

NATIONAL Assessment Centre Services

[part 1 Jan09]

MMA 120045415

Date In	9/15/20 11:36	Job description	Date & Time Completed	Done by
Ref No	NA/INC 20005627164	SAS e-filing		
Veh No	SLK 9282	E-mail (within 3hrs, A/C 2hrs)		
TTTA	9/15/20 09:35	I-Motor Claim Form	MT/1092417 ⁰⁰¹	9/15/20 11:49
OT	<input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

IP Particulars:

Veh No:

SMK 3921K

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: ()

Reminders: (INC Hotline: 64986616)

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

Action:

MMA 2002868

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

Auditors Comments:

Tel:

Fax:

Invoice Itemization Credit

Amt (\$)

VAT Amt (\$)

1) AR: Accident Reporting (\$30)

30.00

Add'l Bill

2) DA: Damage Assessment (\$100); INC (\$10)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (w/c 10 Jan 2009)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

• NS: Courtesy Car / Tpt Allowance \$3

• NG: Repair Co-ordination \$10

• NI: Post Repair Inspection \$23

• NI: DV / Collect Excess Coordination \$3

• TP (N11): TP (N-on INC) against INC \$20

9) NI2: Idao Mobile \$0

Invoice dated Fee Charged

Invoice dated 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	09/05/2020 11:36
Date Of Accident	09/05/2020 09:35
Exact Location Of Accident	TRAFFIC LIGHT INFRONT AMK HUB ALONG AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK928Z
Insured/Policyholder	
Name Of Registered Owner	LEE KWANG JOO LAWRENCE
NRIC No	SXXXX092H
Email Address	LAW9080@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96389080
Alternative Phone No	OFFICE-96389080

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5111265238
Cover Note Number	

Driver

Name of Driver	LEE KWANG JOO LAWRENCE
NRIC No	SXXXX092H
Date Of Birth	11/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1993
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96389080
Fax Number	
Contact Number	OFFICE-96389080
EMail Address	LAW9080@GMAIL.COM

Address	BLK 10C BENDEMEER RD #29-131
Postcode	333010
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?	
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	SMK3921K
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


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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:

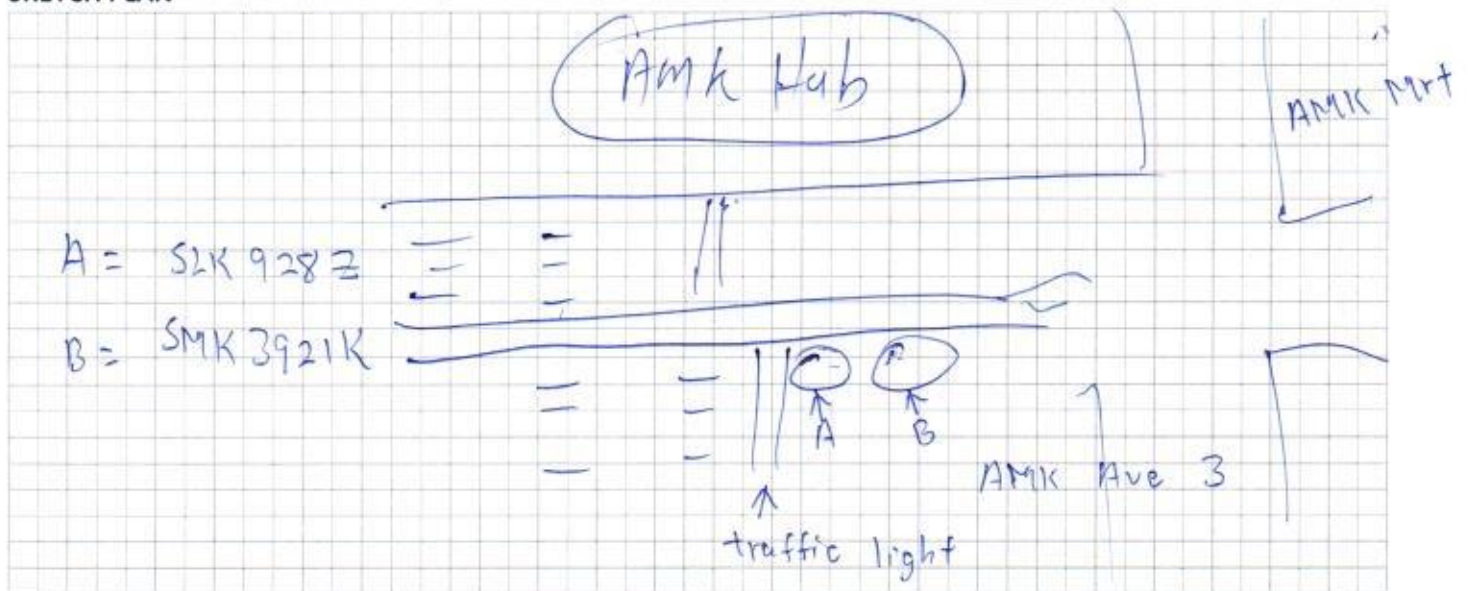
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 09/05/2020 11:30am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/05/2020 11:30am


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

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Amk Ave 3, when I saw the traffic light turn orange, I brake my vehicle on time, the car behind hit my car with a very heavier impact. My car can be make a little dent due to the heavy impact from the car behind.

DECLARATION

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

 09/05/2020
 Policyholder's Signature
 Date & Time: 11:30am

 09/05/2020
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11:30am


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

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: 5111265238

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLK928Z**
Chassis Number : **ACR507139373**
2. Name of Policyholder : **LEE KWANG JOO LAWRENCE**
3. Effective Date of Insurance : **16 Aug 2019**
4. Expiry Date of Insurance : **15 Aug 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

If Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE KWANG JOO LAWRENCE
NAMED DRIVER (1)	: LEE FOK SENG
NAMED DRIVER (2)	: YEO SUAT HONG KAREN
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 18 Jul 2019 11:53 hrs

For ITUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (09/05/2020) (DD/MM/YYYY), TIME: (09:35) (HH:MM)

LOCATION: Traffic light, report of Ang Mo Kio Hub AMK Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 928 Z
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5111265238
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Setima
 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: Lawrence Lee Kwang Joo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7441092 H CONTACT: 96389080
 c) ADDRESS: B1K 10C Bendemeer Rd #29-131 S333010

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Lawrence Lee Kwang Joo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7441092 H CONTACT: 96389080
 c) ADDRESS: B1K 10C Bendemeer Rd #29-131 S333010

*d) DATE OF BIRTH: (11/12/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS :: 17/07/1993

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: driver

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: SLK 3921 K MODEL: Merc
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

1) EMAIL: law9080@gmail.com

2) VIDEO: Yes

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

Claim Handling

Accident MT/1092417

Policy No.	5111265238	Vehicle No.	SLK928Z	GST Registrati
Certificate No.				
Policyholder Name	LEE KWANG JOO LAWRENCE			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96389080	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
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(%)	30	Private Hire

▼ Accident Details

Report Date	09/05/2020 11:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/05/2020	Time of Accident hh:mm	09:35	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TRAFFIC LIGHT INFRONT AMK HUB ALONG AMK AVE 3			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Accessory	2000

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 460 #16-1582	Address 2	ANG MO KIO AVENUE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111265238	

▼ OI Driver Info

Driver Name	LEE KWANG JOO LAWRENCE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7441092H	Driving Experi
Register Date of Driver License	02/02/2003	Driver Age	45	Contact No.(H
Contact No.(Mobile)	96389080	Contact No.(Office)		Address 3
Address 1	BLK 460 #16-1582	Address 2	ANG MO KIO AVENUE 10	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE
Contact No.(Mobile)		Contact No. (Home)	64
Email Address		OI Vehicle Number	SL
Claim Description	SLK928Z / SMK3921K ON 9 May 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	09/05/2020 11:49	Claim Close Date	
Report Taken By	SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Attachment



Accident No. MT/1092417 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/05/2020 11:49

Path *

Category *

Confider

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	SAS		Normal	S
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	Photos		Normal	Pt
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	09 May 2020 11:49	Photos		Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			