NATIONAL Assessment Centre Services. [Wet 1 Jan'05[ NO 920004 Done by Date & Time Completed Jeb description Date In: 17/12-11:57 SAS e-filing Ref No: Na INC Day of 12 E-mail (within Shrs, AIC 2hrs) Veh No: OFICIOGA i-Motor Claim Form 100- (cct 111 1mm D.O.A :01~ 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 Tel: Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( Veh No: 5083424 TP Particulars: Tcl: Owner / Driver: ( Cover Type: ( ) Period: ( Policy No: ( Time: Date: Confirmed by: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ( )/NO( Warranty: YES ( Year of Registration: ( )/\$2,000( Loading: \$1,000 ( Excess: (\$ General Remarks: ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ); Towing Co: ( ) / NO ( ); Invoice: YES ( )/Towed-In ( Drive-In ( Date&Time Completed Done by Remarks:- (INC hotline: 6788 6616) )/Courtesy Car ( 1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (\$) Ant (S) Invoice Preparation Checklist fit Bill 1100100100 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA: Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR: Re-inspection 7) N1 : Idac DA + SMRT Survey Damaged Portion: 8) NTUC Additional Services:-OD. \$5 QC Checked by (Engr-In-Charge): \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection \*N8: DV / Collect Excess Coordination \$5 Auditors! Comments :-\$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Chargea Invoice dated Zat. 2/3: Fee Charged Invoice dated

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SN0920CH0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/12/2020 11:57 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (17/12/2020 11:57 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 Submission	17/12/2020 11:57 (SGT)
Date of Accident	15/12/2020 15:35 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	 SFK106A
NSURED/POLICYHOLDER	

Private car

Is company?	No
Name Of Registered Owner	LEE LIH LENG
NRIC No	SXXXX936J
Email Address	edwardyang186@gmail.com
Mobile Phone No	(Phone) +65-91183222

Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party

# INSURANCE COMPANY

Vehicle Category

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5073542903-05
Cover Note Number	-

# DRIVER

Name of Drive	r	YANG WAN RONG
NRIC No		SXXXX752H
Date Of Birth	***************************************	12/12/1957
Occupation		Outdoor

Date Of Driving Pass 14/10/1978 Driving experience 42 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-96787321 Alt. Phone Number Email Address edwardyang186@gmail.com Address **BLK 847 TAMPINES STREET 83** Address complement #05-186 Postcode 520847 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. 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 SJQ8340H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address	-
Address complement	
Postcode	
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN7689P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	
Postcode	- 2
Insurance Company Name	<b>₩</b> 3
Nature Of Damage	_
Details of property damaged in accident	_
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.

  8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	108	Ma
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) & Time	/ Date Witnessed by Reporting Centre Personnel
Sketch Plan		

A A : SFIC 106A

B: SJ6 8340H

C: SMN 7680P.

C: SMN 7680P.

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						1		0			0							_		M	

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

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

& Time

# ACCIDENT STATEMENT

ACCID	DENT DATE: ( 15 / 12 / 20. ) (DD/MM/YYYY), TIME: ( 15:35) (HH:MM)
LOCAT	ION: Bylst Timgh Rd
20	
1.	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SFIC 1-64
	b)INSURANCE COMPANY: KITUC
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: WOL 15/19
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
=W	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A)NAME: (MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: CONTACT: 911832
	c) ADDRESS:
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	DRIVER
(1) hassanger	a) NAME: Young Wan Rong (MALE) FEMALE)
(Including driver)	D)NRIC/FIN/PASSPORT: CONTACT: 96787321
	c) ADDRESS:/·
ifemale.	
٠	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	)OCCUPATION: (INDOOR / OUTDOOR)
	YEARS OF DRIVING EXPRERIENCE
4. V	NAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	F NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. 0	D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	D)ROAD SURFACE: (DRY / WET / OTHERS
	VAS ANYBODY INJURED (YES / NO)
7. a	PREPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8. Th	HIRD PARTY VEHICLE
, -	a) VEHICLE NUMBER: 570-83404 MODEL:
(Including driver) k	DRIVER'S NAME:
	c) NRIC/FIN/PASSPORT:CONTACT:
	HIRD, PARTY VEHICLE
	d) VEHICLE NUMBER: MN 7 689 P. MODEL:
lad by passinger , e	DRIVER'S NAME:
(Including driver) f	NRIC/FIN/PASSPORT:CONTACT:
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<b>eBao</b> Tech										Genera	lClaim
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My Desktop	Polic	cy Query			1300 1000 2013 1000	The same of the sa	Management and an analysis				
Notice of Loss	Policy N	lo.				Date o	f Accident		15/12/2020	15:35	
	Vehicle	No.(For Motor)	SFK106	A .		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5073542903- 05		LEE LIH LENG	S1729936J	GPC	drivo CLASSIC	SFK106A	SFK106A	15/09/2020	14/09/2021
						Continue					

Sequer	ce Date of Endorseme	nt	Endorsemen	nt Type	Endorsement	Status	Endorsement Content
<b>▽</b> Endors	ements						
<b>▶</b> Insure	d Object: SFK106A						
Unit No.		Relat Numl	ed Policy per	5073542903-05			
Address 4		Addre	ess Type	Singapore address		Post Code	248411
Address 1	5 RIDOUT ROAD	Addre	ess 2	SINGAPORE 24841	1	Address 3	
Policyh	older Mailing Address				000 March 200 AV		
Certificate Info							
Open Policy Info							
Flag							
Co- insurance	No						
Agent	LECO AUTOMOBILE PTE LTD	Agent Tel.	68424505		GST Flag	Υ	
Singapore OD Excess	600.0	Singapore TP Excess	0.0			Young	/Inexperience Driver Excess
Excess Outside		Premium Outside					
Additional	0	os	0				
Third Party Excess	0.0	damage Excess	600.0		Windscreen Excess	100.0	
Туре	Per Accident	Excess					
issue Date Excess		All Claims					WY YORK
Policy	11/08/2020	Effective	15/09/202	0 00:00	Expiry Date	14/09/2021 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	5 RIDOUT ROAD SINGAPORE 2	48411					
Certificate No.							
Policy No.	5073542903-05	Policyholder Name	LEE LIH LE	NG	Policyholder NRIC	S1729936J	

Claim Handling					
ccident MT/1114002					
olicy No.	5073542903-05	Vehicle No.	SFK106A	GST Registration No.	
ertificate No.					
licyholder Name	LEE LIH LENG			Policyholder NRIC	\$17299363
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	91183222	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	NC V
FK	No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
	ies	NCD Entitlement(%)	30	Private rine	NO
Accident Details					
eport Date	17/12/2020 11:59	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
ate of Accident	15/12/2020	Time of Accident hh:mm	15:35	Country of Accident	Singapore
	15/12/2020		13.33		Siligapore
eporting Centre		Orange Force		ICM No.	
ccident Location	Bukit Timah Rd				
▼ Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess	100.00		
kcess Type	rei Accident	Williastreell Excess			
	THE RESERVE OF THE PARTY OF THE	TO Consider a Service	0.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
otal OD Excess Applicable	1100.00	Total TP Excess Applicable			
	1100.00	. C.u. IT Excess Applicable			
▼ Benefits					
GST Registered Informa	ition				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
CONTRACTOR OF CONTRACTOR					
Belleck-14 14-11	dunce				
Policyholder Mailing Ad					
ddress 1	5 RIDOUT ROAD	Address 2	SINGAPORE 248411	Address 3	
ddress 4		Address Type	Singapore address	Post Code	248411
			Activity and the second		
nit No.		Related Policy Number	5073542903-05		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	YANG WAN RONG	Driver NRIC	S1243752H	Driver DOB	12/12/1957
egister Date of Driver License		Driver Age	63	Driving Experience	42
ontact No.(Mobile)	96787321	Contact No.(Office)	O STEED AND CHARLES AND STEED AND STEED	Contact No.(Home)	0
ddress 1	BLK 847	Address 2	TAMPINES STREET 83	Address 3	TAMPINES VILLE
ddress 4	SINGAPORE 520847	Address Type	Singapore address	Post Code	520847
		Address 17pc	Singapore addition		
Init No.	05-186				
loes he own a Singapore legistered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
tegistered carr					
eclaration					
reathalyser or Blood Test			00		
eading?	0 mg	Any injury?	○ Yes   No		
- difference blinks					
odification History					
Claim 001 New					
Claim out New					
	[00 HI]		LEE LIVIENC	Insured NRIC	S1729936J
laim Type *	OD-MX	Insured Name	LEE LIH LENG		21/299301
ontact No.(Mobile)	91183222	Contact No.(Home)	NIL	Contact No.(Office)	
mail Address	MAY.YEONG@BREADTALK.COM	OI Vehicle Number	SFK106A	TP Vehicle Number	SJQ8340H
laimant Type Claimant Type *		Type of Benefit *	Please Select		
laimant Name *	>>	Claimant NRIC *			
laimant Address					
laim Description	SFK106A / SJQ8340H ON 15 Dec 2020			Name of Preferred Workshop	
referred Workshop Contact				- Versions armany in Management Confederation (Confederation)	
o.		Insured Liability *	Not at Fault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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ate Registered		C.dim Glode Date		_ =====================================	
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ccident No.		Upload Date	17/12/2020 12:06		
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	● Yes ○ No				
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Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent?
G TEST	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENT CES) on 17 Dec 2020 12:06	'RE SERVI NRIC/ Driving Licens	se Y	Normal	NRIC/ Driving License 2020-12-17	
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