

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA119059224

Date In: 7/5/19-12:00	Job description	Date & Time Completed	Done by
Ref No: NA/14C19008063/24	SAS e-filing		
Veh No: JLC29250	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 20/4/18-00:00	i-Motor Claim Form	M1/1013678-000	7/5/19 21:20
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: (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 Transjort Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Actions

NA1403464

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
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	07/05/2019 18:59
Date Of Accident	20/09/2018 00:00
Exact Location Of Accident	JUNC UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7245U
Insured/Policyholder	
Name Of Registered Owner	LI QINGRU SHARON
NRIC No	S8118744D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97764248
Alternative Phone No	OFFICE-97764248

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069299695-03
Cover Note Number	

Driver

Name of Driver	LEE AH KOW
NRIC No	S1331644I
Date Of Birth	16/03/1942
Occupation	INDOOR
Date Of Driving Pass	22/09/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297834
Fax Number	
Contact Number	OFFICE-98297834
Email Address	NOEMAIL

Address	BLK 107 JALAN BUKIT MERAH #11-1814
Postcode	160107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190412/2073.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 4/219041-1277.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 9 / 18) (DD/MM/YYYY). TIME: (00 : 00) (HH:MM)

LOCATION: Upp Changi Rd Bedok CC 1 Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JK27245V
 b) INSURANCE COMPANY: MIVC
 c) POLICY NUMBER: 506929969-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Li Jingyong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S818744D CONTACT: 97764248
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Ah Boi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13316442 CONTACT: 98297834
 c) ADDRESS: Blk 157 Jalan Bukit Merah #11-811

*d) DATE OF BIRTH: (16 / 3 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/4/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Parent

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL52506C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
 (Including driver)
 (0)

*No of passenger
 (Including driver)
 ()

*No of passenger
 (Including driver)
 ()

Email =

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



G/20190412/2073

1 of 2

POLICE REPORT (NP299)

Report No. G/20190412/2073

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 12/04/2019 14:06	Vide Report No.	Station Diary No.
Name Of Informant LEE AH KOW	Address APT BLK 107 JALAN BUKIT MERAH #11-1814 SINGAPORE	
ID Type / ID No. NRIC NO / S13316441	Contact No. Home/Office Mobile 98297834	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation OTHERS	Sex Male	Age 77
Institution/School Name	Date of Birth 16/03/1942	Race Chinese
Date/Time Of Incident 20/09/2018 00:00	Location Of Incident UNKNOWN	

Brief details.

I RECEIVED A LETTER FROM THE OTHER PARTY CLAIMING INSURANCE FROM ME.
I AM THE DRIVER OF THE VEH NO SKQ7245U, OWNERSHIP IS MY DAUGHTER LI QINGRU SHARON.

I AM VERY SURE NO ACCIDENT INVOLVED MY VEHICLE ON THE MENTIONED DATE .THE OTHER PARTY (SLS2506C STATED IN THE LETTER) WANTS TO CLAIM INSURANCE FOR THE DAMAGE ON HIS / HER CAR.BUT THERE IS NO DAMAGE ON MY CAR ON THE REAR PORTION .

Signature Of Officer Recording The Report:

TP / YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LOH YI XIANG
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
12/04/2019 14:06

Classification Of Case:

	SINGAPORE POLICE FORCE
Signature:	



**SINGAPORE
POLICE FORCE**



G/20190412/2073

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190412/2073

THE QUOTATION FROM THE WORKSHOP ATTACHED ON THE LETTER WHICH WAS SENT TO ME CLEARLY STATED THAT ALL THE DAMAGES ON THE OTHER CAR IS AT THE FRONT PORTION.

THIS REPORT IS MADE FOR RECORD PURPOSE ONLY. UPON RECEIVED THE LETTER MY FRIEND TRIED TO CONTACT THE CUSTOMER SERVICE OFFICER TO VERIFY FOR MORE DETAILS FOR THE CASE BUT HE COULDN'T REACH THEM. SO AS A DRIVER OF SKQ7245U I AM LODGING THIS POLICE REPORT TO FACILITATE MY INSURANCE COMPANY TO CARRY OUT FURTHER INVESTIGATION CHECKS TO THE CASE.

REFERENCE REPORT NO WAS SENT TO MY DAUGHTER LI QINGRU SHARON (MT/CA/TP/022/1013678-001/A/PJT)
THATS ALL

Subjects Involved	
Victim	
Person Name	LEE AH KOW (Informant)

Signature Of Officer Recording The Report:

TP / YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LOH YI XIANG
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
12/04/2019 14:06

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S13316441



Name
LEE AH KOW

Race
CHINESE

Date of Birth
16-03-1942

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S13316441**

Name
LEE AH KOW

Birth Date **16 Mar 1942**

Issue Date **09 Sep 2003**




0906936



NRIC No. **S13316441**



Blood Group: **B+** Date of issue: **20-04-1993**

Address
APT BLK 107 JALAN BUKIT MERAH
#11-1814
SINGAPORE 0316

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 **22 Sep 1980**

NP 428A

Licence No: **S13316441**



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S069299695-03		LI QINGRU SHARON	S8118744D	GPC	drive CLASSIC	SKQ7245U	SKQ7245U	05/09/2018	04/09/2019

Claim Handling

Accident MT/1013678

Exit

Policy No.	509299695-03	Vehicle No.	SKQ7245U	GST Registration No.	
Certificate No.					
Policyholder Name	LI QINGRU SHARON	Cover Type	drive CLASSIC	Policyholder NRIC	S6118744D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFC	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	01/10/2018 12:51	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	20/09/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER CHANGI ROAD BEDOK CC T JUNCTION				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	BLK 261 #10-543	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640261
Address 4		Address Type	Singapore address	Post Code	640261
Unit No.	10-543	Related Policy Number	509299695-03		

OT Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification history

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LI QINGRU SHARON	Insured NRIC	S6118744D
Contact No.(Mobile)	97764248	Contact No.(Home)		Contact No.(Office)	
Email Address	SHAZZALI@HOTMAIL.COM	OT Vehicle Number	SKQ7245U	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKQ7245U ON 20 Sept 2018				
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	07/05/2019 22:20	Claim Close Date		Date Received	07/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1013678	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2019 22:21

Path *

Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

Video List

Display in New Window

Scan and uploading