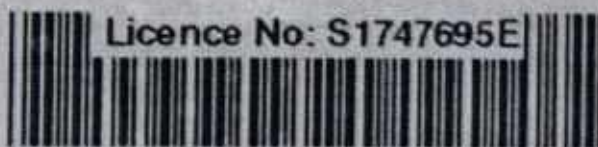
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

10 Oct 1990

Licence No: S1747695E



NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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="09/04/2019 09:34"/>
Vehicle No. (For Motor)	<input type="text" value="SGN6631H"/>	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"/>	5024683846-11		SEE TOH LAI YING	S1747695E	GPC	Third Party, Fire & Theft	SGN6631H	SGN6631H	24/11/2018	23/11/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : PNMA49046938 Vehicle Registration No: SGN 6631 H
Name (as shown in NRIC) : SEE JEFF LOH YIN NRIC/FIN/Passport No : S1747695E
(*Vehicle Driver/ Vehicle Owner)(*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 90600538
Email Address : _____
Date of Accident : 09/04/2008 Time of Accident : 11:15
Place of Accident : A7 MARIOBI CREAMATORIUM CARPARK
Insurance Company : AMC

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

OWNER HANO PHONK NUMBER 70 90600538

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rolli Walthers
NRIC/FIN No.:
Date: 11/04/2008