NATIONAL Assessment Centre Services. [wef 1 Jan/00] NAS 2007X484

Date In: 10/09/2020 17:4	Job description	Date & Time Completed	Done by
Ref No: NBA/INC20009726/Y	SAS e-filling		
Veh No: SGA 195	E-mail (whole time, A/C 2hrs)		
D.O.A: 09/09/2020 13:50	I-Motor Claim Form	MYI 1102917-001	10/09/2020 17:30
OD (TP) 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/Witsn		

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

TP Particulars: Veh No: SMK5504Z , 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 ( )

[illegible]

( ) 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: ( )

[illegible]

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

Injury :

[illegible]

XA2004859

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

[illegible]	[illegible]	[illegible]
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($10) $40/$45		
3) TF : Towing Fee $120		
4) FT : Follow-Through Survey $30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2000) $75		
6) TR : Re-Inspection $160		
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services- ON: $3		
*N5: Courtesy Car / Tpt Allowance $10		
*N6: Repair Co-ordination $25		
*N7: Post Repair Inspection $3		
*N8: DV / Collect Excess Coordination $20		
TP (N11) : TP (Non INC) against INC $0		
9) N12: Idea Mobile		[illegible]
Invoice dated Fee Charged	[illegible]	
Invoice dated Fee Charged		

Initial:

2/2

MNA420078484 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 10/09/2020 17:11
SUBMITTED BY: ROSLI BIN 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 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	10/09/2020 17:11
Date Of Accident	09/09/2020 13:30
Exact Location Of Accident	INSIDE BLK 57 DAWSON ROAD CARPARK DECK 2 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA19J
Insured/Policyholder	
Name Of Registered Owner	WEE YEOU WEI
NRIC No	SXXXX152I
Email Address	ALICEGOH@ME.CO
Mobile Phone No	(LOCAL) +65-98444488
Alternative Phone No	OTHERS-94888888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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	5117177559
Cover Note Number	
Driver	
Name of Driver	GOH ALICE
NRIC No	SXXXX805B
Date Of Birth	24/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1991
Driving Experience	29 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94888888
Fax Number	
Contact Number	OTHERS-98444488
EMail Address	ALICEGOH@ME.CO

Address	100 ROBERTSON QUAY #08-10
Postcode	238250
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?	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR5524Z
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KAY BENG, HENRY @LEE HENRY
NRIC/Passport Number	SXXXX894Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

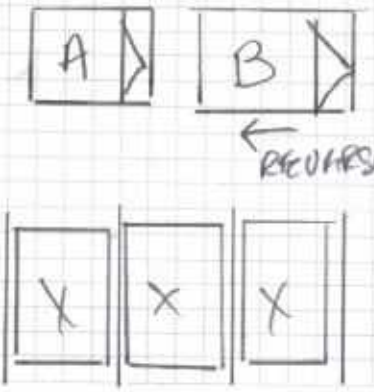
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 10/09/2020	Reporting Centre Personnel's Signature 10/09/2020 Name: NRIC/FIN No.:

3.57pm

SKETCH PLAN BIK 57 DAWSON ROAD | M&C CARPARK

A) SGA 19J

B) SMR 5524Z



(DECK 2)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TOYOTA HARRIER SMR 5524Z and my car Toyota Sienta SGA 19J @ BIK 57, DAWSON ROAD CAR PARK DECK 2, SMR 5524Z reverse into my car SGA 19J.

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: 10/09/2020 3.57pm

10/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (09/09/2020) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: INSIDE BLK 57 DAWSON ROAD CAR PARK DECK 2

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGA 19J
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5117177559
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA SIENTA
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PTE
   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 YEOW WEI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7806152I CONTACT: 98444688
   c) ADDRESS: 100 ROBERTSON QUAY #08-10 S(238250)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (4)

DRIVER
   a) NAME: GOH ALICE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9120808B CONTACT: 93944888
   c) ADDRESS: 100 ROBERTSON QUAY #08-10 S238250
   *d) DATE OF BIRTH: (24/06/1971) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 19/01/1991
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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SMR 5524Z MODEL: TOYOTA HARRIER
   b) DRIVER'S NAME: LEE KAY BENG HENRY @ LEE HENRY
   c) NRIC/FIN/PASSPORT: S1140894Z CONTACT:
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = alicegoh@me.com

VIDEO

Claim Handling

Accident MT/1102977

Policy No.	[illegible]	Vehicle No.	SGA19J	GST Registration No.	
Certificate No.					
Policyholder Name	WEE YEOU WEI			Policyholder NRIC	[illegible]
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible] PREMIUM	Loading	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	[illegible]
KPE	No Yes	TEA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	10/09/2020 17:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/09/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INSIDE BLK 57 DAWSON ROAD CARPARK DECK 2 [illegible]				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	1100.00	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	100 ROBERTSON QUAY	Address 2	#08-10 ROBERTSON 100	Address 3	SINGAPORE 238250
Address 4		Address Type	Singapore address	Post Code	238250
Unit No.		Related Policy Number	[illegible]		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH ALICE	Driver NRIC	[illegible]	Driver DOB	24/06/1971
Register Date of Driver License	19/01/1991	Driver Age	49	Driving Experience	29
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Address 1	100 ROBERTSON QUAY	Address 2	#08-10 ROBERTSON 100	Address 3	SINGAPORE 238250
Address 4		Address Type	Foreign address	Post Code	238250
Unit No.	08-10				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGA19J	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 | **New**

Claim Type *	OD-NA	Insured Name	WEE YEOU WEI	Insured NRIC	[illegible]
Contact No.(Mobile)	[illegible]	Contact No. (Home)	62386726	Contact No. (Office)	
Email Address	[illegible]@gmail.c	OI Vehicle Number	SGA19J	TP Vehicle Number	SMK5524Z
Claim Description	SGA19J / SMK5524Z ON 9 Sept 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Damage Firstflation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/09/2020 17:20	Claim Close Date		Date Received	10/09/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1102977	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/09/2020 17:30

Path *		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	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos	Normal	Photos 2020-9-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos	Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Sep 2020 17:29	SAS	Normal	SAS 2020-9-10

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5117177 Date of Accident 09/09/2020 15:27

Vehicle No.(For Motor) SGA19J Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5117177559		WEE YEOU WEI	S7806152I	GPC	drivo PREMIUM	SGA19J	SGA19J	15/05/2020	14/05/2021

Continue