NATIONAL Assessment Centre Services [Ref: Jan 05]

	Job description	Date & Time Completed	Done by
Date In: 12/08/20	SAS e-filing		
Ref No: NA/INC2008306/13	E-mail (within 8hrs, A/C 2hrs)		
Veh No: SMH222E	i-Motor Claim Form	MT/1099673-001	
D.O.A: 12/08/20 0725	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJV4111C 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%. F: 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

NA200420

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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 (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated *Fee Charged*		[redacted]	[redacted]
Invoice dated *Fee Charged*			

MN4120068048 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 12/08/2020 11:28
SUBMITTED BY: Rosinda Binte Abdul Wahab

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 witholding 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	12/08/2020 11:28
Date Of Accident	12/08/2020 07:25
Exact Location Of Accident	PIE TWDS TUAS AFT TOA PAYOH B4 STEVEN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH222E
Insured/Policyholder	
Name Of Registered Owner	LEE CHEE KEONG
NRIC No	SXXXX552J
Email Address	LEECHEEKEONG85@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90099013
Alternative Phone No	OTHERS-90099013
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	OTW TO 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113173751
Cover Note Number	
Driver	
Name of Driver	LEE CHEE KEONG
NRIC No	SXXXX552J
Date Of Birth	22/02/1985
Occupation	INDOOR
Date Of Driving Pass	20/07/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90099013
Fax Number	
Contact Number	OTHERS-90099013
EMail Address	LEECHEEKEONG85@GMAIL.COM

Address	2 FLORA DRIVE #05-50
Postcode	507025
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	DRIZZLING
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)	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

PLS REFER TO THE ATTACHED 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	SJV4111C
Vehicle Make/Model/Colour	HYUNDAI I30S
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KASSIM BIN JUSI
NRIC/Passport Number	SXXXX495J
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**.
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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.

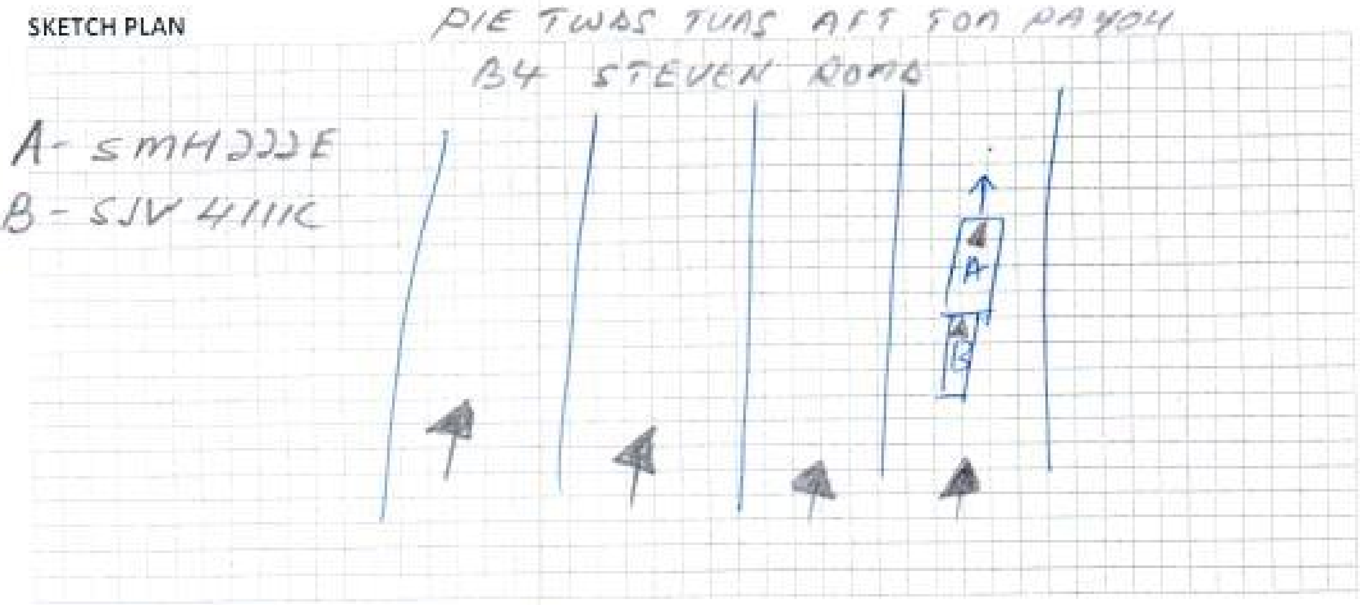
Policyholder's Signature
Date & Time: 12/08/2020 · 11.15am.

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

12/08/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight at PIE towards Tuas.
in front vehicle stopped and I stopped.
After few seconds, I heard a bang and feel the impact
from the back of my vehicle.

Coming down I saw vehicle B crashed into my bumper
No injuries.

DECLARATION

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

[signature]

Policyholder's Signature
Date & Time: 12/08/2020. 11:15am

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

[signature] 12/08/20

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

ACCIDENT STATEMENT

ACCIDENT DATE:(12 / 08 / 2020)(DD/MM/YYYY), TIME:(07 : 23)(HH:MM)

LOCATION: PIE towards Tuas, After Toa Payoh, Before [illegible] Road

1. **DETAILS OF VEHICLE**
   a)VEHICLE NUMBER: SMH 222E
   b)INSURANCE COMPANY: NTUC
   c)POLICY NUMBER: 5113173751
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) — COMPREHENSIVE circled
   e)MAKE & MODEL: Honda Vezel
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE) — PRIVATE circled
   h)PURPOSE OF USING AT ACCIDENT TIME: Driving to work
   i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) — NO circled
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) — THIRD PARTY CLAIM circled
2. **INSURED / POLICY HOLDER**
   A)NAME: LEE CHEE KEONG (MALE / FEMALE) — MALE circled
   b)NRIC/FIN/PASSPORT: S8570552J CONTACT: 90099013
   c)ADDRESS: 2 Flora Drive #05-50 S507025

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

3. **DRIVER**
   a)NAME: Just As above (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT:
   c)ADDRESS:

   *d)DATE OF BIRTH: (22 / 02 / 1985)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR) — INDOOR circled
   f)YEARS OF DRIVING EXPRERIENCE: Yr 2007
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) — NO circled
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)
   b)ROAD SURFACE: (DRY / WET / OTHERS) — WET circled
6. WAS ANYBODY INJURED (YES / NO) — NO circled
7. a)REPORTED TO POLICE (YES / NO) — NO circled
   IF YES, PLEASE STATE WHICH POLICE STATION:

*No of passenger (Including driver) (2)

8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SJV 4111C MODEL: HYUNDAI I30S
   b) DRIVER'S NAME: KASSIM BIN JUSI
   c) NRIC/FIN/PASSPORT: S0647495J CONTACT:
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) ( )

Email = leecheekeong85@gmail.com

fax =

VIDEO = Yes

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 12/08/2020 07:25
Vehicle No.(For Motor) SMH222E
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5113173751		LEE CHEE KEONG	S8570552J	GPC	drivo CLASSIC	SMH222E	SMH222E	21/11/2019	20/11/2020

Continue

Certificate of Insurance

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

Number: 5113173751 — **Cover** : drivo CLASSIC

and Registration Number of Vehicle	: **SMH222E**
Number	: RU11204997
Policyholder	: LEE CHEE KEONG
Date of Insurance	: 21 Nov 2019
Date of Insurance	: 20 Nov 2020

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.*

as to Use#

social domestic and pleasure purposes and in connection with the Policyholder's business or profession

does not cover

for hire or reward.

for racing, pace-making, reliability trial or speed-testing.

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

for any purpose in connection with the Motor Trade.

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

SECTION 1)	: S$600
SECTION 2)	: N/A
EXCESS	: S$100
EXCESS	: N/A
DRIVER EXCESS	: PLEASE REFER OVERLEAF
DRIVER'S PREFERRED WORKSHOP	: NO
WITH CDE	: YES
	: NO
ALLOWANCE	: NO
	: NO
DRIVER	: LEE CHEE KEONG
DRIVER (1)	: N/A
DRIVER (2)	: N/A
PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : VICOM LTD (00000615110)
Date of Issue : 11 Oct 2019 11:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1099673

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHEE KEONG			Policyholder NRIC	[illegible]
Product Code	[illegible]	Cover Type	[illegible]	Loading	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)	[illegible]	Contact No.(Home)	[illegible]
Email Address		Special Remark		eCode	[illegible]
XFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	[illegible]	NCD Entitlement(%)	[illegible]	Private Hire	No

Accident Details

Report Date	[illegible]	Accident Report Within 24 hrs	Yes	Accident Type	Collision - F
Date of Accident	[illegible]	Time of Accident hh:mm	[illegible]	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	[illegible]				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	[illegible]		
OD Standard Excess	[illegible]	TP Standard Excess	[illegible]		
YOED OD Excess	[illegible]	YOED TP Excess	[illegible]	Driver is Covered?	Covered
Additional Excess	[illegible]				
Total OD Excess Applicable	[illegible]	Total TP Excess Applicable	[illegible]		

Benefits

GST Registered Information

GST Registered	[illegible]	GST Registration Date	
GST Registration No.		GST Status Verified	[illegible]
Modification History			

Policyholder Mailing Address

Address 1	[illegible]	Address 2	[illegible]	Address 3	[illegible]
Address 4		Address Type	Singapore address	Post Code	[illegible]
Unit No.	[illegible]	Related Policy Number	[illegible]		

OI Driver Info

Driver Name	Lee Chee Keong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	[illegible]	Driver Age	[illegible]	Driving Experience	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)	[illegible]	Contact No.(Home)	[illegible]
Address 1	[illegible]	Address 2	[illegible]	Address 3	[illegible]
Address 4		Address Type	Singapore address	Post Code	[illegible]
Unit No.	[illegible]				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LEE CHEE KEONG
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SMH222E
Claim Description	SMH222E / SJV4111C ON 12 Aug 2020		

Preferred Workshop Finalisation: Yes
Insured Liability: Not at Fault
Preferred Repair Option: Preferred Workshop, Name unknown
GIA report: Received

Date Registered	12/08/2020 16:34	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	[illegible]	Claim No.	[illegible]
Last Doc. Received	Yes No	Upload Date	[illegible]

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	[illegible]	Normal
Choose File No file chosen	Clear	Please Select	[illegible]	Normal
Choose File No file chosen	Clear	Please Select	[illegible]	Normal

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

Clear | Please Select | NO | Normal
Clear | Please Select | NO | Normal
Clear | Please Select | NO | Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:54	SAS		Normal	SAS 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:54	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:54	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:54	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:53	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:53	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:53	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:53	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:53	Photos		Normal	Photos 2020-8-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Aug 2020 16:53	Photos		Normal	Photos 2020-8-12

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading