

# NATIONAL Assessment Centre Services

Date In: 15/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19018189/13	SAS e-filing		
Veh No: SLV17985	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/19 1510	i-Motor Claim Form	MT/1067043	-001
OD (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SKA 6030M	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. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA1907883

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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: Idac Mobile 30		
	Invoice dated	Fee Charged	

**Auditors' Comments :-**

Cat. 1:

Cat. 2 / 3:



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	15/10/2019 15:42
Date Of Accident	15/10/2019 15:10
Exact Location Of Accident	MARINA BLVD TWDS SHEARES AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV1798S
Insured/Policyholder	
Name Of Registered Owner	LEE TECK LENG
NRIC No	S7624071Z
Email Address	DONNLEE76@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97676821
Alternative Phone No	OTHERS-97676821
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE
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	5097393706-01
Cover Note Number	
Driver	
Name of Driver	LEE TECK LENG
NRIC No	S7624071Z
Date Of Birth	16/08/1976
Occupation	INDOOR
Date Of Driving Pass	26/10/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97676821
Fax Number	
Contact Number	OTHERS-97676821
Email Address	DONNLEE76@YAHOO.COM

Address	BLK 442A BUKIT BATOK WEST AVE 8 #08-865
Postcode	651442
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)	2
Passenger 1	NAME: : ANGEL 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

I WAS TRAVELLING ALONG MARINA BLVD TWDS SHEARES AVE ON THE 3RD LANE GOING STRAIGHT AND TURNING LEFT LANE OF A5-LANES RD. WHILE MAKING A LEFT TURN SUDDENLY VEH B FROM MY LEFT TURNING LANE ONLY GOING STRAIGHT AND COLLIDED ONTO MY LEFT SIDE PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA6030M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FARAH NURATIKAH BINTE AMRAN
NRIC/Passport Number	S9210710H
Contact Number	92720265
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.

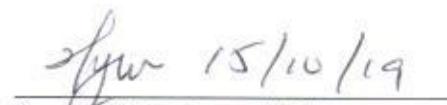
#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

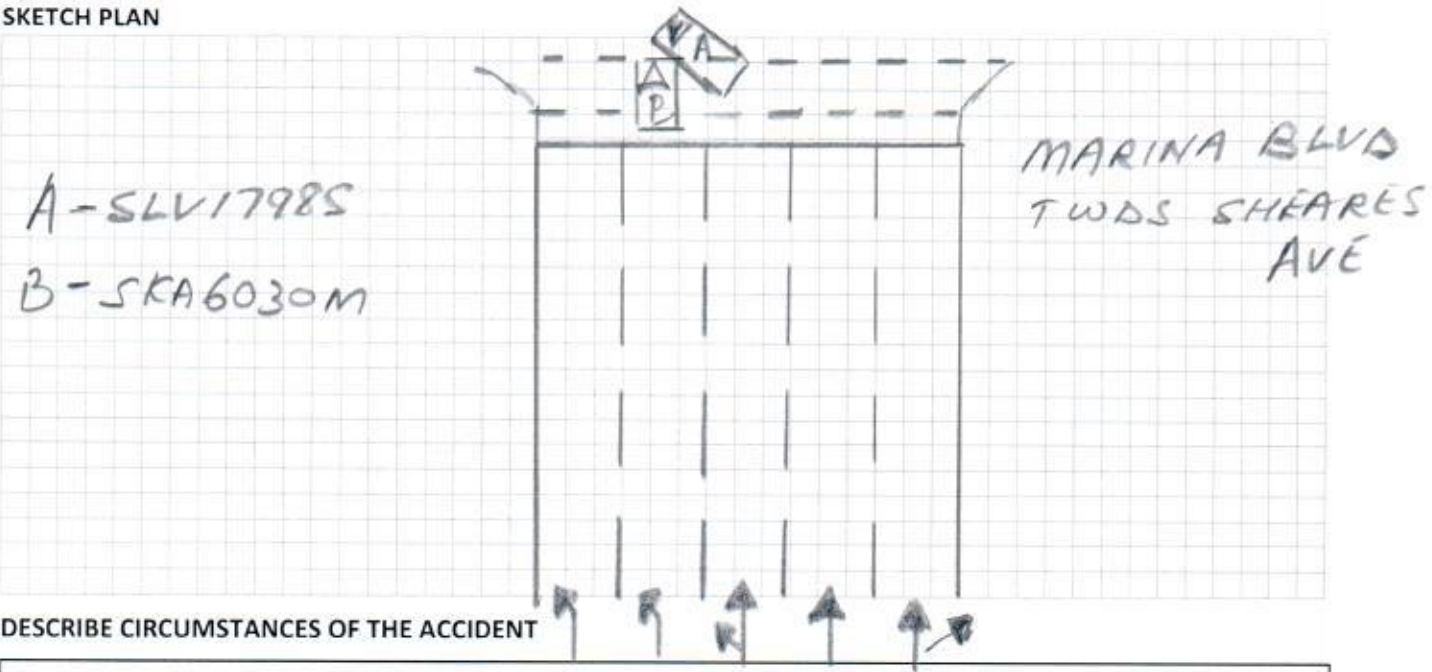
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 15/10/19

\_\_\_\_\_  
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

Pls refer to the statement

DECLARATION

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

Policyholder's Signature

Date & Time: 15/10/19

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

15/10/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

15/10/2019 15:10

Vehicle No.(For Motor)

SLV1798S

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097393706-01		LEE TECK LENG	S7624071Z	GPC	drivo CLASSIC	SLV1798S	SLV1798S	05/02/2019	04/02/2020

Continue



Claim Handling

Accident MT/1067043

Policy No.	5097393706-01	Vehicle No.	SLV1798S	GST Registrat
Certificate No.				
Policyholder Name	LEE TECK LENG			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97676821	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	15/10/2019 17:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/10/2019	Time of Accident hh:mm	15:10	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	MARINA BLVD TWDS SHEARES AVE			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed 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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	35 LORONG 25A GEYLANG	Address 2	SINGAPORE 388240	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097393706-01	

▼ OI Driver Info

Driver Name	LEE TECK LENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7624071Z	Driver DOB
Register Date of Driver License	11/06/1997	Driver Age	43	Driving Exper
Contact No.(Mobile)	97676821	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 442A	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3
Address 4	SINGAPORE 651442	Address Type	Singapore address	Post Code
Unit No.	#08-865			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97676821	Contact No. (Home)	
Email Address	donniee76@yahoo.com	OI Vehicle Number	
Claim Description	SLV1798S / SKA6030M ON 15 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	15/10/2019 18:04
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do



Accident No.

MT/1067043

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

15/10/2019 00:00

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

Category \*

Confid

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

Clear

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NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:04	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:04	SAS		Normal	:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:04	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:04	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:04	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:03	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:03	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:03	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:03	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:03	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:03	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			