

NATIONAL Assessment Centre Services. Part 1 Jan 2003. MNA119049416.

Date In: 16/14/119 11:07	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA119006737164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLA 8171P	I-Motor Claim Form	MT/1040451- ⁰⁰¹	16/14/119 16:11
D.O.A: 15/14/119 19:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk30		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMJ 5694H	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 repaler.

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

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

Remarks:	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

MNA1902749

Claimant's Particulars:	Invoice Description	Amount (\$)	Amount (\$)
Driver/Owner:	1) All: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	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	16/04/2019 11:07
Date Of Accident	15/04/2019 19:30
Exact Location Of Accident	COMMONWEALTH AVE W JUNC WITH NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8171P
Insured/Policyholder	
Name Of Registered Owner	PEH HOCK LEE
NRIC No	S0195967J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188490
Alternative Phone No	OFFICE-91188490

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104512848
Cover Note Number	-

Driver

Name of Driver	LEE YUE HOCK
NRIC No	S1260134D
Date Of Birth	07/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96279971
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 764 PASIR RIS ST 71 #08-252
Postcode	510764
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG NORTH BUONA VISTA RD TURNING LEFT INTO COMMONWEALTH AVE W, WHILE MY VEH ALREADY AT THE COMMONWEALTH AVE W, SUDDENLY VEH B (BEARING NO SMJ 5694H) FROM THE COMMONWEALTH AVE W MAKE A U TURN AND CUT INTO MY LANE, AS THE RESULT, VEH B LEFT FRONT HIT ONTO MY VEH RIGHT FRONT PORTION.

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	SMJ5694H
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)

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:

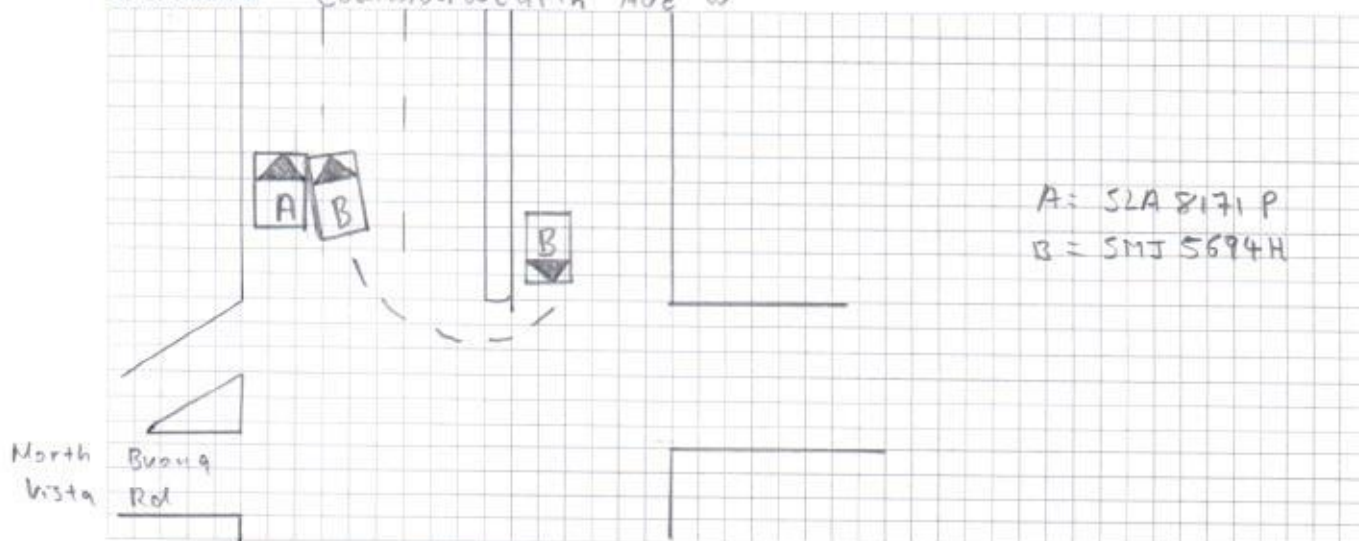
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Lee Yue Hock

License Number: **S1260134D**

Name: **LEE YUE HOCK**

Birth Date: **07 Feb 1957**

Issue Date: **05 Jan 2004**

Barcode: 001072313C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1260134D

Portrait of Lee Yue Hock

Name: **LEE YUE HOCK**

Race: **CHINESE**

Date of Birth: **07-02-1957**

Sex: **M**

Country of Birth: **SINGAPORE**

Barcode: S1260134D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Mar 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Apr 1999
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	14 Sep 1999

NP 429A

Barcode: License No: S1260134D

1954720

Barcode

Portrait of Lee Yue Hock

NRIC No: **S1260134D**

Blood Group: **A+**

Date of issue: **28-04-1994**

APT. BLK 744, PART 815 STREET 71, #05-252
SINGAPORE 1811

NRIC No: **1651362**

Date: **28-04-1994**

No: **1651362**

Hello, NAC_PAYA_UBI_800601

[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="15/04/2019 11:05"/>							
Vehicle No.(For Motor)	<input type="text" value="SLA8171P"/>	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 checked="" type="radio"/>	5104512848		PEH HOCK LEE	S01959673	GPC	drivo CLASSIC	SLA8171P	SLA8171P	15/10/2018	14/10/2019
<input type="button" value="Continue"/>										

Claim Handling

The premium on this policy has not been collected.

Accident MT/1040451

Policy No.	5104512848	Vehicle No.	SLA8171P	GST Registration No.	
Certificate No.					
Policyholder Name	PEH HOCK LEE			Policyholder NRIC	S01951
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91188490	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	Yes
Accident Details					
Report Date	16/04/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	15/04/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE W JUNC WITH NORTH BUONA VISTA RD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 141 #09-364	Address 2	TAMPINES STREET 12	Address 3	TAMPINES STREET 12
Address 4	SINGAPORE S21141	Address Type	Singapore address	Post Code	S21141
Unit No.		Related Policy Number	5093167175-02		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/02/1980
Unnamed driver Name	LEE YUE HOCK	Driver NRIC	S1260134D	Driving Experience	39
Register Date of Driver License	21/03/1980	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	96279971	Contact No.(Office)		Address 3	SINGAPORE S10761
Address 1	BLK 764 #08-252	Address 2	PASIR RIS STREET 71	Post Code	S10761
Address 4		Address Type	Singapore address		
Unit No.	08-252				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PEH HOCK LEE
Contact No.(Mobile)	96668182	Contact No.(Home)	67824839
Email Address		O1 Vehicle Number	SLA8171P
Claim Description	SLA8171P / SMJ5694H ON 15 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	16/04/2019 16:10	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

Claim No.

MT/1040451

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/04/2019 16:11

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 *

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


















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	SAS	Normal	SAS 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:11	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:10	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:10	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:10	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:10	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:10	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:10	Photos	Normal	Photos 2019-4-16

Video List

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