

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

MAA90091664

Date In: 05/11/2020 11:45	Job description	Date & Time Completed	Done by
Ref No: N/A/2000/212/4	SAS e-filing		
Veh No: SKR 5792P	E-mail (by date time, A/C 2 hrs)		
D.O.A: 05/11/2020 18:55	I-Motor Claims Form	MDU09126-001	05/11/2020 12:52
OD (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	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: SHC 9032C	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 repair.

() 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 Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date: _____

Time: _____

Location: _____

Weather: _____

Witness: _____

Signature: _____

Driver/Owner:	1) All Accident Reporting (\$10)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$20
	5) PT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$140
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	*NI: Courtesy Car / Tpt Allowance	\$10
	*NI: Repair Coordination	\$25
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Coordination	\$20
	TE (NI) / TP (NI) INC against INC	\$0
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

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	05/11/2020 11:49
Date Of Accident	04/11/2020 18:55
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD/PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5792P
Insured/Policyholder	
Name Of Registered Owner	LUI FOOK KEE
NRIC No	SXXXX544G
Email Address	MICHAELLUI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96359395
Alternative Phone No	OTHERS-96359395

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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	5115702107
Cover Note Number	

Driver

Name of Driver	LUI FOOK KEE
NRIC No	SXXXX544G
Date Of Birth	03/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1974
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359395
Fax Number	
Contact Number	OTHERS-06359395

Address	381 PASIR PANJANG ROAD #04-03
Postcode	118713
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 - CROSS JUNCTION
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)	3
Passenger 1	NAME: : GRAND DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : GRAND SON GENDER: : MALE

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	SHC3032C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

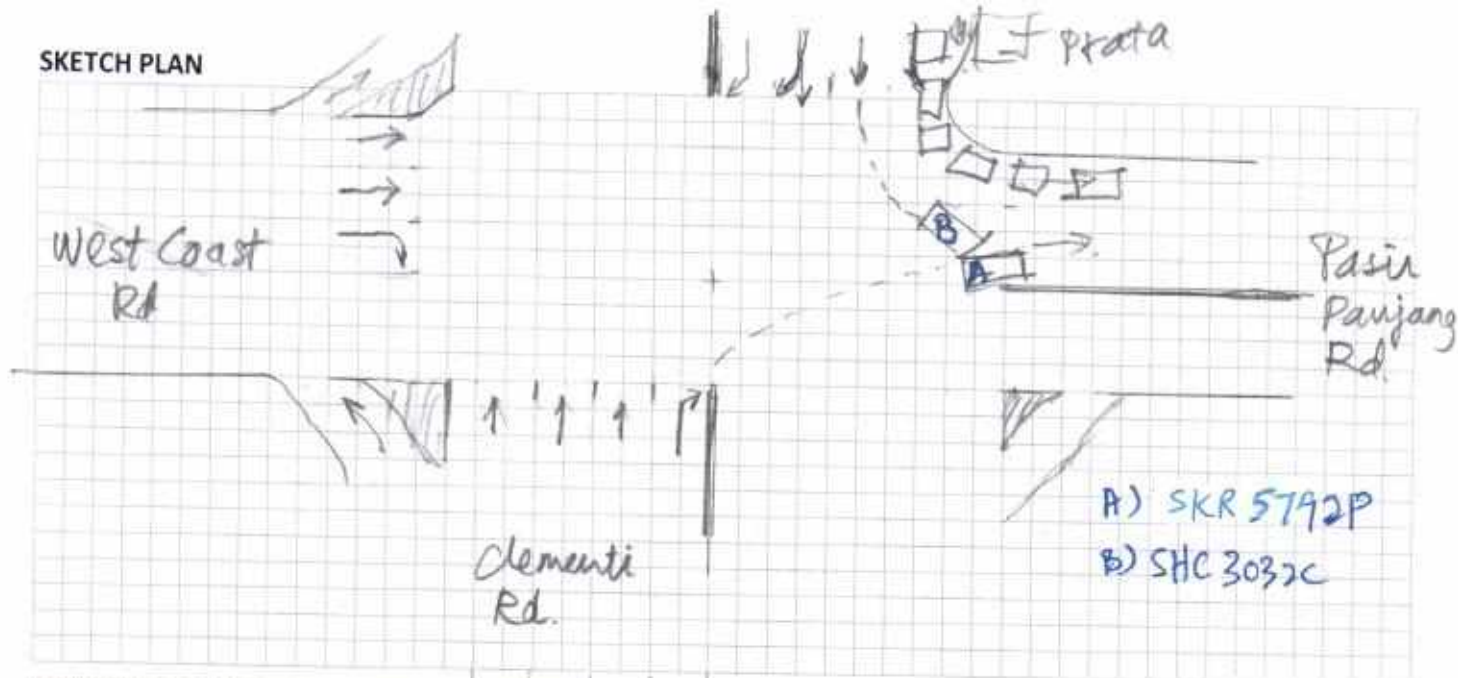


Driver's Signature
(If driver is not the policyholder)



05/11/2020
Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date = 04-11-2020 . Time : 18.55

Location : Intersection of Clementi Rd / Pasir Panjang Rd.

On ~~that~~ ^{the} above date & time, I was going from Clementi Rd turning into Pasir Panjang Rd. I have just entered into Pasir Panjang Rd on the right lane, when a taxi (B) came from the 2nd lane on the opposite direction overtaking a long queue of vehicles ^{which were} turning into Pasir Panjang Rd and rammed into the left side of my car (A). The taxi (B) did not want to queue behind the long queue and choose to ram on the left ^{side} of my car (A), when he should be queuing and not moving to the lane which is supposed to go straight on.

DECLARATION

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

[Signature]

12.25 pm 05/11/2020.

[Signature]
Rashid Yusoff

ACCIDENT STATEMENT

ACCIDENT DATE: 04/11/2020 (DD/MM/YYYY), TIME: 18:55 (HH:MM)

LOCATION: Junction of Clementi Rd / Pasir Panjang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR5792P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5115702107
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Odyssey
 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: LUI FOOK KEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0142544G CONTACT: 96359395
 c) ADDRESS: 381 Pasir Panjang Rd #04-03
S. 118713

* 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: 03/02/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19-08-1974

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: SHC 3032C MODEL: HYUNDAI
 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: _____

GRAND DAUGHTER
GRAND SON

No of passenger
(including driver)
(3)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email =

VIDEO

Claim Handling

Accident MT/1109126

Policy No.	5115702107	Vehicle No.	SKR5792P	GST Registration No.
Certificate No.				
Policyholder Name	LUI FOOK KEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96359395	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	05/11/2020 12:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/11/2020	Time of Accident hh:mm	18:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF CLEMENTI ROAD/PASIR PANJANG ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
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	381 PASIR PANJANG ROAD	Address 2	#04-03	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115702107	

▼ OI Driver Info

Driver Name	LUI FOOK KEE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S0142544G	Driving Experience
Register Date of Driver License	01/02/1988	Driver Age	69	Contact No.(Home)
Contact No.(Mobile)	96359395	Contact No.(Office)		Address 3
Address 1	381 PASIR PANJANG ROAD	Address 2	#04-03	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKR5792P	Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LUI FO
Contact No.(Mobile)	96359395	Contact No. (Home)	67764
Email Address	machy_valuer@yahoo.com	DI Vehicle Number	SKR57
Claim Description	SKR5792P / SHC3032C ON 4 Nov 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred	Preferred Workshop, Name unknown
Date Registered	05/11/2020 12:48	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer☐ Print AX letter

Save

















Submit

Attachment



Accident No:	MT/1109126	Claim No:	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	05/11/2020 12:52
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:52	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:51	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Nov 2020 12:51	Photos	Normal	Photos



▼ Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Nov 2020 12:51

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Nov 2020 12:51

NRIC/ Driving License

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Normal

NRIC/ Driving I

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Nov 2020 12:51

SAS

Normal

SAS 2

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

04/11/2020 11:35

Vehicle No. (For Motor)

SKR5792P

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115702107		LUI FOOK KEE	S0142544G	GPC	drive CLASSIC	SKR5792P	SKR5792P	16/02/2020	15/02/2021

Continue