

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 05)

160909/22587

Date In: 16/09/2019 16:44	Job description	Date & Time Completed	Done by
Ref No: N160909/22587	SAS e-filing		
Veh No: SCA 3425 R	E-mail (6 days, A/C 2 hrs)		
OD: 12/09/2019 20:15	I-Motor Claim Form	16/09/2019 15:06	
OD: TP Reporting Only	I-Motor W/O (Within: OD 2 hrs, TP 4 hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SCA 3425 R	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 ()	

() 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: ()

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

Injury: ()

Date/Time: 16/09/2019 16:44	

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee (\$100)	
4) PT: Follow-Through Survey (\$120)	
5) PT: Follow-Through Survey (Resurvey) (\$30)	
6) TR: Re-inspection (\$75)	
7) NI: Idax DA + SMRT Survey (\$160)	
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpl Allowance (\$5)	
*N6: Repairs Coordination (\$10)	
*N7: Post Repair Inspection (\$25)	
*N8: DV / Collect Excess Coordination (\$5)	
TP (Nil) / TP (Nil INC) against INC (\$20)	
9) N12: Idax 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	16/09/2019 14:46
Date Of Accident	13/09/2019 20:15
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3425R
Insured/Policyholder	
Name Of Registered Owner	LEE MICHAEL
NRIC No	S7514621C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96892918
Alternative Phone No	OTHERS-96892918
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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	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	5088107103-02
Cover Note Number	
Driver	
Name of Driver	LEE MICHAEL
NRIC No	S7514621C
Date Of Birth	22/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-96892918
Fax Number	
Contact Number	OTHERS-96892918
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 12 HOLLAND AVENUE #11-12
Postcode	272012
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC634M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SATAPATHY PRIYANKA SUBHASHREE
NRIC/Passport Number	G3056159M
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.

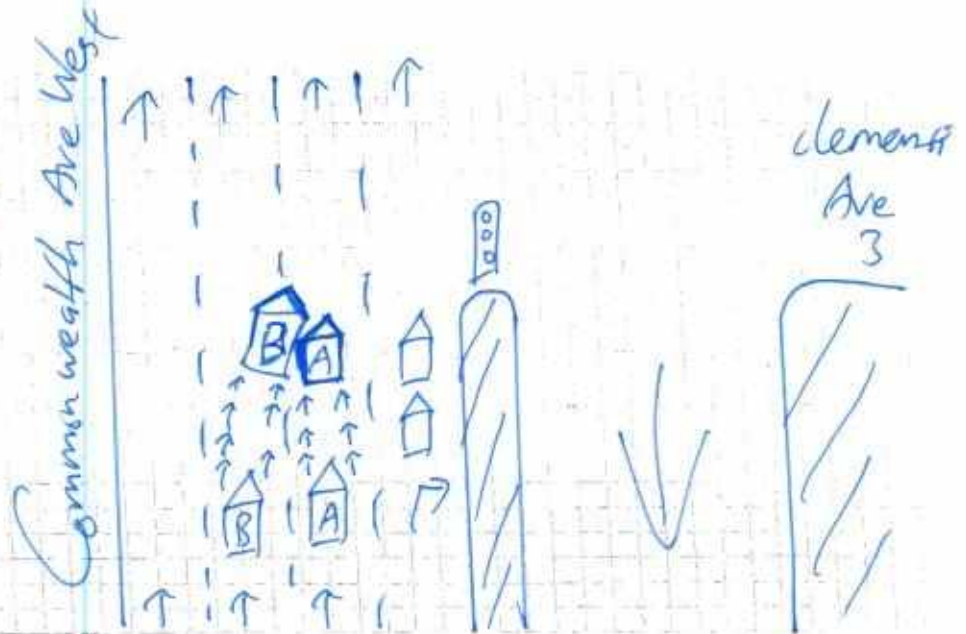
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

- ① SLA3425R
② SLA 634M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Commonwealth Ave West.
I was travelling straight when vehicle ② came from my left and cut into my lane and hit my car ①

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: 16/09/2019
NRIC/EIN No:

13/09/19.

I SATAPATHY, PRIYANKA SUBHASHREE
Licence NO. G3056159M have Bang
into ~~hit~~ vehicles NO. SLA 3425R at
2016 hrs at Clementi Road. while
driving vehicle NO. SL634M.

- Another taxi was honking and
due to lane changing of the 2
vehicles confusion, I ~~was~~ accidentally
~~was~~ ~~on~~ scraped the side of the
bumper.

Priyanka. Subhashree.

Claim Handling

Accident HT/1062582

Policy No.	5088107103-02	Vehicle No.	SLA34258	GST Registration No.	
Certificate No.					
Policyholder Name	LEE MICHAEL			Policyholder NRIC	S7514621C
Product Code	PRIVATE CAR INSURANCE	Driver Type	Driver CLASSIC	Leading	C
Contact No.(Mobile)	96892918	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
RFE	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Ins	No
Accident Details					
Report Date	16/09/2019 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Solo Swap
Date of Accident	13/09/2019	Time of Accident(hh:mm)	20:15	Country of Accident	Singapore
Reporting Centre		Change Police		ICN No.	
Accident Location	ALONG COMMONWEALTH AVENUE WEST				
Excess					
Own Garage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OO Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 12 #11-25	Address 2	HOLLAND AVENUE	Address 3	HOLLAND VISTA
Address 4	SINGAPORE 272012	Address Type	Singapore address	Post Code	272012
Unit No.	11-25	Related Policy Number	5088107103-02		
Q1 Driver Info					
Driver Name	LEE MICHAEL	Driver Type	Main Driver	Driver DOB	22/05/1975
Unnamed Driver Name		Driver NRIC	S7514621C	Driving Experience	23
Register Date of Driver License	14/05/1996	Driver Age	44	Contact No.(Phone)	
Contact No.(Mobile)	96892918	Contact No.(Office)		Address 1	BLK 12 #11-25
Address 1	BLK 12 #11-25	Address 2	HOLLAND AVENUE	Address 3	HOLLAND VISTA
Address 4	SINGAPORE 272012	Address Type	Singapore address	Post Code	272012
Unit No.	11-25	Driver Vehicle No.	SLA34258	Driver Insurer Company	ATHIC
Does he own a Singapore Registered Car?	Yes + No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim DOI New

Claim Type *	GD-MR *	Insured Name	LEE MICHAEL	Insured NRIC	S7514621C
Contact No.(Mobile)	96892918	Contact No. (Home)	96892918	Contact No. (Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	SLA34258	Vehicle Number	SLC34M
Preferred Workshop		SLA34258 / SLC34M ON 13 Sept 2019		Name of Preferred Workshop	
Insured Liability	Not at Fault				
Preferred Workshop, Name unknown *					
Report Taken By	ROSLI WAHAB	Claim Close Date	16/09/2019 00:00	Date Received	16/09/2019 00:00

Print All Action

Save Submit

Attachment

Accident No.	HT/1062582	Claim No.	001
Link Doc. Reserved	* Yes No	Upload Date	16/09/2019 15:06
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_HERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH) on 16 Sep 2019 15:06	Photos	Normal	Photos 2019-9-16	
	NAC_BUKIT_HERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH) on 16 Sep 2019 15:06	Photos	Normal	Photos 2019-9-16	
	NAC_BUKIT_HERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH) on 16 Sep 2019 15:06	Photos	Normal	Photos 2019-9-16	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:06	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:04	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	Photos	Normal	Photos 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 13:03	SAS	Normal	SAS 2019-9-16

Video List

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

PERSONAL PARTICULARS

Date of Accident: 13/09/2019

Time of Accident: 20 16 (24Hrs)

Vehicle No: SLA3425R

Vehicle Make/Model: Toyota Harrier 2.0L

Exact Location of Accident: Commonwealth Ave West

Owner's Name/NRIC: Lee Michael / S7514621C

Driver's Name/NRIC: Lee Michael / S7514621C

Driver's Contact: 9689 2918

Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: -

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Saropathy Priyanka

Vehicle No: SLC634M

Insurance Company: Subhashree IG3056159M

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5088107103-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA3425R**
Chassis Number : **Z5U600068644**
2. Name of Policyholder : **LEE MICHAEL**
3. Effective Date of Insurance : **26 Feb 2019**
4. Expiry Date of Insurance : **25 Feb 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE MICHAEL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LIAN HONG PTE LTD (00000611606)
Date of Issue : 14 Feb 2019 11:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer




Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: NYA49122587 Vehicle Registration No: SLA 3425R
Name (as shown in NRIC): Yeh Michael NRIC/FIN/Passport No: S7514621C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 96892988
Email Address: _____
Date of Accident: 13/05/2019 Time of Accident: 20:15
Place of Accident: Along Commonwealth Ave W
Insurance Company: ANUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Amend A. Unruh

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reshita
NRIC/FIN No.: U5111111
Date: 16/05/2019