

NATIONAL Assessment Centre Services

Part 1 Jan 2003

SN 0921360002

Date Inc: 16/3/21 09:15	Job description	Date & Time Completed	Done by
Ref No: MA/Inc 21003406/64	SAS e-illing		
Veh No: SLZ 6924R	E-mail (within 3hrs, A/C 2hrs)		
DDA: 15/3/21 09:35	I-Motor Claim Form	MT/1124452-002	16/3/21 13:52
OT: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: SMG 3603A	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 reporter.

() 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: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NA 2102164	1) AR: Accident Reporting (\$30);	30
	2) DA: Damage Assessment (\$100); INC (\$50)	
	3) TP: Towing Fee \$40/345	
	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	*TP (NI): TP (INC INC) against INC \$20	
	9) NI: Idan Mobile \$0	
	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 Submission 16/03/2021 09:15 (SGT)
Date of Accident 15/03/2021 09:35 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TWDS TUAS B4 JURONG WEST AVE 1 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ6924R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DOREEN LEK SIEW TIAM
NRIC No SXXXX691C
Email Address LEKDOREEN2691@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96221917
Alternative Phone No +65-96221917

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 5101817097-02
Cover Note Number -

DRIVER

Name of Driver YOW KIM GUAN
NRIC No SXXXX612E
Date Of Birth 30/08/1951
Occupation Indoor

Date Of Driving Pass	15/10/1973
Driving experience	47 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90265348
Alt. Phone Number	-
Email Address	LEKDOREEN2691@YAHOO.COM.SG
Address	BLK 862 TAMPINES ST 83 #09-402
Address complement	-
Postcode	520862
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	3
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

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	SMG3603A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TINA
Contact Number	(Phone) +65-90711182
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	SMV4246L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GENTSON
Contact Number	(Phone) +65-94576617
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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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)

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

PIE Toward Tuas (Before Jurong West Ave 1)

(A) SLZ 6924 R

(B) SMG 3603 - A

(C) SMV 4246 L




Describe Circumstances of the Accident


On the stated date and time, I was travelling along PIE twds Tuas Before Jurong West Ave 1 exit, veh in front of me stop, I follow to stop, out of a sudden, I felt an impact from behind. due to the impact, my veh been push forward hit onto my front veh. After the incident, I alighted from my veh and realized veh B from behind collided onto my veh rear portion.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Hello, NAC_PAYA_UBI_800601

[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="15/03/2021 08:54"/>							
Vehicle No.(For Motor)	<input type="text" value="SLZ6924R"/>	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"/>	5101817097-02		DOREEN LEK SIEW TIAM	S1212691C	GPC	drivo CLASSIC	SLZ6924R	SLZ6924R	25/11/2020	24/11/2021
<input type="button" value="Continue"/>										

ACCIDENT STATEMENT

Exit

ACCIDENT DATE: 15/3/2021 (DD/MM/YYYY), TIME: 09:35 (HH:MM)

LOCATION: PIE Toward Tuas (Before Jurong West Ave 1)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 6924R
 b) INSURANCE COMPANY: NITC
 c) POLICY NUMBER: 5101817097-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Doreen Lek Siew Tian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1212691-C CONTACT: 96221917
 c) ADDRESS: Blk 862 Tampines St 83
#09-402, S1520862

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yow Kim Guan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1845612-E CONTACT: 90265348
 c) ADDRESS: Blk 862, Tampines St 83
#09-402, S1520862

*d) DATE OF BIRTH: 30/8/1951 (DD/MM/YYYY)

- e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 15/10/1973

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: NIL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 3603 A MODEL: Audi
 b) DRIVER'S NAME: Tina
 c) NRIC/FIN/PASSPORT: CONTACT: 90711182

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMV 4246L MODEL: Toyota Vellfire
 e) DRIVER'S NAME: Gentson
 f) NRIC/FIN/PASSPORT: CONTACT: 94576617

* No of passenger
 (Including driver)

M (1)

* No of passenger
 (Including driver)

F (1)

* No of passenger
 (Including driver)

(2)

children (M)
 Driver (M)

lek doreen

Email = lek doreen2691@yahoo.com.sg

fax =