


NATIONAL Assessment Centre Services. [part 1 JAN03] MMA 120045646

Date In	Job description	Date & Time Completed	Done by
11/5/20 14:37	SAS e-filing		
Ref No	E-mail (within 3hrs, AIG 2hrs)		
NAI/INC 20005649/h4	I-Motor Claim Form	MT/1092536 ⁰⁰¹	12/5/20 09:33
Web No	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
SJR 3651M	I-Photo Uploaded		
DOA	Assessment/Survey Report		
10/5/20 10:45	Ass't Report by Fax / Hand to Owner/Agent		
OD  Reporting Only			
TP Insurer:			

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: 5JB 9406 A. 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: ()

Summary: (INC Refine: 6743/6616)	Date and Sample No.	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

[illegible]

Invoice Preparation Checklist		Amount (S)	Remarks
1) AR: Accident Reporting (S30);		30.00	
2) DA: Damage Assessment (S100); INC (S50)			
3) TP: Towing Fee S40/S45			
4) FT: Follow-Through Survey S120			
5) FT: Follow-Through Survey (Re-survey) S30			
For claiming against INC Only (was 10 Jan 2023)			
6) TR: Re-Inspection S75			
7) NI: Idao DA + SMRT Survey S160			
8) NTUC Additional Services:			
ON:			
• NS: Courtesy Car / Tpt Allowance S5			
• NG: Repair Co-ordination S10			
• NF: Post Repair Inspection S25			
• NH: DV / Collect Bxcess Coordination S5			
TE (N11): TP (Non INC) against INC S20			
9) N12: Idao Mobile S0			
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	11/05/2020 14:37
Date Of Accident	10/05/2020 10:45
Exact Location Of Accident	ALONG SUMANG WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3651M
Insured/Policyholder	
Name Of Registered Owner	LEONG JUN HAO
NRIC No	SXXXX770G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96791526
Alternative Phone No	OFFICE-96791526

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5111397404
Cover Note Number	

Driver

Name of Driver	LEE QIAO XUAN MARGARET
NRIC No	SXXXX409J
Date Of Birth	19/09/1992
Occupation	INDOOR
Date Of Driving Pass	20/07/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82825434
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 323A SUMANG WALK #05-943
Postcode	821323
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 - CROSS JUNCTION
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	SJB9406A
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

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:

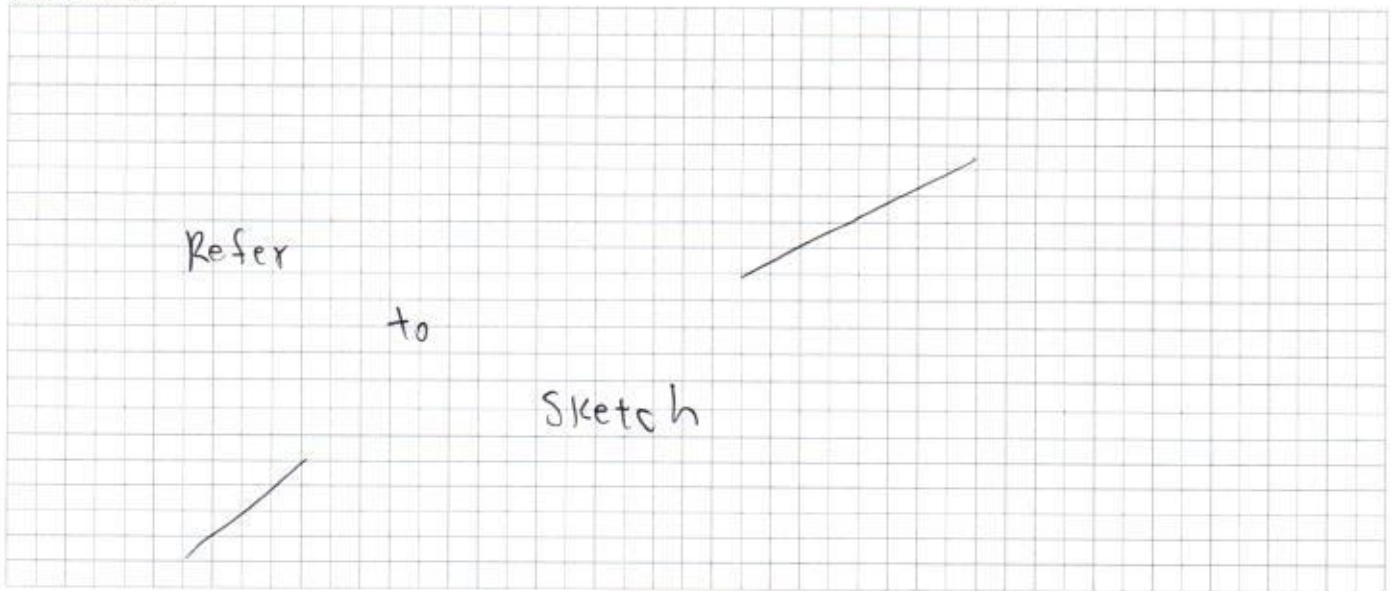


Reporting Centre Personnel's Signature

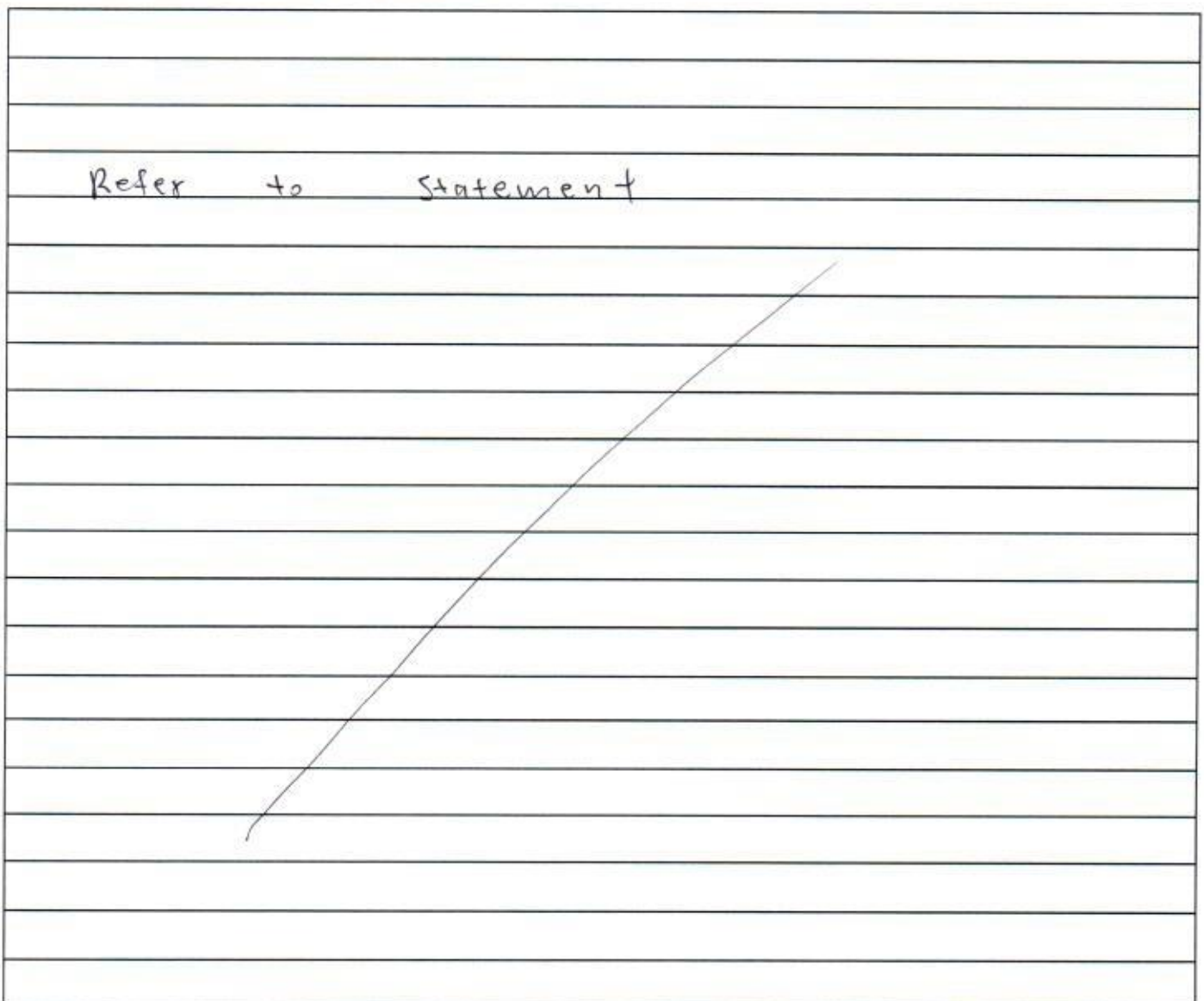
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



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.:

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Sumang Walk

Sumang Walk

Map Directions

Map

Building Directory

What's Nearby

Get Tips

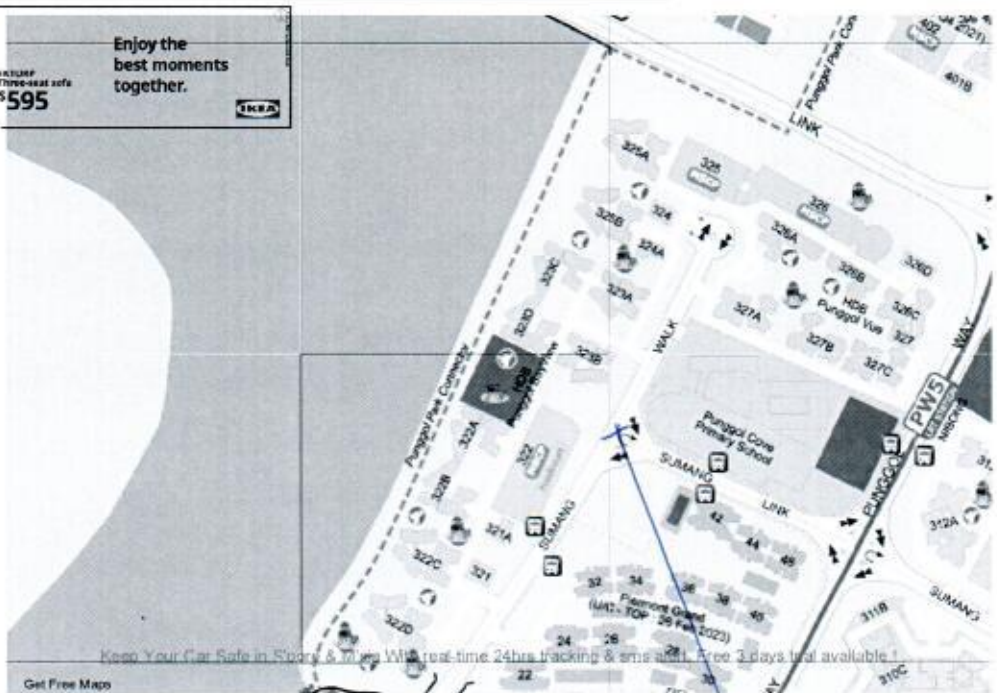
Getting Here

FEATURE
Three-seat sofa
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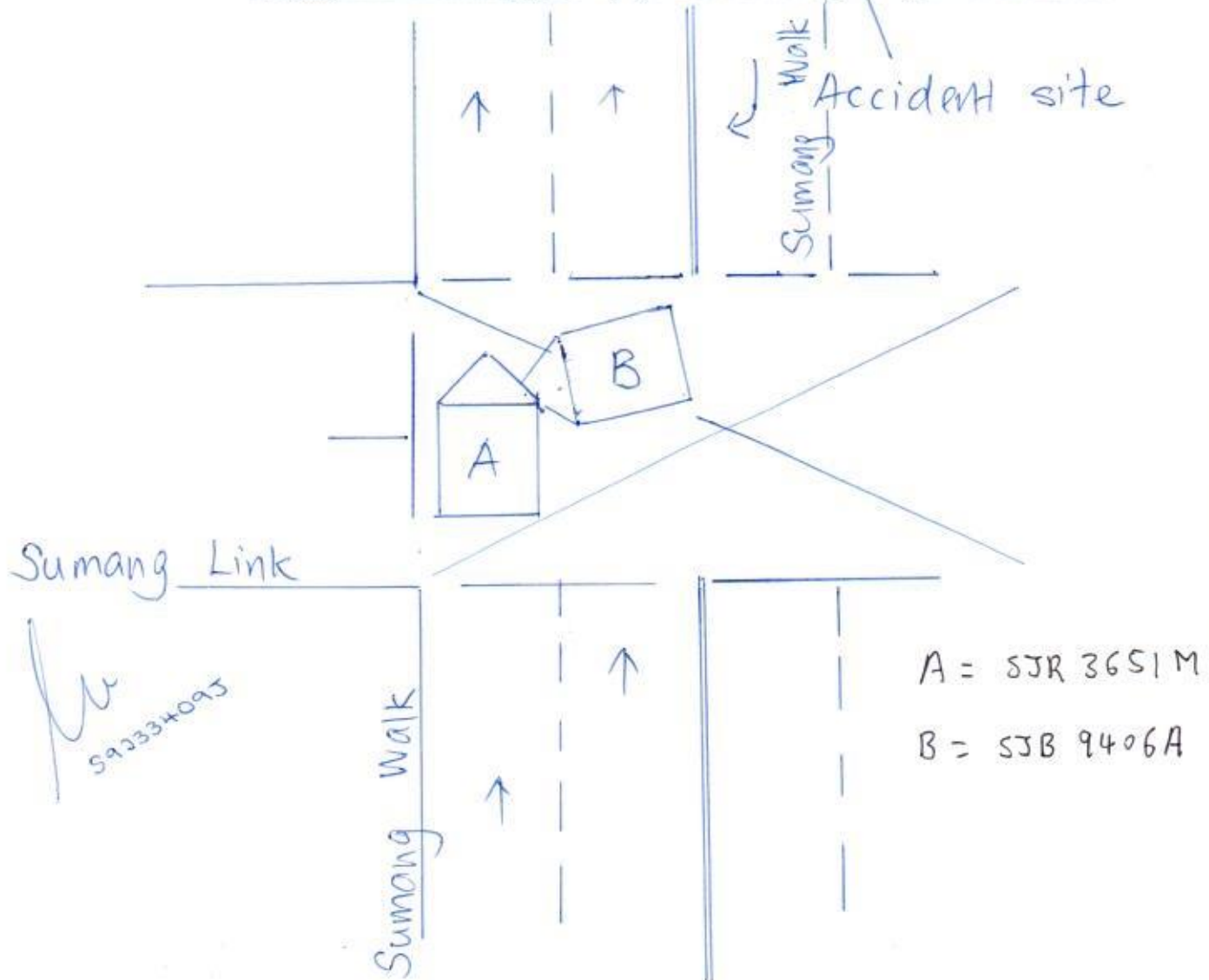
SBCRA

5 Things You Shouldnt Do
If Hes Cheating On You



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Accident Statement

On 10th May 2020 about 1045Hrs, I was driving my vehicle (SJR3651M) along Sumang Walk. While driving towards the junction, green light was in my favour so I proceeded. Suddenly a vehicle (SJB9406A) from the opposite direction cut into my lane and hit onto the front right side of my vehicle. When we alighted our cars to exchange details, he told me that he was making a "U-Turn". I want to state that I have video recording of this accident incident. I am making a claim against third party.



Name: Lee Qiao Xuan, Margaret
I/C: S9233409J

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 5 / 20) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 3651M
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96791526
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82825434
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS : _____

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: SJB 9406A MODEL: _____
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 : Frankie

2) VIDEO : Yes

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

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

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5111397404		
The Policyholder	: LEONG JUN HAO		
	: BLK 323A #05-943		
	: SUMANG WALK		
	: PUNGGOL BAYVIEW		
	: SINGAPORE 821323		
Period of Insurance	: 25 Jul 2019 To 24 Jul 2020		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,656.90		
Interest Insured			
Cover Type	: drive CLASSIC		
Primary Driver	: LEONG JUN HAO		
Named Driver (1)	: LEE QIAO XUAN, MARGARET		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/VIOS	Capacity	: 1500cc
Registration Number	: SJR3651M	Registration Year	: 2009
Chassis Number	: MR053HY9305113010	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency : INSURE LINK PTE LTD (00000614836)
Date of Issue : 25 Jul 2019 12:26 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1092536

Policy No.	5111397404	Vehicle No.	SJR3651M	GST Registrati
Certificate No.				
Policyholder Name	LEONG JUN HAO			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96791526	Contact No.(Office)		Contact No.(Hi
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(%)	0	Private Hire

▼ Accident Details

Report Date	12/05/2020 09:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/05/2020	Time of Accident hh:mm	10:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG SUMANG WALK			

▼ 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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 323A #05-943	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 821323	Address Type	Singapore address	Post Code
Unit No.	05-943	Related Policy Number	5111397404	

▼ OI Driver Info

Driver Name	LEE QIAO XUAN, MARGARET	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9233409J	Driver DOB
Register Date of Driver License	20/07/2011	Driver Age	27	Driving Experi
Contact No.(Mobile)	82825434	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 323A #05-943	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 821323	Address Type	Singapore address	Post Code
Unit No.	05-943			
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
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown			12/05/2020 09:32	
Date Registered							
Report Taken By						SHAN HUI	

☒ Print AK letter

Attachment


Accident No.	MT/1092536	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/05/2020 09:33

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:33	Photos		Normal	Ph

Video List

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