

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNAW0019928

Date In: 12/12/14:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC2002534/24	SAS e-filing		
Veh No: MCV320	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/12-19:15	i-Motor Claim Form	17/1084224-001	12/12/14:20
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: 287910

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% P: 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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Sat. 1: Sat. 2/3:	Invoice Preparation Checklist		Amt (\$) in Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QJN* *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: Idnc Mobile 30				
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	13/02/2020 14:20
Date Of Accident	12/02/2020 17:45
Exact Location Of Accident	PIE (TUAS) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4312D
Insured/Policyholder	
Name Of Registered Owner	LEE YONG QUAN
NRIC No	SXXXX375H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86133543
Alternative Phone No	OFFICE-86133543

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	5110040755
Cover Note Number	

Driver

Name of Driver	LEE YONG QUAN
NRIC No	SXXXX375H
Date Of Birth	09/03/1989
Occupation	INDOOR
Date Of Driving Pass	17/06/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86133543
Fax Number	
Contact Number	OFFICE-86133543
EEmail Address	NOEMAIL

Address	BLK 634 VEERASAMY ROAD #25-146
Postcode	200634
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	CHAIN COLLISION
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	4
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)	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

REFER TO STATEMENT.

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	SJX8791C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP9364P
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLU2382G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE YONG QUAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMC4312D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN


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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:

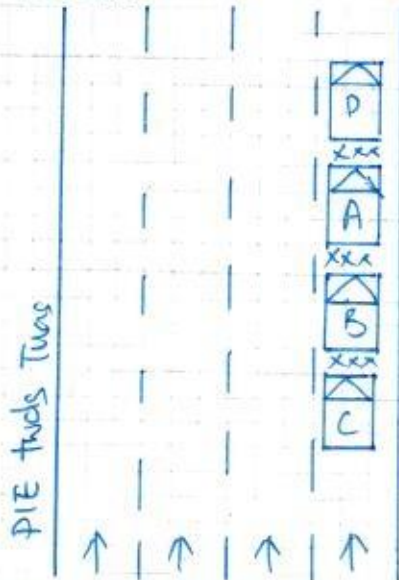
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



Veh A: SMC4312D
 Veh B: SJX8791C
 Veh C: SLP9364P
 Veh D: SLU2382G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMC4312D) traveling along PTE tuds Tuas on first lane of a 4-lanes, expressway. Somewhere before Stevens Road Exit, vehicle D (SLU2382G) ahead slowed down and stopped. As such, I applied brake and stopped completely behind vehicle D. Out of sudden, vehicle B (SJX8791C) came from rear and collided directly onto the rear portion of my vehicle. After accident, I alighted and realised I was involved in a 4 car chain accident.

Veh A (2nd) : SMC4312D

Veh B (3rd) : SJX8791C

Veh C (4th) : SLP9364P

Veh D (1st) : SLU2382G

DECLARATION

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

2

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.:

Vehicle No.	SMC 4312D		Model / Make	Honda Shuttle
Date of Accident	12/2/2020			
Time of Accident	1745	HRS		
Location of Accident	Along PIE twcls Turn before Stevens Road Exit			
Exact purpose use during accident	Private Use			
Name of Owner	Lee Yong Quan			
Telephone No.	H/P : 86133543	Home :	Office :	
NRIC	S8907375H			
Address	BLK 634 Veerasamy Road #25-146 S(200634)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5110040755			
Name of Driver	As Above If No,			
NRIC	Any Passengers : —			
Date of birth	9/3/1989			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	17/6/2014			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee,	If no, state	Owner	
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	(f Yes, Who?		
Name And Contact No.	Lee Yong Quan 8613 3543			
Name And Contact No.				
Police Report	No	If Yes, Where?		
Vehicle B No.	SJX 8791C		Any Passengers : 1	
Name of Driver			Contact No. :	
Vehicle C No.	SLP9364P		Any Passengers : —	
Vehicle D No.	SLU 2382G		Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Front & rear portion			
Camera Recorder	Yes / No			
Email Address	jeffreylee70@hotmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110040755		LEE YONG QUAN	S8907375H	GPC	drive CLASSIC	SMC4312D	SMC4312D	29/06/2019	28/06/2020

 Policy Information

Policy No.	5110040755	Policyholder Name	LEE YONG QUAN	Policyholder NRIC	S8907375H
Certificate No.					
Address	BLK 634 #25-146 VEERASAMY ROAD SINGAPORE 200634				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/05/2019	Effective Date	29/06/2019 00:00	Expiry Date	28/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CAR INSURANCE AGENCY PTE. I	Agent Tel.	63842777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 634 #25-146	Address 2	VEERASAMY ROAD	Address 3	SINGAPORE 200634
Address 4		Address Type	Singapore address	Post Code	200634
Unit No.		Related Policy Number	5110040755		

 Insured Object: SMC4312D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1084224

Policy No.	5110040755	Vehicle No.	SMC4312D	GST Registration No.	
Certificate No.					
Policyholder Name	LEE YONG QUAN			Policyholder NRIC	S8907375H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86133543	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="NCD"/>
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(%)	10	Private Hire	No

Accident Details

Report Date	13/02/2020 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/02/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE STEVENS RD EXIT				

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
Additional Excess	0		
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00

Driver is Covered? Covered

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 634 #25-146	Address 2	VEERASAMY ROAD	Address 3	SINGAPORE 200634
Address 4		Address Type	Singapore address	Post Code	200634
Unit No.		Related Policy Number	5110040755		

OI Driver Info

Driver Name	LEE YONG QUAN	Driver Type	Main Driver	Driver DOB	09/03/1989
Unnamed driver Name		Driver NRIC	S8907375H	Driving Experience	5
Register Date of Driver License	17/06/2014	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 200634
Address 1	BLK 634	Address 2	VEERASAMY ROAD	Post Code	200634
Address 4		Address Type	Singapore address		
Unit No.	25-146				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE YONG QUAN	Insured NRIC	S8907375H
Contact No.(Mobile)	86133543	Contact No.(Home)	62917910	Contact No.(Office)	
Email Address	Jeffreyleeq@hotmail.com	OI Vehicle Number	SMC4312D	TP Vehicle Number	SJK8791C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMC4312D / SJK8791C ON 12 Feb 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	Received
Date Registered	13/02/2020 14:29	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/02/2020 00:00
Report Taken By	Jackson	Claim Close Date			

☒ Print AK letter

Save Submit





Attachment

Accident No.	MT/1084224	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2020 14:31

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Return to Top](#)
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	SAS	Normal	SAS 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Feb 2020 14:30	Photos	Normal	Photos 2020-2-13	

Video List

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