

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NAH 1906350

Date In: 21/01/2009 16:58	Job description	Date & Time Completed	Done by
Ref No: NAH 1906350	SAS e-filing		
Veh No: SJU 1633M	E-mail (3 days, AIC 2hrs)		
DOA: 20/08/2009 10:30	I-Motor Claim Form	mt11058813-001	21/01/2009 17:14
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SJU 100C	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 repair.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )		
Repair Instructions:		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: ( )	
Date of Incident: ( )	
Location: ( )	
Witness: ( )	
Police Report: ( )	
Insurance Claim: ( )	

NAH 1906350	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	21/08/2019 16:53
Date Of Accident	20/08/2019 18:30
Exact Location Of Accident	COMMONWEALTH AVE WEST TOWARDS CLEMENTI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1633M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KEE LEE
NRIC No	S1241669E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90175041
Alternative Phone No	OTHERS-90175041

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5101891682
Cover Note Number	

### Driver

Name of Driver	NG KEE LEE
NRIC No	S1241669E
Date Of Birth	19/06/1957
Occupation	INDOOR
Date Of Driving Pass	25/01/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90175041
Fax Number	
Contact Number	OTHERS-90175041
E-Mail Address	NOEMAIL

Address	BLK 28 BUKIT BATOK ESAT AVENUE 3 #17-19
Postcode	659921
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	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)	3
Passenger 1	NAME: : GRANDSON GENDER: : MALE
Passenger 2	NAME: : GRANDSON GENDER: : MALE

#### 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	SLS100C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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5. Any false reporting may be referred to the Police for investigation.
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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.



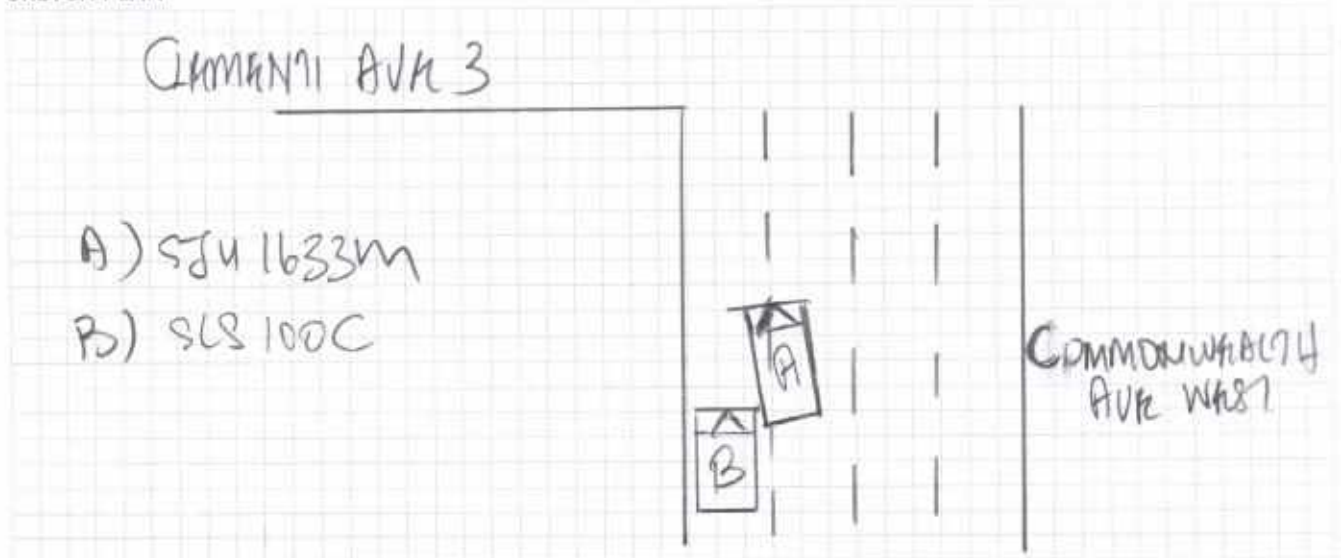
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: 21/08/2019  
NRIC/FIN No.: Redacted

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I driving along Commonwealth toward Clementi Mall I feel that get a hit when I go down. Saw my car bumper is already drop off.

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.:

## Claim Handling

Accident NT/1058813

Policy No.	SL1681682	Vehicle No.	SJ11633M	GST Registration No.	
Certificate No.					
Policyholder Name	NG KEE LEE			Policyholder NRIC	S1241669E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Basic CLASSIC	Issuing	0
Contact No.(Mobile)	90125040	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	21/08/2019 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/08/2019	Time of Accident (h:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Crash Force		ICM No.	
Accident Location	COMMONWEALTH AVE WEST TOWARDS CLEMENTI AVE 3				

## Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	28 BUKIT BATOK EAST AVENUE	Address 2	#17-18 HILLVIEW RESIDENCY	Address 3	SINGAPORE 659921
Address 4		Address Type	Singapore address	Post Code	659921
Unit No.	09-07	Related Policy Number	SL1681682		

## Q1 Driver Info

Driver Name	NG KEE LEE	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	S1241669E	Driver DOB	19/06/1957
Register Date of Driver License	25/01/1978	Driver Age	61	Driving Experience	41
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	28 BUKIT BATOK EAST AVENUE	Address 2	#17-18 HILLVIEW RESIDENCY	Address 3	SINGAPORE 659921
Address 4		Address Type	Singapore address	Post Code	659921
Unit No.	09-07				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJ11633M	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	NG KEE LEE	Insured NRIC	S1241669E
Contact No.(Mobile)		Contact No.(Office)	NIL	Contact No.(Home)	88924318
Email Address		Vehicle Number	SJ11633M	TP Vehicle Number	SL5100C
Claim Description	SJ11633M / SL5100C ON 20 Aug 2019				
Preferred Workshop		Insured Liability	Partially at Fault		
Estimate No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/08/2019 17:11	Claim Close Date		Date Received	21/08/2019 00:00
Report Taken By	BOBET WANAB				

Print AK letter

Save Submit

## Attachment

1/1

Accident No.	NT/1058813	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/08/2019 17:14
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_B00676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 21 Aug 2019 17:14	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_B00676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 21 Aug 2019 17:14	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_B00676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 21 Aug 2019 17:14	Photos	Normal	Photos 2019-8-21	



# ACCIDENT STATEMENT

ACCIDENT DATE: (20/08/19) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: Commonwealth Ave West before blk 455 bus stop

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU1633M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5101891682  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Vios  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 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: Ng Kee Lee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1241669E CONTACT: 90175041  
 c) ADDRESS: Blk 28 Bukit Batak East Ave 2 #17-19 S(659921)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SLS100C 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:

2. GROUNDWORK

(MP)

No of passenger  
 (including driver)

(3)

No of passenger  
 (including driver)

( )

No of passenger  
 (including driver)

( )

email =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1241669E



NG KEE LEE

黄麒义

Race  
CHINESE  
Date of birth  
19-08-1957  
Sex  
M  
Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1241669E



NG KEE LEE

For LKK/NAC Use Only

Birth Date: 19 Jun 1957  
Issue Date: 06 Nov 2003



4819314

NRIC No: S1241669E



For LKK/NAC Use Only

Date of issue  
02-02-2012

APT BLK 28 BUKIT BATOK EAST AVENUE 2 #17-19  
SINGAPORE 659921  
NRIC No: S1241669E Date: 28/02/2018

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

25 Jan 1978

For LKK/NAC Use Only



NP 429A

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="21/08/2019 10:42"/>
Vehicle No.(For Motor)	<input type="text" value="SJU1633M"/>	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="checkbox"/>	5101891682		NG KEE LEE	S1241669E	GPC	drive CLASSIC	SJU1633M	SJU1633M	05/07/2018	19/11/2019