

NATIONAL Assessment Centre Services.

Part 1 Jan 2005

MNA 119095057

| | | | |
|-----------------------------|--|-----------------------|---------------|
| Date In: 20/7/19 14:45 | Job description | Date & Time Completed | Done by |
| Ref No: NAI INC 19013824144 | SAS e-filing | | |
| Veh No: SMF 7445T | E-mail (within 2hrs, AIC 2hrs) | | |
| TPA: 20/7/19 10:45 | I-Motor Claim Form | MT11054258 | 20/7/19 15:14 |
| OD / TP / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whar | | |

| | | |
|--|---|-----------------------|
| Protected Whelp / INC Assign Whelp / CW: (| Tel: | Fax: |
| TP Particulars: | Veh No: Unknown | 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 repairer. | |
| () Total Loss Case: to e-mail Insurer URGENTLY. | |
| Drive-In () / Towed-In () | Invoice: YES () / NO () |
| Towing Co: () | |

| | |
|---|--|
| Remarks: (INC Non-INC) () | |
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

Injury: ()

| | |
|-------------|--|
| Duty Cycle: | |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|--|
| NAI 1905356 | |
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Bugs-In-Charge): | |
| Auditors' Comments: | |
| Sub 1: | |
| Sub 2: | |
| Sub 3: | |
| Sub 4: | |
| Sub 5: | |
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| Sub 98: | |
| Sub 99: | |
| Sub 100: | |

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 | 20/07/2019 14:45 |
| Date Of Accident | 20/07/2019 10:45 |
| Exact Location Of Accident | 216 BEDOK NORTH ST 1 OPEN CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMF7445T |
| Insured/Policyholder | |
| Name Of Registered Owner | LAM SUAN YEN |
| NRIC No | S7148374F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96209816 |
| Alternative Phone No | OFFICE-96209816 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | KIA |
| Model | CERATO |
| 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 | 5105892461 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LAM YEE FOOK |
| NRIC No | S0530575F |
| Date Of Birth | 20/05/1942 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/10/1960 |
| Driving Experience | 58 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96659124 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 762 BEDOK RESERVOIR VIEW #15-309 |
| Postcode | 470762 |
| 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 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? | |
| 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

MY VEH WAS PARKED AT THE 216 BEDOK NORTH ST 1 OPEN CARPARK, LOT NUMBER 70, WHEN MOVING OUT FROM THE LOT, VEH B WAS PARKED AT THE ROAD SIDE NEAR THE KERB, THE SPACE WAS NARROW, WHILE TURNING, MY VEH LEFT FRONT TOUCH ONTO VEH B RIGHT REAR PORTION.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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:

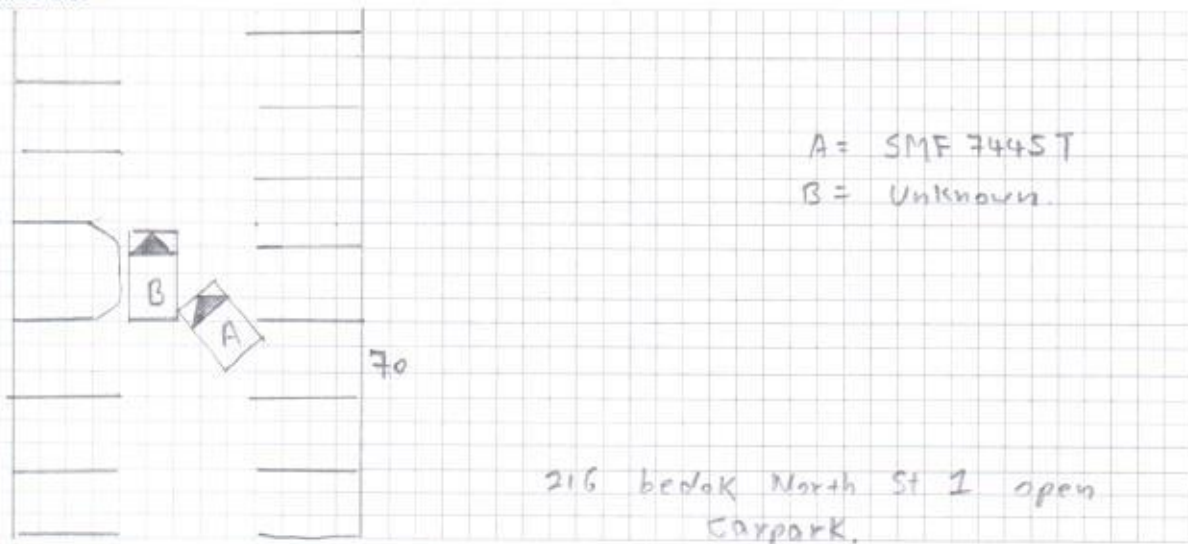
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

Licence Number **S0530575F**

Name
LAM YEE FOOK

Birth Date **20 May 1942**

Issue Date **29 Oct 2008**

00186659C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0530575F**

Name
LAM YEE FOOK

林玉福

Race
CHINESE

Date of Birth **20-05-1942** Sex **M**

Country of Birth
SINGAPORE

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

| Class | Description | Pass Date |
|----------|---|-------------|
| Class 2B | Motorcycles ≤ 200 cc | 10 Jan 1962 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 10 Jan 1962 |
| Class 2 | Motorcycles > 400 cc | 10 Jan 1962 |
| Class 3 | Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg | 21 Oct 1960 |

NP 428A

Licence No: **S0530575F**

For LKK/NAC Use Only

0455263

NRIC No **S0530575F**

Blood Group **B+** Date of issue **01-08-1992**

APT BLK 762 BEDOK RESERVOIR VIEW #15-309
SINGAPORE 470762

S0530575F 30/12/2013 (R)

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="20/07/2019 14:43"/> |
| Vehicle No.(For Motor) | <input type="text" value="SMF7445T"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5105892461 | | LAM SUAN YEN | S7148374F | GPC | drivo PREMIUM | SMF7445T | SMF7445T | 23/11/2018 | 22/11/2019 |

Claim Handling

Accident MT/1054285

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5105892461 | Vehicle No. | SMF7445T | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | LAM SUAN YEN | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading |
| Contact No.(Mobile) | 96209816 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire |

Accident Details

| | | | | |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|
| Report Date | 20/07/2019 15:10 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 20/07/2019 | Time of Accident hh:mm | 10:45 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | 216 BEDOK NORTH ST 1 OPEN CARPARK | | | |

Excess

| | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess |
| 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 762 | Address 2 | BEDOK RESERVOIR VIEW | Address 3 |
| Address 4 | SINGAPORE 470762 | Address Type | Singapore address | Post Code |
| Unit No. | 15-309 | Related Policy Number | 5105892461 | |

OI Driver Info

| | | | | |
|---|---|---------------------|----------------------|----------------------|
| Driver Name | LAM YEE FOOK | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S0530575F | Driver DOB |
| Register Date of Driver License | 21/10/1960 | Driver Age | 77 | Driving Experience |
| Contact No.(Mobile) | 96659124 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 762 #15-309 | Address 2 | BEDOK RESERVOIR VIEW | Address 3 |
| Address 4 | SINGAPORE 470762 | Address Type | Singapore address | Post Code |
| Unit No. | 15-309 | | | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input checked="" type="radio"/> | Driver Vehicle No. | | Driver Insurer Comp. |

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 | LAM SUAN YEN |
| Contact No.(Mobile) | 96209816 | Contact No.(Home) | 62463951 |
| Email Address | | OI Vehicle Number | SMF7445 |
| Claim Description | SMF7445T / UNKNOWN ON 20 Jul 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Fully at Fault |
| Contract No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | LIEW SHAN HUI | | |
| Print AK letter | | | |
| | | Claim Close Date | |

Attachment



| | | | |
|---|---|--|---|
| Accident No. | MT/1054285 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 20/07/2019 15:14 |
| Path * | | Category * | Confidential |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select ▼ | <input type="button" value="Clear"/> NO ▼ |
| <input type="button" value="Message Read"/> | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|------------|--|-----------------------|---------|------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:14 | NRIC/ Driving License | Normal | NRIC/ Driving Li |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:13 | SAS | Normal | SAS 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:13 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:13 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:13 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:13 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:13 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:12 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:12 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:12 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:12 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:12 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jul 2019 15:12 | Photos | Normal | Photos 2 |

Video List

| Uploaded By/Date | Folder Date | File Name |
|------------------|-------------|--|
| | | <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> |