

NATIONAL Assessment Centre Services.

part 1 Jan00

2001355

Date In: 30/01/2020 15:08	Job description	Date & Time Completed	Done by
Ref No: 1881/INC00001604/Y	SAS e-filing		
Veh No: SKL 1979B	E-mail (Adjust 2hrs, AIC 2hrs)		
OD: 21/01/2020 08:25	I-Motor Claim Form	WTL/082329-001	30/01/2020 16:08
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (With/od OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Whelp / INC Assign Whelp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLV 1816Z	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 ()	

() 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 > \$9000] ()		

Injury: _____

Driver/Owner:	
Contact No:	
Damage Portion:	

QC Checked by (Engn-In-Charge):	
2/2	

Item	Amount
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (40)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant against INC Only (over 10 Jan 200)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NRUC Additional Services:	
• NS: Courtesy Car / Tpl Allowance	\$3
• NS: Repair Coordination	\$10
• NS: Post Repair Inspection	\$25
• NS: DV / Collect Excess Coordination	\$5
• TP (NI): TP (NI) against INC	\$20
• NI: Idea Mobile	\$0
Invoice dated	
Invoice dated	
Fee Charged	
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	30/01/2020 09:34
Date Of Accident	29/01/2020 08:25
Exact Location Of Accident	ALONG ESPLANADE DRIVE TOWARDS FULLERTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1979B
Insured/Policyholder	
Name Of Registered Owner	LEE SAI KIT (LI SHIJIE)
NRIC No	SXXXX0711
Email Address	KITZ79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97463832
Alternative Phone No	OTHERS-97463832

Vehicle Particulars

Manufacturer	HONDA
Model	N-BOX-658CC (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	5113529084
Cover Note Number	

Driver

Name of Driver	LEE SAI KIT (LI SHIJIE)
NRIC No	SXXXX0711
Date Of Birth	28/09/1979
Occupation	INDOOR
Date Of Driving Pass	07/08/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97463832
Fax Number	
Contact Number	OTHERS-97463832
Email Address	KITZ79@GMAIL.COM

Address	BLK 138 BISHAN STREET 12 #08-450
Postcode	570138
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 - CHANGE/CROSS LANE
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1816Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	87749008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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: 29 Jan 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

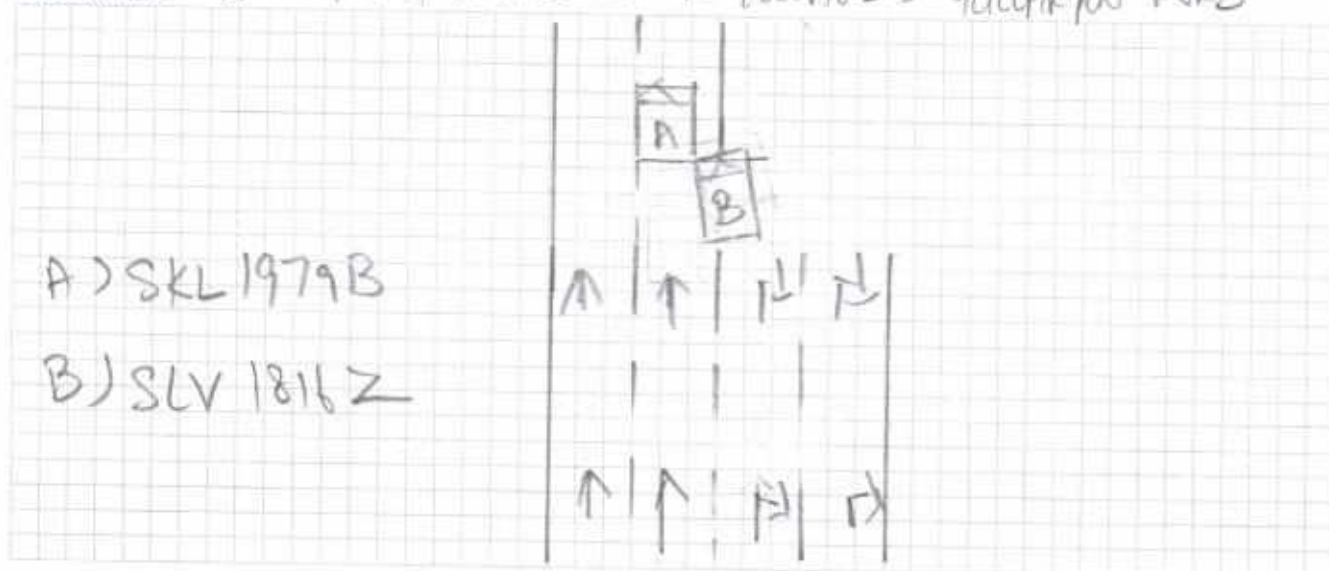
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG ESPLANADE DRIVE TOWARDS FULLERTON ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 Jan 2020 at about 0838hrs, I was driving along Esplanade Drive, towards Fullerton Rd. As I was approaching the junction of Stamford Rd, ~~there~~ a vehicle which was on the right turning lane suddenly switch direction and turned into my lane abruptly. As a result the vehicle hit the rear of my driver's side, causing some scratch marks and some dents.

DECLARATION

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

Policyholder's Signature

Date & Time: 29 Jan 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30 Jan 2020

Rosa L. Loo Hoo

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2020 (DD/MM/YYYY) TIME: 08:28 (HH:MM)

LOCATION: Esplanade Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 1979 B
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda N Box Splash
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling to work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lee Sai Kit (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SK231071T CONTACT: 97462832
 c) ADDRESS: 138 Bishan St 12 # 08-450
S'pore 57038

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABUOM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 28/09/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9 Jun 2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Self

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: SLV 1816Z MODEL: BYD
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 87749008

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

Email: kit279@gmail.com

VIN: KIT279@gmail.com

Claim Handling

Accident MT/1082229

Policy No.	5113529084	Vehicle No.	SKL1979B	GST Registration No.
Certificate No.				
Policyholder Name	LEE SAI KIT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	97463832	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	30/01/2020 16:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/01/2020	Time of Accident hh:mm	08:25	Country of Accident
Reporting Centre		Orange Force		ECM No.
Accident Location	ALONG ESPLANADE DRIVE TOWARDS FULLERTON ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
DD Standard Excess	600.00	TP Standard Excess	0.00	
YIED DD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total DD Excess Applicable	600.00	Total TP Excess Applicable	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	BLK 138 #08-450	Address 2	BISHAN STREET 12	Address 3
Address 4	SINGAPORE 570138	Address Type	Singapore address	Post Code
Unit No.	08-450	Related Policy Number	5113529084	

▼ OI Driver Info

Driver Name	LEE SAI KIT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	578310711	Driver DOB
Register Date of Driver License	07/06/2000	Driver Age	40	Driving Experience
Contact No.(Mobile)	97463832	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 138 #08-450	Address 2	BISHAN STREET 12	Address 3
Address 4	SINGAPORE 570138	Address Type	Singapore address	Post Code
Unit No.	08-450			
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SKL1979B	Driver Insurer Company

Declaration

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

Claim 001

New

Claim Type *	DD-MX	Insured Name	LEE SAI KIT
Contact No.(Mobile)	97463832	Contact No.(Home)	
Email Address	kitz79@gmail.com	Vehicle Number	SKL1979B
Claim Description	SKL1979B / SLV1816Z ON 29 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contract No. Finalisation	Yes <input type="checkbox"/> Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	30/01/2020 16:07	Claim Close Date	
Report Taken By	ROSLI WAHAB		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1082229	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/01/2020 16:08

Path *

Category *

Confidential

Urgency *

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 Board

Clear

Please Select

NO	1
----	---

Discussion

Clear

Phase Select

NO

81

Clear

Please Select

NO

Abstracts will

Clear

Please Select

847	8
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100

Clear

Please Select

NO

Page 11 of 11

Please Select

NO.	
NO.	

Abstract

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:08	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:08	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:08	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:08	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:08	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:08	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 16:07	SAS		Normal	SAS 2020-1-30

Video List

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

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/01/2020 14:51"/>							
Vehicle No.(For Motor)	<input type="text" value="SKL1979B"/>	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"/>	5113529084		LEE SAI KIT	S79310711	GPC	drive PREMIUM	SKL1979B	SKL1979B	25/10/2019	24/10/2020
<input type="button" value="Continue"/>										

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 : MAY 20073199 Vehicle Registration No: 8KL1929B
Name (as shown in NRIC) : LEE SHI KIM QI SHIH NRIC/FIN/Passport No : 8XXXX0117
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91463832
Email Address : _____
Date of Accident : 29/01/2020 Time of Accident : 08:25
Place of Accident : ROAD REPAIR WORK DR. TOWARDS FUKUKU RD
Insurance Company : NMC

(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:

EMAIL ADDRESS TO KIZ79@GMAIL.COM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: LEE SHI KIM QI SHIH
NRIC/FIN No.: 8XXXX0117
Date: 30/01/2020