

# NATIONAL Assessment Centre Services

Page 1 Jan 05 **MHA 2005 159-01**

Date In: <b>3/12-12-42</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/142002949/24</b>	SAS e-filing		
Veh No: <b>SR4558C</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>11/12-11-45</b>	i-Motor Claim Form	<b>M7109851-01</b>	<b>3/12 13:56</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: <b>DS6Km</b>	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: ( )

Remarks:- (INC hotline: 6788 6616)	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	Actions

<b>HA 2004024</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Est. 1:</b>	6) TR: Re-inspection \$75		
<b>Est. 2 / 3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	*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 (N-in INC) against INC \$20		
	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	03/08/2020 13:47
Date Of Accident	01/08/2020 11:45
Exact Location Of Accident	BUKIT BATOK RD TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4538C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YUET MENG AUDRINA
NRIC No	SXXXX087H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96499268
Alternative Phone No	OFFICE-96499268

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	5101083788-01
Cover Note Number	

### Driver

Name of Driver	SENG LING, LUKE
NRIC No	SXXXX403F
Date Of Birth	07/12/1972
Occupation	INDOOR
Date Of Driving Pass	17/10/1995
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-98250455
Fax Number	
Contact Number	OFFICE-98250455
Email Address	NOEMAIL

Address	BLK 309B ANCHORVALE ROAD #18-59
Postcode	542309
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 - 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)	2
Passenger 1	NAME: - GENDER: FEMALE

#### 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:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD5615M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2



## SKETCH PLAN

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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:

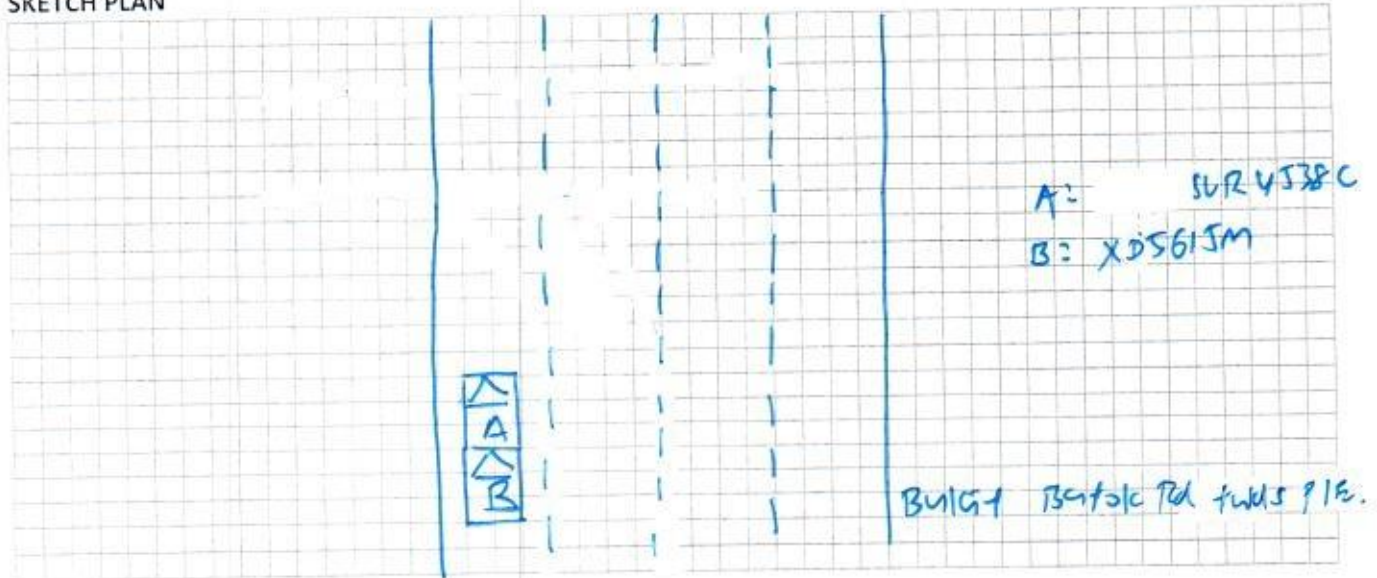
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On Hated date and time, my vehicle was stationary stopped along the stated venue as front vehicle was queuing to exit. When the front vehicle moved off, I slowly moved off. About a second later, I felt an impact from the rear and realised that vehicle B hit onto my vehicle rear portion.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 8 / 20 (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: Bulga Batoka Rd fwh PIE.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 4538 C  
 b) INSURANCE COMPANY: NTUC  
 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: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE) (FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96499268  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE) (MALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98250455  
 c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 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: XB565M 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: \_\_\_\_\_

\* No of passenger  
 (Including driver)  
(2)  
 1 female.

\* No of passenger  
 (Including driver)  
(2)

\* No of passenger  
 (Including driver)  
( )

Email = ahluke10@gmail.com

fax =

VIDEO = ✓

**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 : MNA120065159 Vehicle Registration No: SLR4538C  
Name(as shown in NRIC) : SENG LING, LUKE NRIC/FIN/Passport No : SXXXX403F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98250455  
Email Address : \_\_\_\_\_  
Date of Accident : 01/08/2020 Time of Accident : 11:45  
Place of Accident : BUKIT BATOK RD TWDS PIE  
Insurance Company: NTUC Income Insurance Co-operative Ltd

**(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:

Amend third party vehicle registration number XD 5615M

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101083788-01		LEE YUET MENG AUDRINA	S7503087H	GPC	drive CLASSIC	SLR4538C	SLR4538C	30/05/2019	15/08/2020

## Policy Information

Policy No.	5101083788-01	Policyholder Name	LEE YUET MENG AUDRINA	Policyholder NRIC	S7503087H
Certificate No.					
Address	BLK 309B #18-59 ANCHORVALE ROAD SINGAPORE 542309				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/05/2019	Effective Date	30/05/2019 00:00	Expiry Date	15/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 309B #18-59	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 542309
Address 4		Address Type	Singapore address	Post Code	542309
Unit No.		Related Policy Number	5101083788-02		

## Insured Object: SLR4538C

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/02/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 30 May 2019 TO 15 Aug 2020 In view of this amendment, an additional premium of \$157.18 (inclusive of GST) is payable under your policy.

Continue

Cancel



## Claim Handling

Accident MT/1098656

Policy No.	5101083788-01	Vehicle No.	SLR4538C	GST Registration No.	
Certificate No.					
Policyholder Name	LEE YUET MENG ALDRINA	Cover Type	drive CLASSIC	Policyholder NRIC	S7503087H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96499268	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	03/08/2020 13:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/08/2020	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK RD TWOS PIE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 309B #18-59	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 542309
Address 4		Address Type	Singapore address	Post Code	542309
Unit No.		Related Policy Number	5101083788-02		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/12/1972
Unnamed driver Name	SENG LING, LUKE	Driver NRIC	S7246403F	Driving Experience	24
Register Date of Driver License	17/10/1995	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	96250455	Contact No.(Office)	0	Address 3	ANCHORVALE VISTA
Address 1	BLK 309B	Address 2	ANCHORVALE ROAD	Post Code	542309
Address 4	SINGAPORE 542309	Address Type	Singapore address		
Unit No.	18-59				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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 YUET MENG ALDRINA	Insured NRIC	S7503087H
Contact No.(Mobile)	96499268	Contact No.(Home)		Contact No.(Office)	
Email Address	AUDRINALLEE@HOTMAIL.COM	OT Vehicle Number	SLR4538C	TP Vehicle Number	XB5615M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR4538C / XB5615M ON 1 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/08/2020 13:56	Claim Close Date		Date Received	03/08/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					















Save Submit

Attachment

Accident No.	MT/1098656	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/08/2020 13:57
Path *		Category *	
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	SAS	Normal	SAS 2020-8-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 03 Aug 2020 13:57	Photos	Normal	Photos 2020-8-3	

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	