

NATIONAL Assessment Centre Services. [part 1 Jan 03] MMA 1200 27246

Date In: 2/3/20 15:01	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC20003413164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SMF 1513U	I-Motor Claim Form	MT/1086553 ⁰⁰¹	2/3/20 18:24
IP: 113/20 12:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksj		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SJB 9768E** 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 Comments:

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/Non-INC/Other)	Date	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	Action

Particulars	Amc (\$)	Amc (\$)
1) AR: Accident Reporting (\$30)	70.00	
2) DA: Damage Assessment (\$100) INC (\$30)		
3) TP: Towing Fee \$40/\$43		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claimant against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idno DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*NS: Courtesy Car / Tpt Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
*TP: (N11): TP (In-INC) against INC \$20		
9) N12: Idno Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MA 2001753

Checked by (Engr-In-Charge): _____

Printers Comments:

L1:

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	02/03/2020 15:01
Date Of Accident	01/03/2020 13:00
Exact Location Of Accident	ALONG TANJONG RHU VIEW / TANJONG RHU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1513U
Insured/Policyholder	
Name Of Registered Owner	LEE CHOR HENG (LI ZUXING)
NRIC No	SXXXX295H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91001881
Alternative Phone No	OFFICE-91001881

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106379172
Cover Note Number	

Driver

Name of Driver	LEE CHOR HENG (LI ZUXING)
NRIC No	SXXXX295H
Date Of Birth	25/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91001881
Fax Number	
Contact Number	OFFICE-91001881
EEmail Address	NOEMAIL

Address	BLK 605C TAMPINES ST 61 #03-344
Postcode	523605
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	SIDE SWIPE
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?	
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB9768E
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)	

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**.
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.

x



Policyholder's Signature
Date & Time:

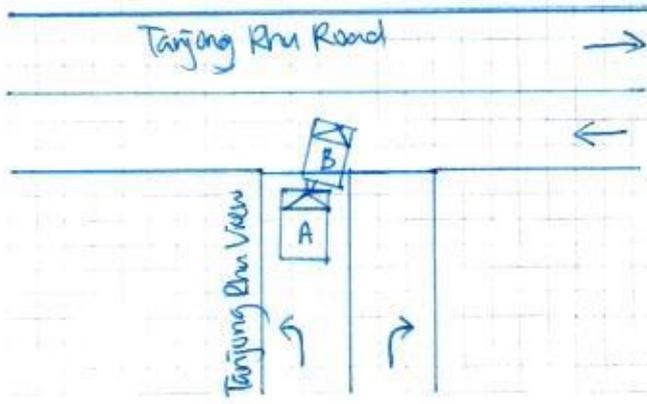


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Veh A: SMF1513U
 Veh B: SJB9768E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMF1513U) traveling along Tanjung Rhu View on most left lane of a 2-lanes, road. Somewhere at the junction of Tanjung Rhu Road, I stopped my vehicle before stop line to give way to the outcoming vehicle. I noticed vehicle B (SJB9768E) in front of me wanted to turn right, out of sudden, vehicle B reversed his vehicle. As a result, the rear portion of vehicle B collided onto the front right of my vehicle.

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.:

Vehicle No.	SMF1513U	Model / Make	Toyota Wish
Date of Accident	1/3/2020		
Time of Accident	1300	HRS	
Location of Accident	Along Tanjung Rhu View / Tanjung Rhu Road		
Exact purpose use during accident	Work		
Name of Owner	Lee Chor Heng		
Telephone No.	H/P: 9100 1881	Home:	Office:
NRIC	S7918295H		
Address	Blk 605C Tampines Street 61 #03-344 S(53605)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5106379172		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	-
Date of birth	25/6/1979		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	8/12/2000		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	<input checked="" type="radio"/> No	If yes, Reg No.	
Relationship	Employee,	If no, state <i>Owner</i>	
Weather condition	<input checked="" type="radio"/> Clear	Raining	Other
Road Surface	<input checked="" type="radio"/> Dry	Wet	Other
Any Injuries	<input checked="" type="radio"/> No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No	If Yes, Where?	
Vehicle B No.	SJB9768E	Any Passengers:	-
Name of Driver		Contact No.:	9172 1605
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Front right portion		
Camera Recorder	<input checked="" type="radio"/> Yes / No		
Email Address	lesterlx@gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106379172

Cover : drive CLASSIC

- | | |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMF1513U |
| Chassis Number | : ZGE206016571 |
| 2. Name of Policyholder | : LEE CHOR HENG (LI ZUXING) |
| 3. Effective Date of Insurance | : 20 Dec 2018 |
| 4. Expiry Date of Insurance | : 09 Apr 2020 |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE CHOR HENG (LI ZUXING)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: CARZY FINANCIAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 20 Dec 2018 14:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1086553

Policy No.	5106379172	Vehicle No.	SMF1513U	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHOR HENG (LI ZUXING)	Cover Type	drive CLASSIC	Policyholder NRIC	S7918295H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91001881	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	02/03/2020 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/03/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TANJONG RHU VIEW / TANJONG RHU RD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	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 605C #03-344	Address 2	TAMPINES STREET 61	Address 3	TAMPINES GREENRIDGES
Address 4	SINGAPORE 523605	Address Type	Singapore address	Post Code	523605
Unit No.		Related Policy Number	5106379172		

O1 Driver Info

Driver Name	LEE CHOR HENG (LI ZUXING)	Driver Type	Main Driver	Driver DOB	25/06/1979
Unnamed driver Name		Driver NRIC	S7918295H	Driving Experience	19
Register Date of Driver License	08/12/2000	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	91001881	Contact No.(Office)		Address 3	TAMPINES GREENRIDGES
Address 1	BLK 605C #03-344	Address 2	TAMPINES STREET 61	Post Code	523605
Address 4	SINGAPORE 523605	Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

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 **New**

Claim Type *	OD-MX	Insured Name	LEE CHOR HENG (LI ZUXING)	Insured NRIC	S7918295H	
Contact No.(Mobile)	91001881	Contact No.(Home)		Contact No.(Office)	638181	
Email Address	lester_kst@hotmail.com	O1 Vehicle Number	SMF1513U	TP Vehicle Number	SJB97E	
Claim Description	SMF1513U / SJB9768E ON 1 Mar 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	02/03/2020 18:21	
Date Registered				Date Received	02/03/2020	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1086553	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2020 18:21

Attachment	Uploaded By/Date	Category	Urgency	Description
Choose File	No file chosen	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-2
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 Read				



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	SAS	Normal	SAS 2020-3-2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	Photos	Normal	Photos 2020-3-2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	Photos	Normal	Photos 2020-3-2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	Photos	Normal	Photos 2020-3-2
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	Photos	Normal	Photos 2020-3-2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	Photos	Normal	Photos 2020-3-2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:21	Photos	Normal	Photos 2020-3-2

Video List

Uploaded By/Date	Folder Date	File Name	Source
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