

NATIONAL Assessment Centre Services. [ref 1 Jan 08]

Date In: 24/12/2020 18:15	Job description	Date & Time Completed	Done by
Ref No: N158/INC2001451514	SAS e-filing		
Veh No: SLA 8418 U	E-mail (to John, AIC then)		
D.O.A: 23/12/2020 21:50	I-Motor Claim Form	mt/11/48/1001	24/12/2020 18:21
OID: TP: Reporting Only	I-Motor W/O (With: OD then, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLA 4128 X	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 raplor.

() 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: _____

NA2100190	1) All: Accident Reporting (300)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$20	
_____	For claiming against INC Only (ref 10 Jan 200)	
_____	6) TR: Re-inspection \$160	
_____	7) NI: Idea DA + EMRI Survey	
_____	8) NTUC Additional Services:	
_____	ON:	
_____	• NI: Courtesy Car / Tpt Allowance \$3	
_____	• NI: Repair Coordination \$10	
_____	• NI: Post Repair Inspection \$25	
_____	• NI: DV / Collect Excess Coordination \$5	
_____	• NI: DV / Collect Excess Coordination \$20	
_____	TE (NI) / TP (Non INC) against INC \$0	
_____	9) NI: Idea Mobile	
_____	Invoice dated	
_____	Invoice dated	
_____	Fee Charged	
_____	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 Submission	24/12/2020 18:15 (SGT)
Date of Accident	23/12/2020 21:50 (SGT)
Exact Location of Accident	391A Orchard Rd, Singapore 238873
Additional Location Information	DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8418U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANJELRIC
Company Reg No	5XXXX688W
Email Address	ericleecg@hotmail.com
Mobile Phone No	(Phone) +65-93862022
Alternative Phone No	+65-93862022

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5092786809-03
Cover Note Number	-

DRIVER

Name of Driver	LEE CHOON GEE
NRIC No	SXXXX249G
Date Of Birth	23/01/1957
Occupation	Outdoor

Date Of Driving Pass	16/01/1957
Driving experience	63 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93862022
Alt. Phone Number	-
Email Address	ericleecg@hotmail.com
Address	BLK 475 PASIR RIS DRIVE 6
Address complement	#08-556
Postcode	510475
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLE4128X
Vehicle Manufacturer	Volkswagen
Vehicle Model	Jetta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HE BAOFENG
Contact Number	(Phone) +65-98284277

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

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

Sketch Plan

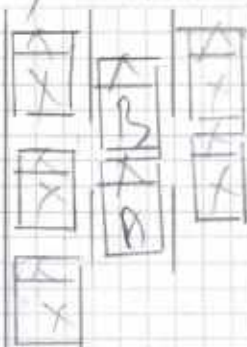
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

XIBER DNN CITY DRIVE WAY

A) SLQ 84184

B) SLE 4128X



Describe Circumstances of the Accident

The driveway was congested, cars were
Bumper To Bumper, my car inch forward and
nudge the front car

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

24 DEC 2020

1715 hrs

Witnessed by Reporting Centre
Personnel

[Signature] 24/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 23/12/2020 (DD/MM/YYYY), TIME: 21:50 (HH:MM)

LOCATION: Ngee Ann City Drive way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 8418 U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5092786804-02
 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: LEE CHHON GEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____



* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE CHHON GEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1234249G CONTACT: 93862022
 c) ADDRESS: BK 475 PAIR RIK DR. 6
#08-556

*d) DATE OF BIRTH: 23/01/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

16 SEP 1977

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)

Dry

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: SLE 4128 X MODEL: Volkswagen Jetta
 b) DRIVER'S NAME: HE BAOFENG
 c) NRIC/FIN/PASSPORT: 57886571E CONTACT: 98284277

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

email = eric/leecg@hotmail.com
 VIDEO

Claim Handling

Accident MT/1114987

Policy No.	5092786809-03	Vehicle No.	SLQ8418U	GST Registrat
Certificate No.				
Policyholder Name	ANJELRIC			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	93862022	Contact No.(Office)		Contact No.(
Email Address		Special Remark		eCode
XFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	24/12/2020 18:15	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	23/12/2020	Time of Accident hh:mm	21:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	NGEE ANN CITY DRIVEWAY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Ye
Modification History	24/12/2020 18:18:30 System changed GST Status Verified from No to Yes			

▼ Policyholder Mailing Address

Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-556	Related Policy Number	5092786809-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE CHOON GEE	Driver NRIC	51234249G	Driver DOB
Register Date of Driver License	16/09/1977	Driver Age	69	Driving Exper
Contact No.(Mobile)	93862022	Contact No.(Office)		Contact No.(
Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	08-556			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLQ8418U	Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	81181391	Contact No.(Home)	
Email Address		Vehicle Number	
Claim Description	SLQ8418U / SLE4128X DN 23 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name Unknown
Finalisation		GIA report	Received
Date Registered		Claim Close Date	24/12/2020 18:18
Report Taken By		Workshop Repairer	ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1114987 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 24/12/2020 18:21








Path *

Choose File No file chosen
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Messages (0/10)

Category * Confid
 Clear Please Select NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER /ICCS) o 24 Dec 2020 18:21	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos	Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	NRIC/ Driving License	Y Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	SAS	Normal	t

Video List

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:

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S092786809-03		ANJELRIJL	53364688W	GPC	drivo PREMIUM	SLQ8418U	SLQ8418U	25/07/2020	24/07/2021