

NATIONAL Assessment Centre Services (wef 1 Jan 05)			
Date In: 28/1/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC2001509/11	SAS e-filing ✓		
Veh No: SKP 9864A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/1/20	i-Motor Claim Form ✓	MT/1082087-001	
OD <input checked="" type="checkbox"/> 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: () / 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

NA2001617	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2 / 3:	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		
	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	28/01/2020 15:08
Date Of Accident	26/01/2020 20:00
Exact Location Of Accident	ALONG JUNCTION OF SIMS WAY TURN INTO GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9864A
Insured/Policyholder	
Name Of Registered Owner	CHOO YOON MENG
Passport No/FIN	FXXXX043R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96896287
Alternative Phone No	OFFICE-96896287

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (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	5068492405-04
Cover Note Number	

Driver

Name of Driver	LEE ZEN FU
NRIC No	SXXXX179B
Date Of Birth	17/12/1995
Occupation	INDOOR
Date Of Driving Pass	18/09/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91152376
Fax Number	
Contact Number	
EMail Address	LEEJASON7296@GMAIL.COM

Address	23 LORONG 34 GEYLANG
Postcode	398220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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

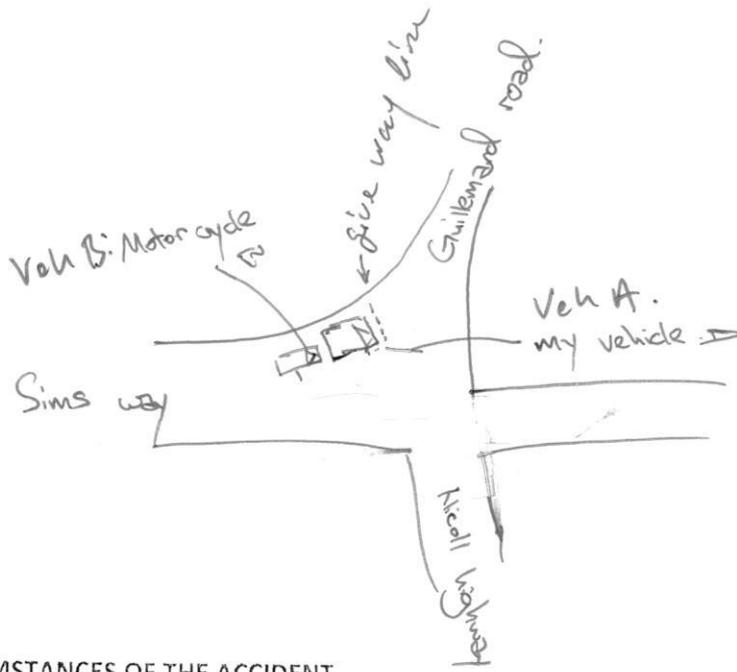
Vehicle Registration Number	FV2473T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



A : SKP 9864 A.
B : FV 2473T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was approaching the junction of Sims way, ready to turn into Guillemard road. I stopped my vehicle as there was traffic when a motor-cycle rear-ended me. No one was injured during the accident.

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
NRIC/FIN 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No

Claim Handling

Accident MT/1082087

Policy No.	5068492405-04	Vehicle No.	SKP9864A	GST Registration No.
Certificate No.				
Policyholder Name	CHOO YOON MENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96896287	Contact No.(Office)		Contact No.(Home)
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 Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire

Accident Details

Report Date	29/01/2020 18:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2020	Time of Accident hh:mm	20:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JUNCTION OF SIMS WAY TURN INTO GUILLEMARD RD			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	2,500.00	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	23 LORONG 34 GEYLANG	Address 2	SINGAPORE 398220	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5068492405-04	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE ZEN FU	Driver NRIC	S9575179B	Driver DOB
Register Date of Driver License	18/09/2014	Driver Age	24	Driving Experience
Contact No.(Mobile)	91152376	Contact No.(Office)	0	Contact No.(Home)
Address 1	23 # LORONG 34 GEYLANG	Address 2	SINGAPORE 398220	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKP9864A	Driver Insurer Company

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	CHOO YOON MENG	Insured NRIC
Contact No.(Mobile)	96896287	Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	SKP9864A	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SKP9864A / FV2473T ON 26 Jan 2020			Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/01/2020 18:12	Claim Close Date		Date Received
Report Taken By	TAUFIKH	Workshop Repairer		Total Loss but Repaired

Print AK letter

Save Submit

Attachment

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9575179B



Name

LEE ZEN FU

李 振 賦

Race

CHINESE

Date of birth

17-12-1995

Sex

M

Country of birth

MALAYSIA

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



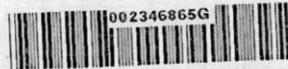
Licence Number S9575179B

Name

LEE ZEN FU

Birth Date 17 Dec 1995

Issue Date 18 Sep 2014

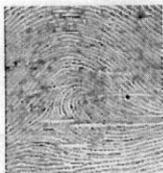


For LKK/NAC Use Only

4918885



NRIC No. S9575179B



Date of issue

13-12-2012

23 LORONG 34 GEYLANG
SINGAPORE 398220
NRIC No: S9575179B

Date: 10/04/2016

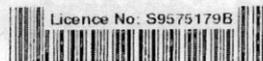
For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 18 Sep 2014
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

For LKK/NAC Use Only



NP 428A

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 01 / 2020) (DD/MM/YYYY), TIME: (20 : 00) (HH:MM)

LOCATION: Along junction of Sims Way turning into Guillemard Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 9864A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5068492405-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota / Vios
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Self Private
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: Choo Yoon Meng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: F7619043R CONTACT: 9689 6287
c) ADDRESS: 23, Lorong 34 Greylang S(398220)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Zen Fu (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9575179B CONTACT: 9115 2376
c) ADDRESS: 23, Lorong 34 Greylang S(398220)

*d) DATE OF BIRTH: (17 / 12 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Uncle / Nephew

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FV 2473T 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: _____

* No of passenger
(including driver)
(3)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(0)

email = Leejason7296@gmail.com.

fax = 6747 6918.

VIDE.O =

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5068492405-04
The Policyholder	: CHOO YOON MENG 23 LORONG 34 GEYLANG SINGAPORE 398220

Period of Insurance	: 01 Mar 2019 To 29 Feb 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$784.89

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: CHOO YOON MENG		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/VIOS	Capacity	: 1500cc
Registration Number	: SKP9864A	Registration Year	: 2008
Chassis Number	: MR053HY9305051514	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 40%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative. : N/A

Agency	: YONG LEE SENG MOTOR PTE LTD (00000613109)
Date of Issue	: 20 Feb 2019 20:57 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive