

NATIONAL Assessment Centre Services

Form 1 (2019)

NA/904569

Date In: 17/06/2019 20:12	Job description	Date & Time Completed	Done by
Ref No: NBO/INC/901078/Y	SAS e-filing		
Veh No: SMK 2183J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/06/2019 15:35	I-Motor Claim Form	17/06/2019 20:28	
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:	Veh No: SKD R21P	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: (\$	) Lending: \$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

NA/904569	Invoice Preparation Checklist	Am't (\$) (In Bill)	Am't (\$) Add'l 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) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idem DA + SMRT Survey \$160		
	8) NTUC: Additional Services:		
	(211)		
	* N3: 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		
	* N12: Idem Mobile \$0		
	Invoice date:	Fee Charged	
	Fee Charged		

07-MAY-2019 16:39

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	17/06/2019 20:12
Date Of Accident	15/06/2019 15:35
Exact Location Of Accident	MAPLEWOODS BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2139J
Insured/Policyholder	
Name Of Registered Owner	ANG CHING LEE
NRIC No	S0637261I
Email Address	G4070@PLILLIP.COM.SG
Mobile Phone No	(LOCAL) +65-97365864
Alternative Phone No	OTHERS-97365864

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	5108300219
Cover Note Number	

Driver

Name of Driver	ANG CHING LEE
NRIC No	S0637261I
Date Of Birth	05/07/1941
Occupation	INDOOR
Date Of Driving Pass	05/09/1962
Driving Experience	56 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97365864
Fax Number	
Contact Number	OTHERS-97365864
Email Address	G4070@PLILLIP.COM.SG

Address	12 JALAN LEMPENG #13-03
Postcode	128798
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	COLLIDED INTO PARKED VEHICLE
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)	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 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	SKD1821P
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN CHEE KHUEN WILSON
NRIC/Passport Number	
Contact Number	90629933
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

17/6/19
2.12 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

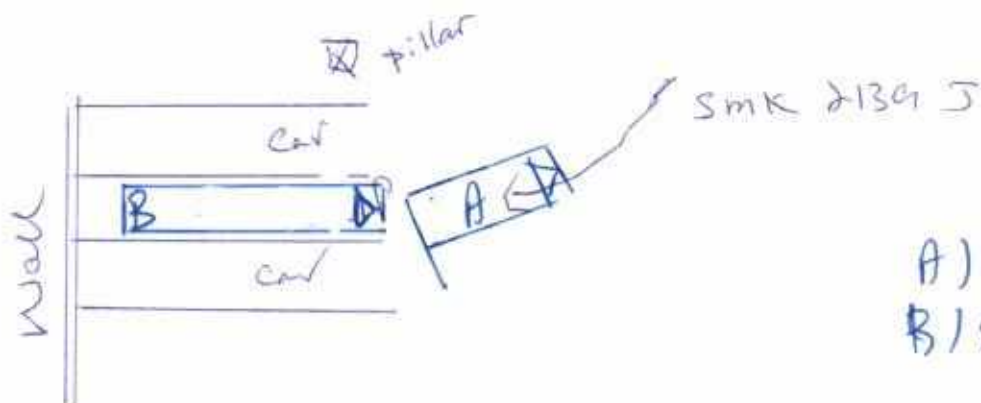
Name:

NRIC/FIN No.:

17/06/2019
Rashid bin Ali

SKETCH PLAN

MAPLEWOOD ~~at~~ BUSHMANS CAR PARK



A) SMK 2139 J
B) SKD 1821 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Underground car park a little rain as about to rain.

I reversed my car and scratched SKD 1821 P.
That's all.

[Signature]

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

17/6/19 2.12p

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/06/2019

[Signature]

Claim Handling

Accident HT/1049410

Policy No.	3108301219	Vehicle No.	SPK2139	GST Registration No.	
Certificate No.					
Policyholder Name	ANG CHING LEE	Driver Type	driver PREMIUM	Policyholder NRIC	908172611
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Working	C
Contact No.(Mobile)	97363864	Special Remarks		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPI	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Revoke Hike	No
Accident Details					
Report Date	17/06/2019 20:25	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked vehicle
Date of Accident	17/06/2019	Time of Accident (h:mm)	19:35	Country of Accident	Singapore
Reporting Centre		Grange Force		IDM No.	
Accident Location	MAPLEWOODS BASMENT CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Data			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	12 JALAN LEMPENG	Address 2	#13-03 PARK WEST	Address 3	SINGAPORE 126798
Address 4		Address Type	Singapore address	Post Code	126798
Unit No.		Related Policy Number	5108301219		
Q1 Driver Info					
Driver Name	ANG CHING LEE	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	908172611	Driver DOB	05/07/1941
Register Date of Driver License	29/04/1962	Driver Age	77	Driving Experience	56
Contact No.(Mobile)	97363864	Contact No.(Office)		Contact No.(Home)	
Address 1	12 JALAN LEMPENG	Address 2	#13-03 PARK WEST	Address 3	SINGAPORE 126798
Address 4		Address Type	Singapore address	Post Code	126798
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SPK2139	Driver Insurer Company	IGLIC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **Run**

Claim Type *	OD-MR	Insured Name	ANG CHING LEE	Insured NRIC	908172611
Contact No.(Mobile)	97363864	Contact No. (Home)	No	Contact No. (Office)	
Email Address	G4270@PHILLIP.COM.SG	OT		TR	
Claim Description	SPK2139 / SKD181P ON 15 Jun 2019		Vehicle Number	SPK2139	Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Submit No. Protection	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA Report	Received
Date Registered	17/06/2019 20:17	Claim Close Date		Date Received	17/06/2019 00:00
Report taken by	ROSLI YAMMAR				

Print AC letter

Save Submit

Attachment

Accident No.	HT/1049410	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/06/2019 20:28
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			Send Message
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
		Photos	Normal
		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:28	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:28	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:28	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:28	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:27	SAS	Normal	SAS 2019-6-17

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15/06/2019 (DD/MM/YYYY), TIME: (15:35) (HH:MM) pm.

LOCATION: Maple Woods underground car park.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK 2139 J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5108300219
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan Sylphy
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Nil
 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: Ang ching lee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 0637261-I CONTACT: 97365864
 c) ADDRESS: 12 Jalan Lempang #13-03 Se 17898

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (3 people) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (05/07/1941) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 5/9/62

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) Nil N.A

6. WAS ANYBODY INJURED (YES / NO) ☒

7. a) REPORTED TO POLICE (YES / NO) ☒

IF YES, PLEASE STATE WHICH POLICE STATION: N.A

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD1821P MODEL: Nissan
 b) DRIVER'S NAME: Chan Chee Khuen Wilson
 c) NRIC/FIN/PASSPORT: - CONTACT: 90629933

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
()

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = G4070e@illip.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S06372611



ANG CHING LEE

Race
CHINESE
Date of Birth
05-07-1941
Sex
M
Country of Birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S06372611

ANG CHING LEE

Birth Date: 05 Jul 1941

Issue Date: 27 Sep 2003



1850510



NAC No S06372611

Blood Group: O+ Date of issue: 02-04-1994

Address
12 JALAN LEMPENG
#13-03
SINGAPORE 0512

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	05 Sep 1962
Class 2A	Motorcycles between 201 cc and 400 cc	05 Sep 1962
Class 2	Motorcycles exceeding 400 cc	05 Sep 1962
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Sep 1962

For LKK/NAC Use Only

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="15/06/2019 20:11"/>
Vehicle No.(For Motor)	<input type="text" value="SMK2139J"/>	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="checkbox"/>	5108300219		ANG CHING LEE	606372611	GPC	drive PREMIUM	SMK2139J	SMK2139J	30/03/2019	29/03/2020