

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA11904859**

Date In: 12/4/19-15:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19006584/24	SAS e-filing		
Veh No: 6BE740Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 12/4/19-09:50	i-Motor Claim Form	12/1039968-001	12/4/19 19:34
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **JKL83V0E** 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: 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

NA1902710	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Lat. 1:	6) TR: Re-inspection \$75		
Lat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	* 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	12/04/2019 15:35
Date Of Accident	12/04/2019 09:50
Exact Location Of Accident	BEDOK NORTH AVE 3 BEFORE JUNC BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE740Y
Insured/Policyholder	
Name Of Registered Owner	SEE FWA ELECTRONICS & ELECTRICAL ENGINEERING
Co Reg No	21593200E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81253305
Alternative Phone No	OFFICE-81253305

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082851040-02
Cover Note Number	

Driver

Name of Driver	KOK LEE SIONG
NRIC No	S2557478H
Date Of Birth	27/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94571771
Fax Number	
Contact Number	OFFICE-94571771
EEmail Address	NOEMAIL

Address BLK 418 BEDOK NORTH AVENUE 2
#09-97
Postcode 460418
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
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 2
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) 2
Passenger 1
NAME: : LEE SIOW YONG
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190412/2077.

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 SKL8320E
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)

1

DETAILS OF INJURED PERSON 1

Name

LEE SIOW YONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBE740Y

Were seat belts worn?

YES

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.
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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.



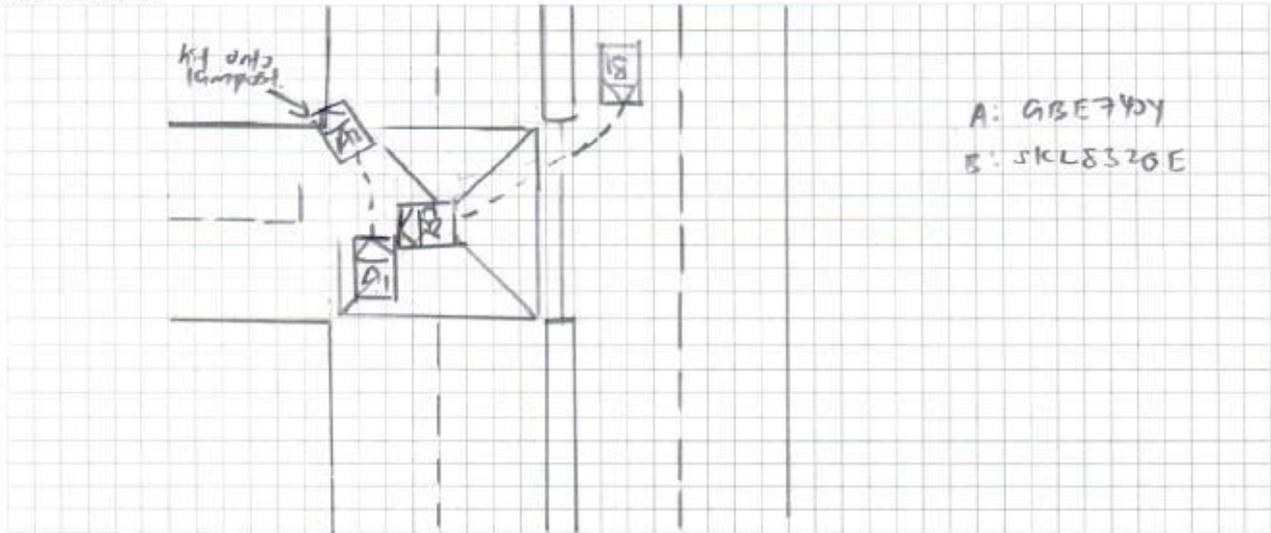
祥和电子电器工程
SEE YWA ELECTRONICS & ELECTRICAL ENGINEERING
Blk 11 Chai Chee Road #01-21, Singapore 460011
TEL: 67433814, 67430095

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190412/277.



DECLARATION

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

SGS PRA ELECTRONIC & ELECTRICAL ENGINEERING
 101-111, Singapore Road, Singapore 110001
 TEL: 67430314, 67430095

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.:



**SINGAPORE
POLICE FORCE**



T/20190412/2077

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190412/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOK LEE SIONG	ID No.	S2557478H
Related Vehicle	GBE740Y (Van)	Contact No.	94571771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 12/04/2019 at about 0950hrs, I was driving my vehicle GBE740Y along Bedok North Ave 3 towards Bedok Reservoir Rd. While approaching the carpark entrance of Blk 401 Bedok North Ave 3, one vehicle, SKL8320E, driving on the opposite direction along Bedok North Ave 3 towards New Upp Changi Rd, made a right turn towards the carpark entrance of Blk 401. However, I was traveling straight and the front of vehicle SKL8320E collided onto the right front side of my vehicle. I had one passenger at that time. Both of us got down our vehicles and no one was injured. As the collision caused my vehicle to swerved to the left, my vehicle knocked onto one lamppost. Subsequently, Traffic Police arrived and I was given a case card reference no: G/20190412/0055 and advised to lodge this police report.



**SINGAPORE
POLICE FORCE**



T/20190412/2077

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

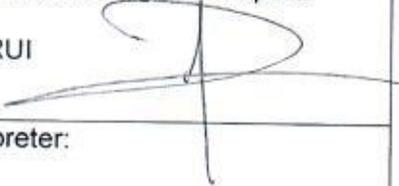
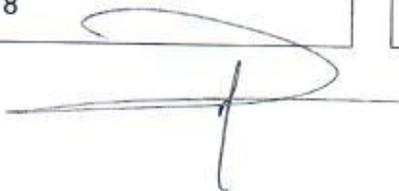
Report No. T/20190412/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 KOH WEN RUI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 14:17
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178 	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2557478H




Name
KOK LEE SIONG

郭利松

Race
CHINESE

Date of birth
27-03-1962

Sex
M

Country/Place of birth
MALAYSIA

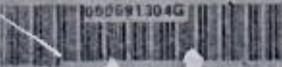
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S2557478H**

Name
KOK LEE SIONG

Birth Date **27 Mar 1962**

Issue Date **28 Jul 2003**



1000591304G

9439815



NRIC No. **S2557478H**



Nationality
MALYSIAN

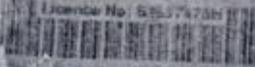
Date of issue
06-04-2017

Address
**APT BLK 41B BEDOK NORTH AVENUE 2
#09-97
SINGAPORE 460418**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 300 cc	27 Oct 1962
Class 2A	Motorcycles between 251 cc and 400 cc	27 Oct 1962
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Oct 1962

NP 475A



License No. S2557478H

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
<input type="radio"/>	5082851040-02		SEE FWA ELECTRONICS & ELECTRICAL ENGINEERING	21593200E	GCV	Comprehensive	GBE740Y	GBE740Y	26/08/2018	25/08/2019

Continue

Policy Information

Policy No.	5082851040-02	Policyholder Name	SEE FWA ELECTRONICS & ELEC	Policyholder NRIC	21593200E
Certificate No.					
Address	BLK 11 #01-21 CHAI CHEE ROAD SINGAPORE 460011				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/08/2018	Effective Date	26/08/2018 00:00	Expiry Date	25/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 11 #01-21	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460011
Address 4		Address Type	Singapore address	Post Code	460011
Unit No.		Related Policy Number	5082851040-02		

Insured Object: GBE740Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

• Exit

Accident MT/1039968

Policy No.	5082851040-02	Vehicle No.	GBE740Y	GST Registration No.	
Certificate No.					
Policyholder Name	SEE PWA ELECTRONICS & ELECTRICAL ENGINEERING			Policyholder NRIC	21593200E
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81253305	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KFK	<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(%)	15	Private Hire	No
↳ Accident Details					
Report Date	12/04/2019 19:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/04/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH AVE 3 BEFORE JUNC BEDOK NORTH RD				
↳ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
↳ Benefits					
↳ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	12/04/2019 19:53:32 System changed GST Status Verified from No to Yes				

↳ Policyholder Mailing Address					
Address 1	BLK 11 #01-21	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460011
Address 4		Address Type	Singapore address	Post Code	460011
Unit No.		Related Policy Number	5082851040-02		
↳ OE Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOK LEE SIONG	Driver NRIC	S2557478H	Driver DOB	27/03/1962
Register Date of Driver License	27/10/1983	Driver Age	37	Driving Experience	35
Contact No.(Mobile)	94571771	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 418	Address 2	BEDOK NORTH AVENUE 2	Address 3	LINEAR GREEN @ BEDOK
Address 4	SINGAPORE 460418	Address Type	Singapore address	Post Code	460418
Unit No.	09-97				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	SEE PWA ELECTRONICS & BLIC		Insured NRIC	21593200E	
Contact No.(Mobile)		Contact No.(Home)			Contact No.(Office)	67438814	
Email Address		OI Vehicle Number	GBE740Y		TP Vehicle Number	SKL8320E	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select				
Claimant Name *		Claimant NRIC *					
Claimant Address							
Claim Description	GBE740Y / SKL8320E ON 12 Apr 2019					Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault				
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered	12/04/2019 19:54	Claim Close Date					
Report Taken By	Jackson			GIA report	Received		
				Date Received	12/04/2019 00:00		

Save Submit

Attachment

Accident No.	MT/1039968	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/04/2019 19:57

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

