

NATIONAL Assessment Centre Services.

Jan 1 Jan 2007

NA 2005784

Date In: 08/01/2007 12:06	Job description	Date & Time Completed	Done by
Ref No: N188/Jul200071054	SAS e-filing		
Veh No: SIS 8921 Y	E-mail (w/ date time, AIC 2hrs)		
OD: 08/01/2007 16:30	I-Motor Claims Form	08/01/2007 17:44	
OD: TP: Reporting Only	I-Motor W/O (with/od 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VL132		

Preferred Wksp / INC Assign Wksp / OW: () Tels: () Fax: ()

TP Particulars: Veh No: SIB 812X 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoiced 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: _____

NA 2003613	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Bugr-In-Charge):	6) TR: Re-inspection \$75	
	7) NI: (See DA + SMRT Survey) \$160	
	8) NTUC Additional Services:	
	ON:	
	• N5: Courtesy Car / Tpl Allowance \$3	
	• N6: Repair Co-ordination \$10	
	• N7: Post Repair Inspection \$25	
	• N8: DV / Collect License Coordination \$3	
	• N9: DV / Collect License Coordination \$20	
	• N10: DV / Collect License Coordination \$20	
	• N11: TP (N1) / TP (N1) INC against NTUC \$0	
	• N12: Idea Mobile	
	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	08/07/2020 12:06
Date Of Accident	07/07/2020 16:30
Exact Location Of Accident	BLK 134 GEYLANG EAST AVENUE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8921Y
Insured/Policyholder	
Name Of Registered Owner	LEE CHYE CHOO
NRIC No	SXXXX764F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96587090
Alternative Phone No	HOME-62411304

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	5096335755-02
Cover Note Number	

Driver

Name of Driver	LEE CHYE CHOO
NRIC No	SXXXX764F
Date Of Birth	02/09/1940
Occupation	INDOOR
Date Of Driving Pass	21/10/1964
Driving Experience	55 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96587090
Fax Number	
Contact Number	HOME-62411304
EMail Address	NOEMAIL

Address	18 LUCKY GARDENS
Postcode	467666
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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: : FRIEND 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)

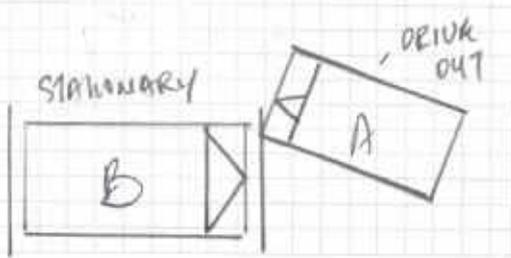
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB812X
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KHAIRUL
NRIC/Passport Number	
Contact Number	82558242
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

BLK 134 GRAYCONES FIRST AVE 1
CAR PARK



- A) SCS 2921Y
- B) SLB 812X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/07/2020 AT APPROX 16:30HRS I WAS AT BLK 134 GRAYCONES FIRST AVE 1
 I WANTED TO STAY MY FRIEND'S CAR. SO I DROVE OUT
 OF THE PARKING LOT, BUT I DID NOT NOTICE THAT I HIT A
 CAR UNTIL A GUY CALLED & TOLD ME I HAD HIT THAT
 I SCRATCH HIS CAR SLB 812X

DECLARATION

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

[Handwritten Signature]
 Policyholder's Signature

Date & Time:

08-07-20

Time 11:40 am.

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 07/07/2020 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: Lot 29 Graylands ~~BEHIND~~ BIK 134 Graylands road
MVIC 1 COOPAK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 8921Y
- b) INSURANCE COMPANY: MVIC
- c) POLICY NUMBER: 5096835755-02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SA / COON / 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: LEE CHYE CHOO (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S0385764F CONTACT: 96527090/62411304
- c) ADDRESS: 18 Lucky Gardens

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 02/09/1940 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/10/1964

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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: SLS 812X MODEL: Ford Vauxhall
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 82558242

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

2 X 330

email =
VIDEO

Claim Handling

Accident NT/1096263

Policy No.	SD96335755-02	Vehicle No.	SLS8921Y	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHYE CHOO			Policyholder NRIC	S0385764F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No. (Mobile)	96987090	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No. *
KFE	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Hire	No

Accident Details

Report Date	08/07/2020 12:38	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	07/07/2020	Time of Accident (H:MM)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 124 GEYLANG EAST AVENUE 1 CARPARK				

Total Excess Applicable

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

Benefits

Coverage	Sum Insured	9999999.99
Excess Waiver	9999999.99	
Transport Allowance	9999999.99	

GST Registered Information

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

Policyholder Mailing Address

Address 1	18 LUCKY GARDENS	Address 2	SINGAPORE 467666	Address 3	
Address 4		Address Type	Singapore address	Post Code	467666
Unit No.		Related Policy Number	SD96335753-02		

Of Driver Info

Driver Name	LEE CHYE CHOO	Driver Type	Main Driver	Driver DOB	01/09/1940
Unnamed driver Name		Driver NRIC	S0285764F	Driving Experience	55
Register Date of Driver License	21/10/1964	Driver Age	75	Contact No. (Home)	
Contact No. (Mobile)	96987090	Contact No. (Office)		Contact No. (Home)	
Address 1	18 LUCKY GARDENS	Address 2	SINGAPORE 467666	Address 3	
Address 4		Address Type	Singapore address	Post Code	467666
Unit No.		Driver Vehicle No.	SLS8921Y	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Modification History

Claim 001 **New**

Claim Type *	OD-MK	Involved Name	LEE CHYE CHOO	Insured NRIC	S0385764F
Contact No. (Mobile)		Contact No. (Home)	92411304	Contact No. (Office)	
Email Address		GI Vehicle Number	SLS8921Y	TP Vehicle Number	SLS8921Y
Claim Description	SLS8921Y / ILR821Y ON 7 Jul 2020				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Report No. Finalisation	Yes	Insured Report Option	Preferred Workshop, Name unknown	IGIA report	Received
Date Registered		Claim Date	08/07/2020 12:33	Date Received	08/07/2020 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	NT/1096263	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/07/2020 17:44

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

Attachment List

Send Mail

Attachment	Uploaded By/Date	Category	Urgency	Description	Max Size (KB)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	NRC/ Driving License	Normal	NRC/ Driving License 2020-7-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	SAS	Normal	SAS 2020-7-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	Photos	Normal	Photos 2020-7-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	Photos	Normal	Photos 2020-7-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	Photos	Normal	Photos 2020-7-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	Photos	Normal	Photos 2020-7-8	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	Photos	Normal	Photos 2020-7-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2020 12:44	Photos	Normal	Photos 2020-7-8	

Video List

Uploaded By/Date	Filter Date	File Name	Source
Display in New Window Scan and uploading			

