NATIONAL Assessment Centre Services. [wef 1 Jan'06]. MNA 42002648

Date In: 17/02/2020 2014	Job description	Date & Time Completed	Done by
Ref No: NAS/TNIC20002716/	SAS e-filing		
Veh No: SJW 4161 L	E-mail (3 hrs, AIC 2hrs)		
D.O.A 25/01/2020 BY5	I-Motor Claim Form	M7108 7183-002 17/02/2020	
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	20:28	
	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: PC 7229 G 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 ( )

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

NIA2001522

Claimant's Particulars	Services	Charges	Add/Edit
Driver/Owner:	1) AR : Accident Reporting ($30)		
Contact No:	2) DA : Damage Assessment ($100) INC ($30)		
Damaged Portion:	3) TF : Towing Fee $40/$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey $120		
Auditor's Comments:	5) FT : Follow-Through Survey (Resurvey) $70		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005) $75		
	6) TR : Re-Inspection $160		
	7) NI : Idea DA + SMRT Survey		
	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 $30		
	9) N12: Idea Mobile 30		
	Invoice dated *Fee Charged*		
	Invoice dated *Fee Charged*		

2 / 3:

MNA42002164B / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 17/02/2020 20:14
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 17/02/2020 20:26

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 witholding 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	17/02/2020 20:14
Date Of Accident	25/01/2020 13:45
Exact Location Of Accident	AYE TOWARDS CITY (BUKIT MERAH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4167L

Insured/Policyholder

Name Of Registered Owner	LEE CHOON LIAN
NRIC No	SXXXX596F
Email Address	EDWINXUEDE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83381566
Alternative Phone No	OTHERS-83381566

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
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	REPORTING ONLY
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	5098480379-01
Cover Note Number	

Driver

Name of Driver	PANG HSUE TECK (FENG TECK)
NRIC No	SXXXX774A
Date Of Birth	02/07/1976
Occupation	INDOOR
Date Of Driving Pass	04/06/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83381566
Fax Number	
Contact Number	OTHERS-83381566
EMail Address	EDWINXUEDE@GMAIL.COM

Address	BLK 304 C;LEMENTI AVENUE 4 #09-467
Postcode	120304
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON 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 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	PC7229G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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: 17/02/2020	17/02/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

Along Jalan Besar City (Bukit Merah)

Lane 3 SJW4167L → PC7229G
A B

Lane 2

A) SJW4167L

Lane 1

B) PC7229G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During Chinese New Year Day 1. I was driving at most left lane along AYE when the mini van in front of me make a sudden brake. I ~~di~~ brake immediately but still hit ~~str~~ on the vehicle infront. ~~AVE started~~ Both myself and the ~~driver~~ front vehicle driver then move our vehicle to the shoulder and exchange details. I asked the driver if anyone in his ~~the~~ vehicle were injured and he say no. He drove off to Sintosa there after.

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: 17/02/2020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

17/02/2020

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ACCIDENT STATEMENT

ACCIDENT DATE: 24/01/2020 (DD/MM/YYYY), TIME: Around 1.00 - 2.00pm (HH:MM)

LOCATION: AYE Thomson City (Bukit Merah)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJN 4167L
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: TOYOTA ISIS
   f) TYPE: (SALOON / ~~COUPE~~ / MPV / ~~VAN~~ / ~~LORRY~~ / MOTOR~~CYCLE~~ / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COM~~MERCIAL~~ / MOT~~ORO~~CYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Personal
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO)
   IF NO, PLEASE STATE (THIRD ~~PARTY~~ CLAIM / REPORTING ONLY)

WIFE (3 seat)

2. INSURED / POLICY HOLDER
   a) NAME: Lee Choon Lian (~~MALE~~ / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7703596F CONTACT: 85381566
   c) ADDRESS: Blk 304 Clementi Ave 4 #09-467 S120304

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (5)

DRIVER
   d) NAME: Fang Hsue Teck (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7619724A CONTACT:
   c) ADDRESS:

   * d) DATE OF BIRTH: (02/07/1976) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 04/04/98

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
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: PC7229G MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (__)

email : edwinxuede@gmail.com

VIDEO

Claim Handling

Accident MT/1082183

Policy No.	5098480379-01	Vehicle No.	SJW4167L	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHOON LIAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	

Accident Details

Report Date	30/01/2020 14:19	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	25/01/2020	Time of Accident hh:mm	13:45	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TURNING TO LOWER DELTA				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	
Unnamed Driver Excess	0.00	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	BLK 304 #09-467	Address 2	CLEMENTI AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5098480379-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *			OD-MX	Insured Name	LEE CHOON LIAN
Contact No.(Mobile)			83381566	Contact No.(Home)	68713066
Email Address			lee.f7joanne@gmail.com	OI Vehicle Number	SJW4167L
Claim Description			SJW4167L / PC7229G ON 25 Jan 2020		
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered			17/02/2020 20:22	Claim Close Date	
Report Taken By			ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1082183	Claim No.	002
Last Doc. Received	* Yes No	Upload Date	17/02/2020 20:29

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Clear | Please Select | NO | Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:28	SAS		Normal	SAS 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:22	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:22	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:22	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:22	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:22	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 20:22	Photos		Normal	Photos 2020-2-17

Video List

Uploaded By/Date	Folder Date	File Name	?	Sourc

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

• Change Language • Change Password • Log Out

- My Desktop
  Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJW4167L

Date of Accident 25/01/2020 12:10

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5098480379-01		LEE CHOON LIAN	S7703596F	GPC	drivo CLASSIC	SJW4167L	SJW4167L	23/03/2019	22/03/2020

Continue