NATIONAL Assessment Centre Services. [wef 1 Jan'06]. MNA41911 2757

Date In: 27/08/2019 0916	Job description	Date &Time Completed	Done by
Ref No: NBA/ INC19015039/F	SAS e-filling		
Veh No: SKP 8985R	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 26/08/2019 @ 23:00	I-Motor Claim Form	MT/CS912-001-	27/08/2019
(OD) / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:31
	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: 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: ( )

Miscellaneous		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Follow-up Action

MA1906362

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

Invoicing			
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($10)		
3) TF: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-Inspection	$75		
7) NI: Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*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 (Non INC) against INC	$20		
9) N12: Idea 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 witholding 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	27/08/2019 09:16
Date Of Accident	26/08/2019 23:00
Exact Location Of Accident	REGENTS HEIGHTS CONDOMINIUM CARPARK.
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP8985R
Insured/Policyholder	
Name Of Registered Owner	LEE CHI KUN VINCENT
NRIC No	F1910510P
Email Address	LEECHIKUN@YMAIL.COM
Mobile Phone No	(LOCAL) +65-93883117
Alternative Phone No	OFFICE-93883117
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 COUPE
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?	YES
If No, Please state action to be taken	
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	5107014214
Cover Note Number	
Driver	
Name of Driver	LEE CHI KUN VINCENT
NRIC No	F1910510P
Date Of Birth	09/09/1974
Occupation	INDOOR
Date Of Driving Pass	29/03/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93883117
Fax Number	
Contact Number	OFFICE-93883117
EMail Address	LEECHIKUN@YMAIL.COM

Address	50 BUKIT BATOK EAT AVE 5 #07-03 SINGAPORE
Postcode	659801
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 PROPERTY
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

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

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

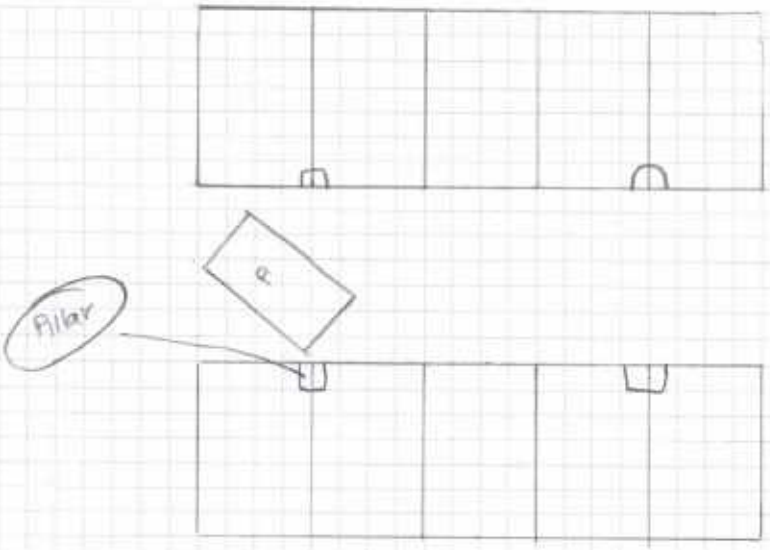
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 27/8/2019 0920 hrs

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

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

SKETCH PLAN



VEH A: SKP 8985R

VENUE: Regent height condo multi storey carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the way home from work and was already in the multi-storey car park of my apartment. As I was reversing my vehicle to park onto a lot, I accidentally hit the pillar next to the car park lot on the rear left of my vehicle. There were no one in that area at that time. I continued to park my vehicle and after that came out to check that my vehicle's rear left vehicle light, bumper and side panel were damaged.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 27/8/2019 0920 hrs	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Claim Handling

Accident MT/1059741

Policy No.	5107014214	Vehicle No.	SKP8985R	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHI KUN VINCENT			Policyholder NRIC	F1910510P
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93883117	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/08/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	26/08/2019	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	REGENTS HEIGHTS CONDOMINIUM CARPARK				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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	50 BUKIT BATOK EAST AVENUE	Address 2	#07-03 REGENT HEIGHTS TOWI	Address 3	SINGAPORE 659801
Address 4		Address Type	Singapore address	Post Code	659801
Unit No.		Related Policy Number	5107014214		

OI Driver Info

Driver Name	Lee Chi Kun Vincent	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	F1910510P	Driver DOB	09/05/1974
Register Date of Driver License	29/03/1996	Driver Age	44	Driving Experience	23
Contact No.(Mobile)	93883117	Contact No.(Office)		Contact No.(Home)	
Address 1	50 BUKIT BATOK EAST AVENUE	Address 2	#07-03 REGENT HEIGHTS TOWI	Address 3	SINGAPORE 659801
Address 4		Address Type	Singapore address	Post Code	659801
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKP8985R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEE CHI KUN VINCENT	Insured NRIC	F1910510P
Contact No.(Mobile)	93883117	Contact No.(Home)	88626103	Contact No.(Office)	
Email Address	vincent.lee@ascendas-fms.com	OI Vehicle Number	SKP8985R	TP Vehicle Number	-
Claim Description	SKP8985R / - ON 26 Aug 2019			Name of Preferred Workshop	
Date Registered	27/08/2019 17:30	Claim Close Date		Date Received	27/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Preferred Workshop | Insured Liability: Fully at Fault

Backlash No. Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Print AR letter

Save | Submit

Attachment

Accident No.	MT/1059742	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	27/08/2019 17:31

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:31	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:30	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:30	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:30	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:30	Photos		Normal	Photos 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 17:30	SAS		Normal	SAS 2019-8-27

Video List

Uploaded By/Date	Folder Data	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (26/08/2019) (DD/MM/YYYY), TIME: (23:00) (HH:MM)

LOCATION: Regent Heights Condominium Multi-Storey Car Park

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SKP8985R
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5107014214
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Mercedes-Benz C180 Coupe
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

(1) NUMBER OF PASSANGER INCLUDING DRIVER

2. **INSURED / POLICY HOLDER**
   A) NAME: Lee Chi Kun Vincent (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: F1910510P CONTACT: 93883117
   c) ADDRESS: 50 Bukit Batok East Ave 5 #07-03 Regent Heights Condo Singapore 659801
   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER
3. **DRIVER**
   a) NAME: Lee Chi Kun Vincent (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: F1910510P CONTACT: 9388 3117
   c) ADDRESS: 50 Bukit Batok East Ave 5
   *d) DATE OF BIRTH: (09/09/1974) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS : 1996
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:

( ) NUMBER OF PASSANGER INCLUDING DRIVER

8. **THIRD PARTY VEHICLE** Not Applicable
   a) VEHICLE NUMBER: 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:

( ) NUMBER OF PASSANGER INCLUDING DRIVER

1) EMAIL : Leechikun@ymail.com

2) VIDEO :

REPUBLIC OF SINGAPORE DRIVING LICENCE

F1910510P

LEE CHI KUN VINCENT
(LI ZHIQIN)

Date of Birth 09 Sep 1974
Issue Date 21 Apr 2018
Valid Till 20/04/2023

K02795225A

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
FRASERS COMMERCIAL ASSET MANAGEMENT LTD.

Name
LEE CHI KUN VINCENT

FIN
F1910510P

K0326166

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	29 Mar 1996

NP 428A

Licence No:F1910510P

VISIT PASS
Immigration Regulations

Name
LEE CHI KUN VINCENT

FIN
F1910510P

Date of Birth
09-09-1974

Sex
M

Nationality
CHINESE

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 26/08/2019 17:32
Vehicle No.(For Motor): SKP8985R | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5107014214		LEE CHI KUN VINCENT	F1910510P	GPC	drivo CLASSIC	SKP8985R	SKP8985R	19/01/2019	18/01/2020

Continue