

NATIONAL Assessment Centre Services. [ver 1 Jan'09] : MNA 119079529

Date In: 1816/19 16:43	Job description	Date & Time Completed	Done by
Ref No: NALINC19010812164	SAS e-filing		
Veh No: SLW 7384H	E-mail (within 3hrs, AIC 2hrs)		
DDA: 1716/19 19:30	I-Motor Claim Form	MT11049580001	1816/19 17:16
OD / TP / Repairs Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Veh No: pedestrian 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: (INC 1101111 6708 0616)

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 1904543		Invoice Preparation Checked by	Am (S)	Adm (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) IPT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Set 1:	6) TR: Re-Inspection \$75			
Set 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	Q1:			
	*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 (S-n INC) against INC \$20			
	9) N12: Idao 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	18/06/2019 16:43
Date Of Accident	17/06/2019 19:30
Exact Location Of Accident	JUNC OF KIM YAM RD & RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7384H
Insured/Policyholder	
Name Of Registered Owner	MARC LEE CHIN YEW
NRIC No	S8502156G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97929191
Alternative Phone No	OFFICE-97929191

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099164909
Cover Note Number	-

Driver

Name of Driver	LEE ENG HOCK
NRIC No	S0241780D
Date Of Birth	15/11/1950
Occupation	INDOOR
Date Of Driving Pass	12/08/1974
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96399191
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	296A JOO CHIAT PLACE
Postcode	427978
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	COLLIDED INTO PEDESTRIAN
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	
Vehicle Make/Model/Colour	PEDERSTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PEDESTRIAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.:

Hand-drawn sketch of a T-junction on grid paper. A vertical road labeled "River Valley Rd" meets a horizontal road labeled "Kim Yams Rd" from below. A pedestrian crossing is marked with a zebra crossing symbol and the word "Pedestrian" above it. A car labeled "A" is at the intersection, moving right. A dashed line with an arrow points from a building labeled "A" on Kim Yams Rd towards the intersection. To the right, the text "A = SLW 7384 H" is written.

Please Refer to Police Report

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190617/2166

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190617/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2019 21:13		Vide Report No.: E/20190617/0096		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE ENG HOCK			Address: 296A JOO CHIAT PLACE SINGAPORE 427978		
ID Type / ID No.: NRIC NO / S0241780D			Contact No.: Home/Office: Mobile: 96399191		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 15/11/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FREELANCE CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/06/2019 19:30	Type of Location:
Location: RIVER VALLEY ROAD RIVER VALLEY RD X CLEMENCAN X KIM YAM RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW7384H	Car				No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190617/2166

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190617/2166

CONTINUATION OF REPORT

Driver			
Name	LEE ENG HOCK	ID No.	S0241780D
Related Vehicle	NIL	Contact No.	96399191
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 ABOVE MENTIONED DATE TIME AND LOCATION,

I WAS EXITING KIM YAM RD TO RIVER VALLEY, I AM TURNING RIGHT AT A TRAFFIC LIGHT. I DID NOT SEE ANY CARS AND A GROUP OF PEDESTRIAN HAD CROSSED AND THE TRAFFIC LIGHT IS IN MY FAVOUR SO I CONTINUED TO TURN RIGHT. THEN I FELT AN IMPACT AND I NOTICED THAT I HIT A PEDESTRIAN. I PARKED MY VEHICLE AT THE SIDE AND ATTENDED TO HER. SHE WAS CONVEYED TO THE NEAREST HOSPITAL AND TRAFFIC POLICE CAME. I HAVE SURRENDERED MY SD CARD TO THE TRAFFIC POLICE. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20190617/2166

3 of 3

Report No. T/20190617/2166

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:

TP /

FIRDAUS BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/06/2019 21:13

Classification Of Case:

SINGAPORE
POLICE FORCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0241780D**

Name **LEE ENG HOCK**

Birth Date **15 Nov 1950**

Issue Date **07 Jul 2011**

0019795298



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0241780D**

Name **LEE ENG HOCK**



李英福

Race **CHINESE**

Date of birth **15-11-1950**

Country/Place of birth **SINGAPORE**

Sex **M**


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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **12 Aug 1974**

Licence No: **S0241780D**

NP 428A



5984940

S0241780D

DATE OF ISSUE **23-07-2018**

Address **296A JOO CHIAT PLACE
SINGAPORE 427978**




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="17/06/2019 16:33"/>							
Vehicle No.(For Motor)	<input type="text" value="SLW7384H"/>	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="radio"/>	5099164909		MARC LEE CHIN YEW	S8502156G	GCV	Third Party	SLW7384H	SLW7384H	12/03/2018	27/08/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1049580

Policy No.	5099164909	Vehicle No.	SLW7384H	GST Registration No.	
Certificate No.					
Policyholder Name	MARC LEE CHIN YEW	Cover Type	Third Party	Policyholder NRJC	58502
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97929191	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No	Private Hire	Yes		
Accident Details					
Report Date	18/06/2019 17:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	17/06/2019	Time of Accident hh:mm	19:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF KIM YAM RD & RIVER VALLEY RD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	296A JOO CHIAT PLACE	Address 2	SINGAPORE 427978	Address 3	
Address 4		Address Type	Singapore address	Post Code	427978
Unit No.		Related Policy Number	5099164909		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/11/
Unnamed driver Name	LEE ENG HOCK	Driver NRJC	S0241780D	Driving Experience	44
Register Date of Driver License	12/08/1974	Driver Age	68	Contact No.(Home)	
Contact No.(Mobile)	96399191	Contact No.(Office)		Address 3	
Address 1	296A # JOO CHIAT PLACE	Address 2	SINGAPORE 427978	Post Code	427978
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input 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 type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	MARC LEE CHIN YEW
Contact No.(Mobile)	97929191	Contact No. (Home)	66677043
Email Address	marc_lee88@hotmail.com	OT Vehicle Number	SLW7384H
Claim Description	SLW7384H / PEDERSTRIAN ON 17 Jun 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault ▼
Preferred Repair Option	Yes ▼	Preferred Workshop, Name unknown ▼	GIA report
Date Registered		Received ▼	
Report Taken By		18/06/2019 17:15	Claim Close Date
		LIEW SHAN HUI	
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1049580

Claim No. 001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

18/06/2019 17:16

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 ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:16	SAS	Normal	SAS 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:16	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:16	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:16	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:15	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:15	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:15	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:15	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:15	Photos	Normal	Photos 2019-6-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2019 17:15	Photos	Normal	Photos 2019-6-18

Video List

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