NATIONAL Assessment Centre Services. [wef 1 Jan'00] . NMA4200 25056

	Job description	Date &Time Completed	Done by
Date In: 25/02/2020 17:14	SAS e-filling		
Ref No: NBA/ INC2000 3180/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SLD 4201 Y	I-Motor Claim Form	MT1085810-001	25/02/2020
D.O.A 25/02/2020 10:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:17
OD / TP / Reporting Only	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: SGR 621 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 ( )

[illegible]

( ) 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] Done by

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

Injury :

[illegible]

NA2001650

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($40)			
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 2000)			
6) TR : Re-Inspection	$75		
7) N1 : Idea DA + SMRT Survey	$100		
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: Idea Mobile	30		
Invoice dated Fee Charged			
Invoice dated Fee Charged			

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

[illegible]

2 / 3

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	25/02/2020 17:14
Date Of Accident	25/02/2020 10:45
Exact Location Of Accident	SINGAPORE TOWARDS JB CAUSEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4201Y
Insured/Policyholder	
Name Of Registered Owner	LEE CHIN HUI
NRIC No	SXXXX732A
Email Address	LEE_CHINHUI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97272286
Alternative Phone No	OTHERS-97272286
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5111455134
Cover Note Number	
Driver	
Name of Driver	LEE CHIN HUI
NRIC No	SXXXX732A
Date Of Birth	06/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2014
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272286
Fax Number	
Contact Number	OTHERS-97272286
EMail Address	LEE_CHINHUI@HOTMAIL.COM

Address	BLK 128 BUKIT MERAH VIEW #02-18
Postcode	150128
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?	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)	2
Passenger 1	NAME: : LEE WENG FAI 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGR62T
Vehicle Make/Model/Colour	MERCEDES BENZ E200
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)

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.

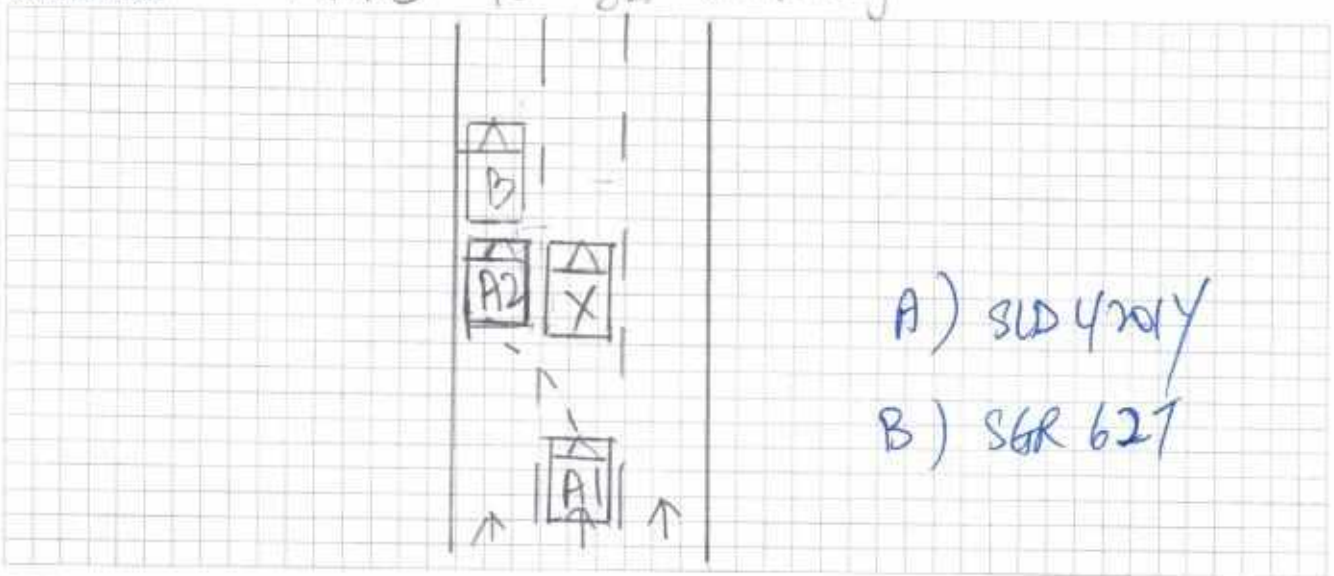
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 25/02/20	Driver's Signature (If driver is not the policyholder) Date & Time:	25/02/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN Bedok To JB Causeway



A) SLD 4x4Y

B) SGR 627

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving toward JB this morning at around 10.46am. I did a lane change to my left and I did not manage to brake in time as there was a trailer lorry towards the JB causeway and the car that I hit into was at a stationary position. (SGR 627) It is not serious accident and no one is injured. There is some scratches at the back of his car and there is no major dent.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 25/02/2020	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

25/02/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 25/02/2014 (DD/MM/YYYY), TIME: 10:46 (HH:MM)

LOCATION: Singapore to JB Causeway

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLD 4201 Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 711145134
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Vezel
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME:
   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: Lee Chin Hui (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8532732A CONTACT:
   c) ADDRESS: BIK 128, Bukit Merah View #02-18 S150128

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\#No of passengers (including driver) (2)

DRIVER
   a) NAME: Lee Chin Hui (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8532732A CONTACT:
   c) ADDRESS: BIK 128, Bukit Merah View #02-18 S150128
   *d) DATE OF BIRTH: 06/10/1985 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 07/02/2014

Lee Weng Fai (N)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: SGR62T MODEL: Mercedes E200
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

\# No of passenger (including driver) (__)

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

\# No of passenger (including driver) (__)

email : lee_chinhui@hotmail.com

VIDEO

Claim Handling

+Exit

Accident MT/1085810

Policy No.	511145513A	Vehicle No.	SLD4201Y	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHIN HUI			Policyholder NRIC	S6532732A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97272286	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
VFX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	25/02/2020 18:36	Accident Report Within 24 hrs	YES	Accident Type	Collision - Head to Rear
Date of Accident	25/02/2020	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		SOR No.	
Accident Location	SINGAPORE TOWARDS 1B CAUSEWAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
HSD OD Excess	0.00	HSD TP Excess	0.00	Driver is Covered?	Covered
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 126 #03-18	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 150126
Address 4		Address Type	Singapore address	Post Code	150126
Unit No.		Related Policy Number	511145513A		

OI Driver Info

Driver Name	LEE CHIN HUI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6532732A	Driver DOB	06/05/1965
Register Date of Driver License	01/01/2014	Driver Age	54	Driving Experience	6
Contact No.(Mobile)	97272286	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 126 #03-18	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 150126
Address 4		Address Type	Singapore address	Post Code	150126
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLD4201Y	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *		OD-MI	Insured Name	LEE CHIN HUI	Insured NRIC S6532732A
Contact No.(Mobile)		97272286	Contact No. (Home)	62798465	Contact No. (Office)
Email Address		xhunlui.lee8@gmail.com	OI Vehicle Number	SLD4201Y	TP Vehicle Number SGR82T
Claim Description		SLD4201Y / SGR82T ON 25 Feb 2020			Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Fiat Assist No.		Preferred Repair Option	Preferred Workshop, name unknown	TOA report	Received
Fiat Assist	Yes				
Date Registered		25/02/2020 18:36	Claim Close Date		Date Received 25/02/2020 00:00
Report Taken By		ROSLI WAHAB			

Print All Below

Save Submit

Attachment

Accident No.	MT/1085810	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/02/2020 18:17

Path *		Category *	Confidential	Urgency *	Description *
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

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CCD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:17	Photos	Normal	Photos 2020-2-25		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos	Normal	Photos 2020-2-25		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos	Normal	Photos 2020-2-25		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	Photos		Normal	Photos 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Feb 2020 18:16	SAS		Normal	SAS 2020-2-25	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

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) SLD4201Y
Date of Accident 25/02/2020 16:58
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5111455134		LEE CHIN HUI	S8532732A	GPC	drive CLASSIC	SLD4201Y	SLD4201Y	30/07/2019	29/07/2020

Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MMA20025056 Vehicle Registration No: SLD 4/2014

Name(as shown in NRIC) : LEE CHIN HUI NRIC/FIN/Passport No : SXXXX732A

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 9727 7286

Email Address : _____

Date of Accident : 25/02/2020 Time of Accident : 10:45

Place of Accident : S'pore Towards JB Causeway

Insurance Company : MNC

(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:

Policy number To 511475513Y

Policyholder / Driver's Signature
Date:

26/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: