

NATIONAL Assessment Centre Services

Date In 24/12/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19022613/13	SAS e-filing		
Vehicle SJT8490S	E-mail (within 2hrs: AP, 2hrs)		
DDA 24/12/19 1505	i-Motor Claim Form	MT/1077341-001	
GD (TP) Reporting Only	i-Motor W/O (Within 2hrs: TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
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IP Particulars:	Veh No: <u>GBF9015T</u> INC () / Non-INC ()
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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%]
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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. ()[illegible]

Remarks:-	(INC no:inc: 6788 6616)	Date&Time Completed	Done by
Apply for Transport Allowance			

Apply for Transport Allowance () / Courtesy Car ()		
OC Check / Post 3 month loan		

QC Check / Post Repair Inspection	()		
Upload Recurrent Photo (Email) to #70801	()		

Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury : _____

Date/Time	Actions
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[illegible][illegible]

11/10/2009/21	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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Invoice Preparation Checklist	1st Bill	Add Bill
1) AR - Accident Reporting (\$10)		

1) AX : Accident Reporting (\$50);		
2) DA : Damage Assessment (\$100);	INC (\$90)	

3) TF : Towing Fee	\$40/\$45	
4) FT : Follow-Through Survey	\$120	

Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INO Check (up to 10 for 2006)
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Managed Portion:	6) TR: Re-inspection	\$75
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7) NI : Idac DA + SMRT Survey	\$160
8) NTUC: Additional Services:-	

Checked by (Engr-In-Charge):	On: _____
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*N5: Courtesy Car / Tpt Allowance	\$5
*N6: Repair Co-ordination	\$10

Auditors' Comments :-	*N7: Post Repair Inspection	\$25

	• N8: DV / Collect Excess Coordination	\$5
	TP (N11) : TP (N-n INC) against INC	\$20

2/3	9) N12: Idac Mobile	30	
	<i>Invoice dated</i>	<i>Due Date</i>	

problema	problem	problem	problem
problema	problem	problem	problem

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	24/12/2019 16:57
Date Of Accident	24/12/2019 15:05
Exact Location Of Accident	SERANGOON CENTRAL BLK 264 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8490S
Insured/Policyholder	
Name Of Registered Owner	LEE TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM)
NRIC No	SXXXX177A
Email Address	LEEWILLIAM84@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-96339065
Alternative Phone No	OTHERS-96339065

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114216219
Cover Note Number	

Driver

Name of Driver	LEE TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM)
NRIC No	SXXXX177A
Date Of Birth	15/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96339065
Fax Number	
Contact Number	OTHERS-96339065
EMail Address	LEEWILLIAM84@HOTMAIL.SG

Address	BLK 120B CANBERRA CRESCENT #12-373
Postcode	752120
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	COLLISION - HEAD TO REAR
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?	YES
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: : TAN RUI YANG,GIBSON 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

MY VEH WAS STATIONARY AT THE DRIVEWAY OF BLK 264 SERANGOON CENTRAL CARPARK.SUDDENLY VEH(B)BEARING REG NO GBF9015T CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9015T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THAM XUANMIN,GLENN
NRIC/Passport Number	TXXXX313E
Contact Number	83334323
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM)
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJT8490S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN RUI YANG, GIBSON
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJT8490S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

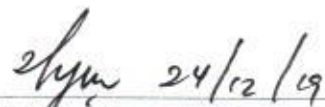
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

24/12/2019

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



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

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



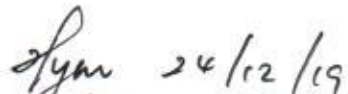
Policyholder's Signature

Date & Time: 24/12/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:



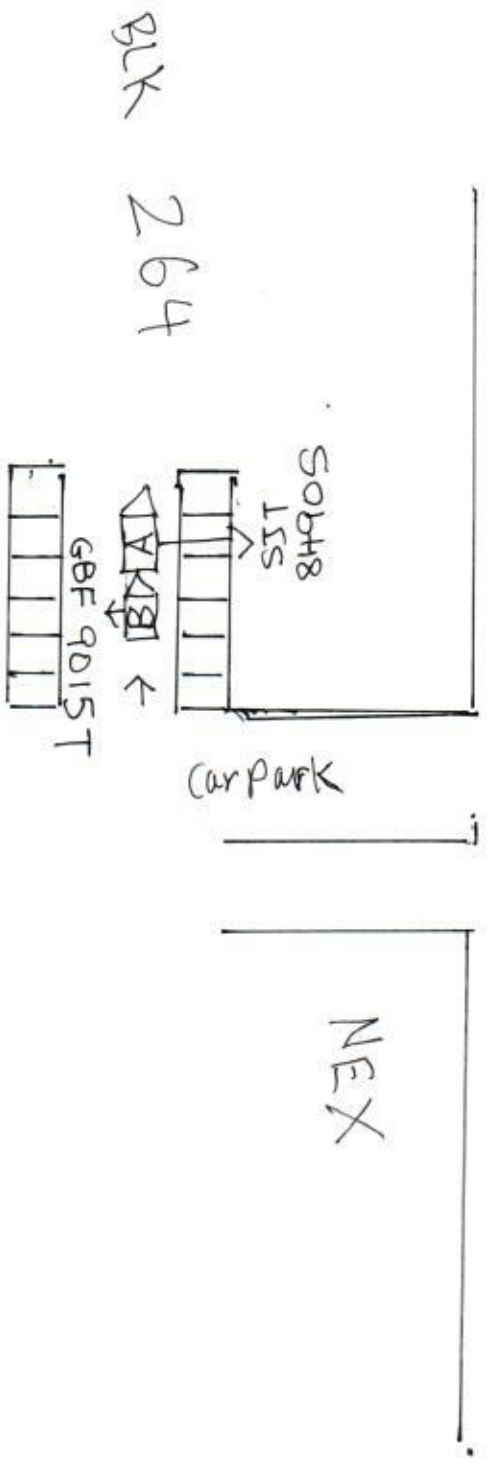
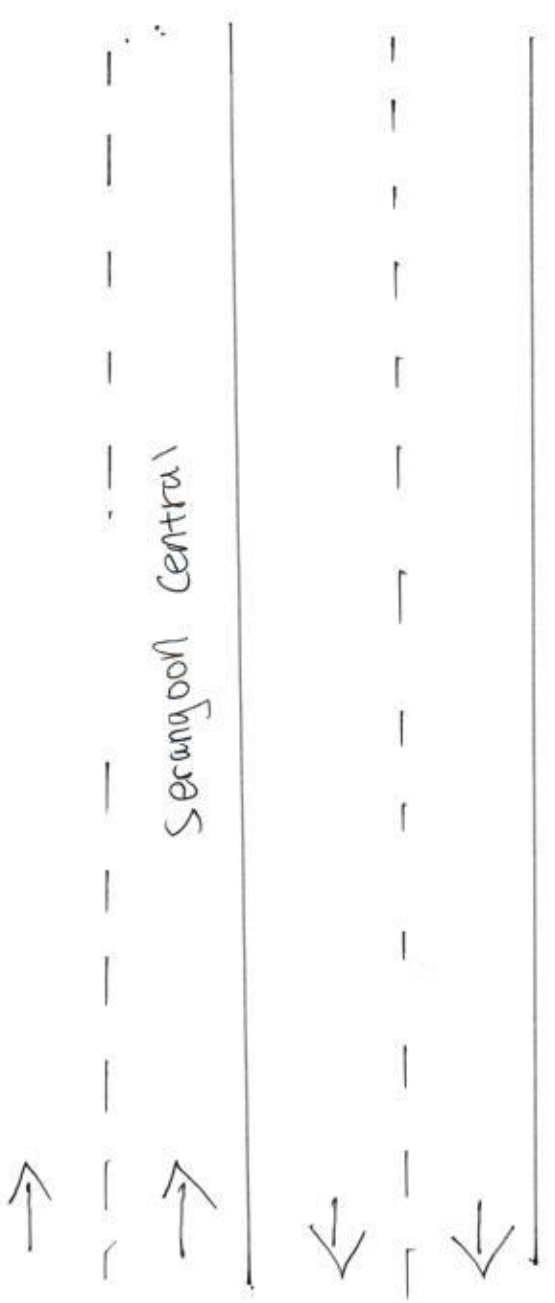
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#IHP 96339065

24/12/2019
15:05 PM
SIT 84903



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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114216219

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJT8490S |
| Chassis Number | : MR053ZEE106157991 |
| 2. Name of Policyholder | : LEE TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM) |
| 3. Effective Date of Insurance | : 28 Nov 2019 |
| 4. Expiry Date of Insurance | : 27 Nov 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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 TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT PTE LTD
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 28 Nov 2019 14:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1077341

Policy No.	5114216219	Vehicle No.	SJT8490S	GST Registrat
Certificate No.				
Policyholder Name	LEE TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM)			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96339065	Contact No.(Office)	0	Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	26/12/2019 19:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2019	Time of Accident hh:mm	15:05	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BERANGGOON CENTRAL BLK 264 CARPARK			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 120B #12-373	Address 2	CANBERRA CRESCENT	Address 3
Address 4	SINGAPORE 752120	Address Type	Singapore address	Post Code
Unit No.	12-373	Related Policy Number	5114216219	
▼ OI Driver Info				
Driver Name	LEE TEE HUAT, WILLIAM (LI ZHIFA, WILLIAM)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8414177A	Driver DOB
Register Date of Driver License	26/10/2004	Driver Age	35	Driving Experi
Contact No.(Mobile)	96339065	Contact No.(Office)	0	Contact No.(H
Address 1	BLK 120B	Address 2	CANBERRA CRESCENT	Address 3
Address 4	SINGAPORE 752120	Address Type	Singapore address	Post Code
Unit No.	#12-373			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	
Modification History				
Claim 001 New				
Claim Type *				
Contact No.(Mobile)				OD-MX Insured Name LEE
Email Address				Contact No. (Home) 634
Claim Description				O1 Vehicle Number SJT
Preferred Workshop				SJT8490S / GBF9015T ON 24 Dec 2019
Contact No. Finalisation	Yes	Insured Liability	Not at Fault	
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Report Taken By				26/12/2019 19:54 Claim Close Date
				ROSLINDA
<input checked="" type="checkbox"/> Print AK letter				

Save

Submit

Attachment

Accident No.

MT/1077341

Claim No.

001

Last Doc. Received

* Yes No

Upload Date

26/12/2019 19:55

Path *

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

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NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:55	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:55	SAS		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:55	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:55	Photos		Normal
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:54	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:54	Photos		Normal

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window

Scan and uploading