

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

25/11/19/140828

Date In: 23/10/2019 16:54	Job description	Date & Time Completed	Done by
Ref No: NBR/111190/8880/4	SAS e-Milling		
Veh No: SLA 6692K	E-mail (Schedule Sheet, AIC Sheet)		
DOA: 22/10/2019 21:30	I-Motor Claim Form	25/10/2019 17:40	
OID: TP / Reporting Only	I-Motor W/O (With/Out OD Sheet, TP Sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: FBN 1681K

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 ( )

( ) Wall-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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Verdict's Comments: ( )

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$10/243

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claim against INC Only (ver 10 Jan 2003)

6) TR: Re-inspection \$73

7) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

\*NS: Courtesy Car / Tpt Allowance \$3

\*NR: Repair Co-ordination \$10

\*NP: Post Repair Inspection \$23

\*ND: DV / Collect Excess Coordination \$3

TP (NI): TP (Non INC) against INC \$20

9) NI: Ideal 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	23/10/2019 16:54
Date Of Accident	22/10/2019 21:30
Exact Location Of Accident	AT NO 9 LORONG 26 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6692R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG SOR LENG (HONG SULING)
NRIC No	S7241279F
Email Address	KELVINLEE197203@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97438812
Alternative Phone No	OTHERS-90051483

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109397270
Cover Note Number	

### Driver

Name of Driver	LEE CHIN LEONG (LI JINLIANG)
NRIC No	S7209741F
Date Of Birth	23/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438812
Fax Number	
Contact Number	OTHERS-90051483
Email Address	KELVINLEE197203@GMAIL.COM

Address	BLK 9 JALAN RUMAH TINGGI #07-461
Postcode	150009
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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	FBN1681E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GUI ZHI JIAN
NRIC/Passport Number	40432733
Contact Number	87279886
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: 23/10/2019

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

SKETCH PLAN

lor 26 Geylang



A) SCA 6692R

B) FBN 1681E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I REACH LOR 26 GEYLANG I SLOW DOWN THE SPEED TO 15 km/h TO LOOK FOR THE APARTMENT. I STOP ASIDE ~~WHEN~~ TO CONFIRM THE APARTMENT THE MOTOR BIKE HIT MY BACK OF THE CAR

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: 22/10/2019

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/10/2019 (DD/MM/YYYY), TIME: 21:30 (HH:MM)

LOCATION: 9 LOR 26 GELANG RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ELA 6692R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5109397270  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: V10S  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GOAR  
 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: ANG SER LENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 7241275F CONTACT: 9743 8812  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: LEE CHIN LEONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 72057410 CONTACT: 90051482  
 c) ADDRESS: BLK 9 JALAN KEMAH TINGGI #01-461  
DETT 15009

\* d) DATE OF BIRTH: 23/03/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/03/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIENDS

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAIN

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: FBN1681E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: GUO ZHI JIAN  
 c) NRIC/FIN/PASSPORT: 40432733 CONTACT: 87279886

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

email = KELVIN LEE 197203 @ GMAIL .COM  
 VIDEO

## Claim Handling

Accident MT/1088255

Policy No.	5109397270	Vehicle No.	SLA6692R	GST Registration No.	
Certificate No.					
Policyholder Name	ANG SOE LENG (HONG SILING)				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Brnp CLASSIC	Policyholder NRIC	57241279F
Contact No.(Mobile)	97438812	Contact No.(Office)		Leading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	Yes

## Accident Details

Report Date	23/10/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	22/10/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	AT NO 9 LORONG 25 GEYLANG				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
NED DD Excess	500.00	YED TP Excess	0.00		
Additional Excess	0				
Total DD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	22 BAYSHORE ROAD	Address 2	#06-02 THE BAYSHORE	Address 3	SINGAPORE 469970
Address 4		Address Type	Singapore address	Post Code	469970
Unit No.		Related Policy Number	5109397270		

## O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE CHIN LING (LI JINLIANG)	Driver NRIC	57209743F	Driver DOB	23/03/1972
Register Date of Driver License	12/03/2013	Driver Age	47	Driving Experience	5
Contact No.(Mobile)	97051482	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 9 #07-46107-461	Address 2	SALAN KUMAH TINGGI	Address 3	6/MAH TINGGI VIEW
Address 4	SINGAPORE 150009	Address Type	Singapore address	Post Code	150009
Unit No.	07-461				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLA6692R	Driver Insurer Company	NTUC

## Declaration

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

Claim 001

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="button" value="None"/>	Insured Liability	Not at Fault		
Damage No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered					
Report Taken By				Claim Close Date	23/10/2019 17:39
					ROSLI WAHAB
				Date Received	23/10/2019 00:00

☒ Print AX letter

## Attachment

Accident No.	MT/1088255	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/10/2019 17:40

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
<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="Clear"/> Normal	
<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="Clear"/> Normal	
<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="Clear"/> Normal	
<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="Clear"/> Normal	
<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="Clear"/> Normal	
<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="Clear"/> Normal	
<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="Clear"/> Normal	
<input type="button" value="Message Read"/>					

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Ser? (CD)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 23 Oct 2019 17:40	Photos	Normal	Photos 2019-10-23	
	NAC_BUKIT_MERAH_800476 NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 23 Oct 2019 17:40	Photos	Normal	Photos 2019-10-23	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:40	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:40	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:40	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:40	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:39	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:39	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:39	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:39	Photos	Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:39	NRIC/ Driving License	V	NRIC/ Driving License 2019-10-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 17:39	SAS	Normal	SAS 2019-10-23

Video List

Uploaded By/Date	Folder/Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		

Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/10/2019 14:18"/>	
Vehicle No.(For Motor)	<input type="text" value="SLA6692R"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109397270		ANG SOR LENG (HONG SULING)	S7241279F	GPC	drive CLASSIC	SLA6692R	SLA6692R	09/05/2019	08/05/2020