

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA 10079969**

Date In: 17/12-11:18	Job description	Date & Time Completed	Done by
Ref No: 14/INC 2009 863/24	SAS e-filing		
Veh No: JA5611E	E-mail (within 5hrs, AIG 2hrs)		
D.O.A: 14/12-14:50	i-Motor Claim Form	17/110324-001	17/12 11:30
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6BF8614X	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

NA 2009 863	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idac 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: Idac Mobile 30		
Auditors' Comments:-	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	15/09/2020 11:18
Date Of Accident	14/09/2020 14:50
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5611E
Insured/Policyholder	
Name Of Registered Owner	LEO JEE LAN MRS LEE KOK HUA
NRIC No	SXXXX168Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97913171
Alternative Phone No	OFFICE-97913171

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5062688327-06
Cover Note Number	

Driver

Name of Driver	LEO JEE LAN MRS LEE KOK HUA
NRIC No	SXXXX168Z
Date Of Birth	11/10/1946
Occupation	INDOOR
Date Of Driving Pass	23/03/1970
Driving Experience	50 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97913171
Fax Number	
Contact Number	OFFICE-97913171
Email Address	NOEMAIL

Address	BLK 319 SERANGOON AVENUE 2 #11-346
Postcode	550319
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : LEE KOK HUA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200914/7048.

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	GBF8614X
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLU8425C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEO JEE LAN MRS LEE KOK HUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJA5611E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE KOK HUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJA5611E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

IMPORTANT NOTICE

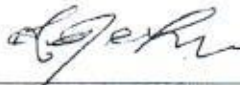
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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

CTE (toward city before bridge 1 BxH)



A = STA 5611 E

B = G-BF 8614 X

C = SLU 8425 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report

DECLARATION

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



Policyholder's Signature
Date & Time:

Signature of Policyholder



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



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

Date of Accident : 14/09/2020 Accident Time: 1450 (24-HR-Format)
Accident Place : CTB (toward city before braddelet)
Vehicle Reg. No. (Car Plate No.) : SJA 5611E
Vehicle Make/Model : Toyota Altis
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : _____
Owner or Company Contact No. : 97913171 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 11/10/1946 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : _____
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 1-male.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLA 8425C (C)	Vehicle Reg. No: G8F 8614X (B)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200914/7048

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200914/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2020 17:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEO JEE LAN			Address: 319 SERANGOON AVENUE 2 #11-346 SINGAPORE 550319		
ID Type / ID No.: NRIC NO / S0030168Z			Contact No.: Home/Office: Mobile: 97913171		
Nationality: SINGAPORE CITIZEN			Email: LEOJEELAN@YAHOO.COM.SG		
Sex: Female	Age: 73	Date of Birth: 11/10/1946	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2020 14:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF8614X	Van					1
SJA5611E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		1
SLU8425C	Car					0



SINGAPORE POLICE FORCE



T/20200914/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200914/7048

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA5611E	NTUC Income Insurance Co-Operative Limited	5062688327-06	13/12/2019	12/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LEE KOK HUA		ID No.	S0712974B
Related Vehicle	SJA5611E (Car)		Contact No.	97913171
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/09/2020		Date	14/09/2020
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	LEO JEE LAN		ID No.	S0030168Z
Related Vehicle	SJA5611E (Car)		Contact No.	97913171
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/09/2020		Date	14/09/2020
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

On the above mentioned date time and location I was travelling straight. While the car in front stopped I follow suit seconds later I feel a huge impact from my rear and when I alighted I realised it was vehicle (B) that had collided onto the rear portion of my vehicle (A) pushing my vehicle (A) to hit onto the rear of vehicle (C)

I would like to state that I have 1 passenger on board.

Passenger name Lee Kok Hua (S0712974B).

We went to the medical 24hr clinic to seek consultation and was both given 3 day medical leaves.

Vehicle (A) SJA5611E

Vehicle (B) GBF8614X

Vehicle (C) SLU8425C



**SINGAPORE
POLICE FORCE**



T/20200914/7048

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200914/7048

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200914/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200914/7048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/09/2020 17:41

Classification Of Case: