

NATIONAL Assessment Centre Services.

(with 1 Jan 05)

SN: 0821260005

Date In: 16/02/2021 16:34	Job description	Date & Time Completed	Done by
Ref No: N/A / INC 2100 2206 / Y	SAS e-illing		
Veh No: SMH 16916 Y	E-mail (by date time, A/C time)		
D.O.A: 15/02/2021 00:42	I-Motor Claim Form	16/11/2021-001	16/02/2021
(1) TP Reporting Only	I-Motor W/O (with date, OD time, TP time)		16:46
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLISZ		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SUV 312J	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 ()	
Process: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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 > \$9000) ()		

Injury: ()

Date: ()

Time: ()

Location: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

NA 210175	1) All Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: ID: DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: ID: Mobile	\$3
	10) NI: ID: Mobile	\$10
	11) NI: ID: Mobile	\$23
	12) NI: ID: Mobile	\$33
	13) NI: ID: Mobile	\$40
	14) NI: ID: Mobile	\$30
	15) NI: ID: Mobile	
	16) NI: ID: Mobile	
	17) NI: ID: Mobile	
	18) NI: ID: Mobile	
	19) NI: ID: Mobile	
	20) NI: ID: Mobile	

Fee Charged

Fee Charged

Invoice dated

Invoice dated

2/3

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	16/02/2021 16:34 (SGT)
Date of Accident	15/02/2021 00:42 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6916Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WEI CHUEN
NRIC No	SXXXX530A
Email Address	ariessuly@yahoo.com.sg
Mobile Phone No	(Phone) +65-96822619
Alternative Phone No	+65-85005660

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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116682131
Cover Note Number	-

DRIVER

Name of Driver	JOHAN TAN LIANG TEN
NRIC No	SXXXX538Z

Date Of Driving Pass	27/11/2018
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85005660
Alt. Phone Number	-
Email Address	ariessuly@yahoo.com.sg
Address	BLK 61 TEBAN GARDENS ROAD #01-02
Address complement	-
Postcode	600061
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN312J
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YUNUS MALIM
NRIC No	SXXXX125G
Contact Number	(Phone) +65-97994656
Address	-
Address complement	-

Insurance Company Name	.....	-
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.
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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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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)**
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' 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.

[Signature]

Policyholder's Signature / Date & Time

16/02/2021

Sketch Plan

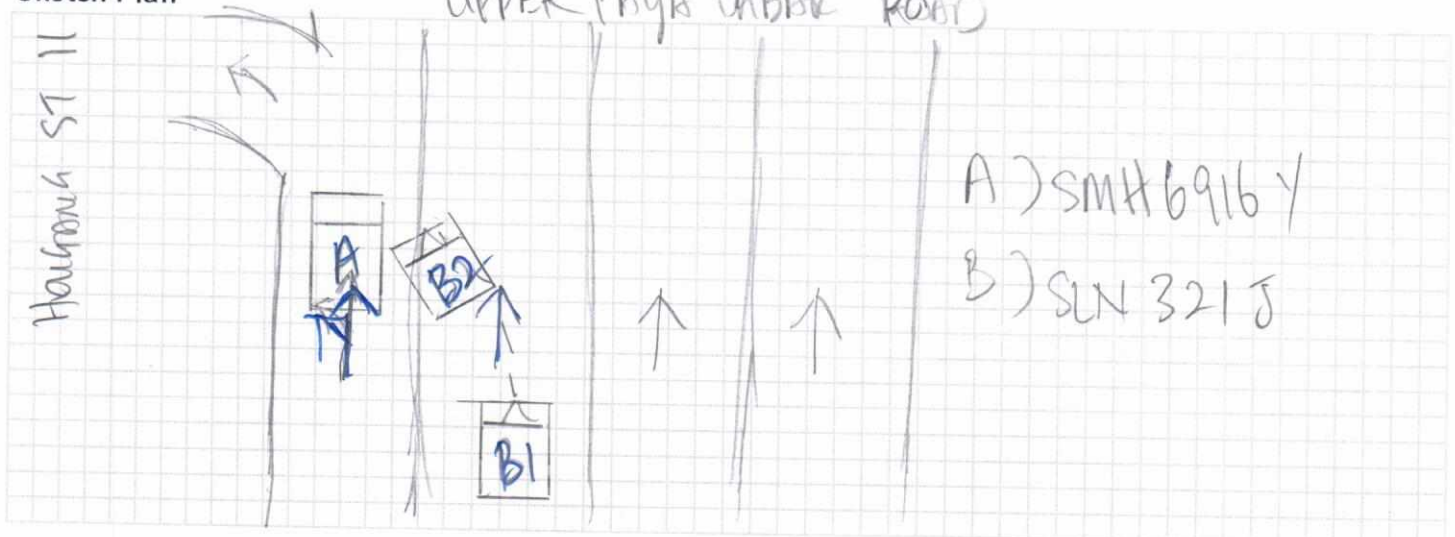
[Signature] 16/02/2020

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

UPPER PRYA LABAR ROAD

[Signature] 16/02/2021

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 15/02/2021 AT ABOUT 00:42HRS I WAS AT UPPER Paya LARANG ROAD & WANTED TO GO STRAIGHT ON THE LEFT LANE (4). A CAR FROM LANE 3 SUDDENLY MAKE AN ABRUPT LANE CHANGE TO TURN LEFT & HIT MY CAR SMH6916Y BOTH OF MY RIGHT SIDE DOOR DAMAGE. WE STOP AT THE SIDE ROAD & EXCHANGE PARTICULARS

Declaration

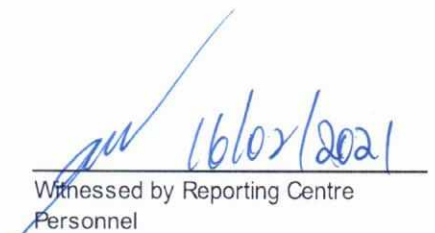
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
16/02/2021



Driver's Signature (If driver is not the policyholder) / Date & Time
16/02/2021



16/02/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 2 / 2020) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: Upp Ruar Labar Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH6916Y
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER:
 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: 12:42 AM
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEE WEI CHVEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8460530A CONTACT: 96822619
 c) ADDRESS: 117 Bedok North Road # 05-227 SINGAPORE 460117

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: John En Liang Ten (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S93785383 CONTACT: 85005660
 c) ADDRESS: 117 Bedok North Rd # 05-227 S 460117

* d) DATE OF BIRTH: (22 / 02 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/11/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRILAND

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: SLN312J MODEL: TOYOTA
 b) DRIVER'S NAME: Yunus Malik
 c) NRIC/FIN/PASSPORT: S2636125G CONTACT: 97994656

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN312J MODEL: TOYOTA
 b) DRIVER'S NAME: Yunus Malik
 c) NRIC/FIN/PASSPORT: S2636125G CONTACT: 97994656

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email: Ariessuly@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1121227

Policy No.	5116682131	Vehicle No.	SMH6916Y	GST Registration No.
Certificate No.				
Policyholder Name	LEE WEI CHUEN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96822619	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(%)	0	Private Hire

▼ Accident Details

Report Date	16/02/2021 16:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/02/2021	Time of Accident hh:mm	00:42	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER PAYA LEBAR 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	500.00	YIED TP Excess	0.00	Driver is 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	BLK 117 #05-227	Address 2	BEDOK NORTH ROAD	Address 3
Address 4	SINGAPORE 460117	Address Type	Singapore address	Post Code
Unit No.	05-227	Related Policy Number	5116682131	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JOHAN TAN LIANG TEN	Driver NRIC	S9378538Z	Driver DOB
Register Date of Driver License	27/11/2018	Driver Age	27	Driving Experience
Contact No.(Mobile)	85005660	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 61 #01-02	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4	SINGAPORE 600061	Address Type	Foreign address	Post Code
Unit No.	01-02			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMH6916Y	Driver Insurer Comp.

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE WEI
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	SMH6916Y
Claim Description	SMH6916Y / SLN3121 ON 15 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	16/02/2021 16:45	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1121227

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/02/2021 16:46

Path *

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Attachment List

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Uploaded By/Date

Category



Urgency

Descr



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Folder Date

File Name



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Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/02/2021 15:58"/>
Vehicle No.(For Motor)	<input type="text" value="SMH6916Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116682131		LEE WEI CHUEN	S8460530A	GPC	drivo CLASSIC	SMH6916Y	SMH6916Y	16/04/2020	15/04/2021