

NATIONAL Assessment Centre Services. [print | fax] 1-800-704-93

Date In:	Job description	Date & Time Completed	Done by
18/08/2020 17:41	SAS e-filing		
Ref No: 188/202008650/4	E-mail (Update times, A/C times)		
Vel No: 85A 32486	I-Motor Claims Form	17/11/2020 17:25	
O.O.A. 16/08/2020 14:46	I-Motor W/O (with/without OD times, TP times)		
QID: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

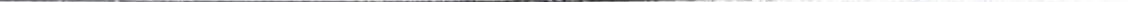
Preferred Wkep / INC Assign Wkep / QW: ()		Tel: ()	Fax: ()
TP Endorsement: ()	Yeh No: <u>G6B 8887X</u>	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()		
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()	
Insured/Driver Liability: ()	%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. 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 repairer.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury 

4A2004 808	1) All: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee \$40/45	
Driver/Owner:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
Incident No:	Verifying against INC Only (var 10 in 100)	
	6) TR: Re-inspection \$75	
Uninjured Portion:	7) NI: Idas DA + SMRT Survey \$160	
	8) NFUC Additional Services:	
	ON:	
Checked by (Engr-In-Charge):	*NS: Courtesy Car / Tpt Allowance \$5	
	*NS: Repairs Coordination \$10	
	*NF: Post Repair Inspection \$25	
	*NS: DV / Collect Evidence Coordination \$5	
	TP (NI): TP (NS) INC against TRS \$30	
	2) NI: Idas 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	18/08/2020 17:11
Date Of Accident	16/08/2020 14:40
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA3248G
Insured/Policyholder	
Name Of Registered Owner	JASON LEE KOK LIN
NRIC No	SXXXX234F
Email Address	CASSANDRA.CHUA@AUTOSPRINT.COM.SG
Mobile Phone No	(LOCAL) +65-91727983
Alternative Phone No	OTHERS-91727983

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	5116453167
Cover Note Number	

Driver

Name of Driver	JASON LEE KOK LIN
NRIC No	SXXXX234F
Date Of Birth	28/08/1950
Occupation	INDOOR
Date Of Driving Pass	06/12/1969
Driving Experience	50 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727983
Fax Number	
Contact Number	OTHERS-91727983
Email Address	CASSANDRA.CHUA@AUTOSPRINT.COM.SG

Address	BLK 518 CHOA CHU KANG STREET 51 #03-16
Postcode	680518
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	SIDE SWIPE
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?	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

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	GBB8887X
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)	


SKETCH PLAN

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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:

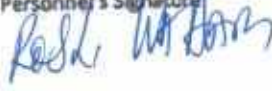
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Vehicle A: SFA3248G
Vehicle B: BBE8887X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was travelling straight at the stated time. I tried to hiten out and hit onto vehicle B slightly, only scratching its rear bumper.

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.:

18/08/2020

Res. 11/10/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 08 / 2020 (DD/MM/YYYY), TIME: 14 : 40 (HH:MM)

LOCATION: Boat Quay Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFA 32486
 b) INSURANCE COMPANY: NAC
 c) POLICY NUMBER: 5116453167
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 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: Jason Lee Kok Lin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0143234F CONTACT: 9172 9983
 c) ADDRESS: 518 Chua Chu Kang St 51 #02-18
51680518

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 28 / 05 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06/12/1969

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: 9BB 8887X 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 passengers
 (including driver)
(01)

* No of passengers
 (including driver)
(01)

* No of passengers
 (including driver)
()

email = cassandra_chua@autosprint.com.sg

VIDEO

Claim Handling

Accident HT/1180387

Policy No.	5118451167	Vehicle No.	SFA3248G	GST Registration No.	
Certificate No.					
Policyholder Name	JASON LEE KOK LIN			Policyholder NRIC	50143374F
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	UNDOING	0
Contact No. (Mobile)	91727983	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	...
AGE	No Yes	TCA	No Yes	eCode Reason	
NTD Protection	No	NTD Endowment No.	0	Private Hire	No

Accident Details

Report Date	18/08/2020 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/08/2020	Time of Accident (hh:mm)	17:40	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	ALONG BALESTON ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VED/OD Excess	0.00	VED/TP Excess	0.00		
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 518 #03-18	Address 2	CHIA CHU KANG STREET 31	Address 3	SINGAPORE 680518
Address 4		Address Type	Singapore address	Post Code	680518
Unit No.	03-18	Related Policy Number	5118451167		

DI Driver Info

Driver Name	JASON LEE KOK LIN	Driver Type	Main Driver	Driver DOB	28/09/1980
Unnamed Driver Name		Driver NRIC	50143374F	Driving Experience	50
Register Date of Driver License	06/12/1969	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)	91727983	Contact No. (Office)		Address 1	SINGAPORE 680518
Address 1	BLK 518 #03-18	Address 2	CHIA CHU KANG STREET 31	Address 3	SINGAPORE 680518
Address 4		Address Type	Singapore address	Post Code	680518
Unit No.	03-18				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFA3248G	Driver Insurer Company	NTUC

Decoration					
Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 **Now**

Claim Type *	GD-MR	Insured Name	JASON LEE KOK LIN	Insured NRIC	50143374F
Contact No. (Mobile)	91727983	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	SFA3248G	Vehicle Number	06888814
Claim Description	SFA3248G / 06888814 on 18 Aug 2020			Name of Referenced Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Refused by Insurer	Yes	Preferred Report Option	Preferred Workshop, Name unknown	GLA report	Received
Date Registered	18/08/2020 17:24	Claim Date		Date Received	18/08/2020 00:00
Report Taken By	ROSLI WAHAB				

Print An order

Save Submit

Attachment

Accident No.	HT/1180387	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	18/08/2020 17:25		

Path *

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

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Agency	Description	File Size?
RAC_BUKIT_MERAH_000576 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:23		Photos	Normal	Photos 2020-8-18	100

Image	Service Name	Photo	Status	Photo Date
	NAC_BUKIT_MERAH_80067E NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067N NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067H NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067G NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067R NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067I NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:25	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067U NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:24	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067M NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:24	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067B NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:24	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067J NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:24	Photo	Normal	Photos 2020-8-18
	NAC_BUKIT_MERAH_80067A NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:24	NRIC Driving License	V	NRIC Driving License 2020-8-18
	NAC_BUKIT_MERAH_80067D NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 17:24	SAS	Normal	SAS 2020-8-18

Video Link

Uploaded by/Date	Folder/Date	File Name	Source
		Display in new window Start and uploading	

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116453167

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SFA3248G**
Chassis Number : **MR053REE104137140**
2. Name of Policyholder : **JASON LEE KOK LIN**
3. Effective Date of Insurance : **28 Feb 2020**
4. Expiry Date of Insurance : **27 Feb 2021**
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.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JASON LEE KOK LIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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 : VINCAR PTE LTD (00000614250)
Date of Issue : 28 Feb 2020 09:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive