

NATIONAL Assessment Centre Services <small>(and 1 Jan 2019)</small> NA19075814			
Date In: 17/06/2019 13:01	Job description	Date & Time Completed	Done by
Ref No: NSA/Inc 101066414	SAS e-filing		
Veh No: SLZ 581P	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 17/06/2019 08:48	I-Motor Claim Form	mt1049288-001	17/06/2019 14:31
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: SLK 97694	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 Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	
Date/Time	Actions

NA1904570	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: 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 2019)		
Car 1:	6) TR: Re-inspection \$75		
Car 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/19	8) NTUC Additional Services:		
	* N3: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* TP (N11): TP (N in INC) against INC \$20		
	* N12: Idm Mobile \$0		
	Invoice dated	Fax Charged	
	FAX	Fax 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 13:01
Date Of Accident	17/06/2019 09:45
Exact Location Of Accident	ALONG BUONA VISTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ589P
Insured/Policyholder	
Name Of Registered Owner	LEE HAK SOON
NRIC No	S1497089D
Email Address	GINBOBCOM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96908070
Alternative Phone No	OTHERS-96908070
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5099986254-01
Cover Note Number	
Driver	
Name of Driver	LEE HAK SOON
NRIC No	S1497089D
Date Of Birth	13/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96908070
Fax Number	
Contact Number	OTHERS-96908070
Email Address	GINBOBCOM@GMAIL.COM

Address	BLK 101 BUKIT PURMEI ROAD #02-24
Postcode	090101
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	RAINING
Road Surface	WET

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9769G
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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

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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**.
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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: 17/06/2019



Driver's Signature

(If driver is not the policyholder)

Date & Time:



17/06/2019

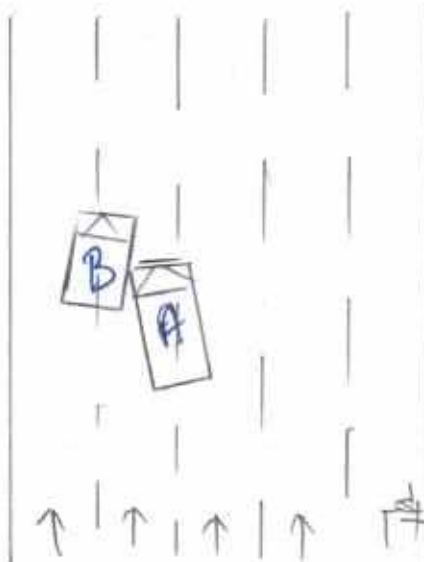
Reporting Centre Personnel's Signature

Name: Roshan Vithan

NRIC/FIN No.:

SKETCH PLAN

A) SLZ 589P
B) SLK 9769G



Along Buena
Vista Flyover

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bonna Vista Road, and suddenly the other vehicle **B** drove into my path while switching lane.

DECLARATION

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

[Signature]

Policyholder's Signature _____
Date & Time: 17/06/2017



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

17/06/2019
Reporting Centre Personnel's Signature: [Signature]
Name: [Signature]
NRIC/FIN No.: [Signature]

Accident NT/1049208

Propagation history

Claim	Q04	Reve
1	1	1
2	1	1
3	1	1
4	1	1
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100	1	1

Claim Type *	OP-MR	Insured Name	MR. HAK SOON	Insured NRIC	S1927899
Contact No. (Mobile)		Contact No. (Home)	812	Contact No. (Office)	812
Email Address		Vehicle Number	SLZ589P	Vehicle Number	SLZ589P
Claim Description	SLZ589P & SLK9799G ON 17 Jun 2019				
Preferred Workshop	Insured Liability	Reported	Preferred Workshop Name unknown	GIA	Received
Release No. Finalisation	Yes	Report Option			
Date Registered				Claim Date	17/06/2019 14:30
Report Taken By				Date Received	17/06/2019 00:00

Save | Print

Attachement

Accident No.	RT/2049/2018	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	17/06/2018 14:31

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_BUKIT_MERAH_8006760 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKET MERAH) on 17 Jun 2018 14:31	Photo	Normal	Photos 2018-6-17	
	NAC_BUKIT_MERAH_8006760 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKET MERAH) on 17 Jun 2018 14:31	Photo	Normal	Photos 2018-6-17	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:31	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:31	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:31	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	SAS	Normal	SAS 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 14:30	NRIC Driving License	Normal	NRIC Driving license 2019-6-17

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (17/06/2019) (DD/MM/YYYY), TIME: (09:45) (HH:MM)

LOCATION: Bona Vista Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 589P
b) INSURANCE COMPANY: NTAC
c) POLICY NUMBER: 509986254-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN NOTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
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: LEE HAK SOON (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S1497089D CONTACT: 96908070
C) ADDRESS: BLK 101, #02-24, BUKIT PURMEI ROAD

* 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: (13/11/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/07/1985

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) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 9769G MODEL: MAZDA 3
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: _____

email = ginbobcom@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1497089D



NAME
LEE HAK SOON

李 合 順

RACE
CHINESE

Date of birth
13-11-1961

Country of birth
SINGAPORE

Sex
M

S 1497089D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1497089D

NAME
LEE HAK SOON

Birth Date 13 Nov 1961

Issue Date 05 Jan 2005

001311564J

REPUBLIC OF SINGAPORE

APT BLK 101 BUKIT PUNEH ROAD
#02-24
SINGAPORE 060101

06-01-2005

060101

S1497089D

1497089D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE
04 Jun 1987
09 Jul 1985

Class 2B Motorcycles <= 200 cc
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg

NP 428A

Licence No. S1497089D

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="17/06/2019 11:08"/>
Vehicle No. (For Motor)	<input type="text" value="SLZ589P"/>	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"/>	5099986254-01		LEE HAK SOON	S1497089D	GPC	drivo PREMIUM	SLZ589P	SLZ589P	21/04/2019	20/04/2020