

# NATIONAL Assessment Centre Services

Date In: 24/11/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC/7022414/13	SAS e-filing		
Veh No: SJBS386A	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 23/11/17 0900	i-Motor Claim Form	MT/0971098	
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within) OE: 2hrs, TP 4hrs		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	HUP SOON	Tel:	Fax:
TP Particulars:	Veh No: EP1680L	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%; F: 80-100%]		
Year of Registration: (	Warranty: YES ( ) / NO ( )		
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )		

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice, YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA/707254

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 ability.
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 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	24/11/2017 11:57
Date Of Accident	23/11/2017 09:00
Exact Location Of Accident	ALONG MARYMOUNT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB5386A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUNSHINE CAR RENTAL AND SERVICES
Co Reg No	53318074X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81122218

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5091381597
Cover Note Number	

### Driver

Name of Driver	CHENG SZE FOONG
NRIC No	S0179757C
Date Of Birth	14/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1974
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81183080
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 727 YISHUN ST 71 #12-87
Postcode	760727
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	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

#### 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

PLS REFER TO THE ATTACHED 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	EP1680L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ROSSINI
NRIC/Passport Number	G1676692K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



# HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SJB5386A

MAKE/MODEL: HONDA CIVIC

DATE OF ACCIDENT 23/11/2017  
DAY/MONTH/YEAR

TIME 09 HR 00 MIN AM PM

LOCATION OF ACCIDENT \_\_\_\_\_

EXACT PURPOSE USE DURING ACCIDENT WORKING

## CAR OWNER

NAME OF CAR OWNER SUNSHINE CAR RENTAL AND SERVICES

CONTACT NO 8112218

NRIC 53318074X

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY NTUC

TYPE OF COVERAGE ☐ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO 5091381597

## ACCIDENT DRIVER

NAME OF DRIVER CHENGYI ZEE ZHONG

NRIC 80179157P

NO OF PASSENGER/S 2

DATE OF BIRTH 14-11-1952

OCCUPATION \_\_\_\_\_

☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 04 SEP 1974

GENDER \_\_\_\_\_

☒ MALE ☐ FEMALE

CONTACT NO 81183080

ADDRESS BLK 727 YISHUN ST 71 #12-87 (S) 760727

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO \_\_\_\_\_

RELATIONSHIP EMPLOYEE/ IF NOT: HIRER

WEATHER CONDITION

☒ CLEAR

RAINING

OTHER: \_\_\_\_\_

ROAD SURFACE

☒ DRY

WET

OTHER: \_\_\_\_\_

ANY INJURIES

NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO \_\_\_\_\_

POLICE REPORT

NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE

NO/ YES

## 3RD PARTY INFO

VEHICLE B NO EP1680L

NO OF PASSENGER/S 1

NAME ROSSINI ENZA 91676692K

CONTACT NO \_\_\_\_\_

VEHICLE C NO \_\_\_\_\_

NO OF PASSENGER/S \_\_\_\_\_

VEHICLE D NO \_\_\_\_\_

NO OF PASSENGER/S \_\_\_\_\_

VEHICLE E NO \_\_\_\_\_

NO OF PASSENGER/S \_\_\_\_\_

VEHICLE F NO \_\_\_\_\_

NO OF PASSENGER/S \_\_\_\_\_

ANY WITNESS \_\_\_\_\_

WITNESS CONTACT NO \_\_\_\_\_



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

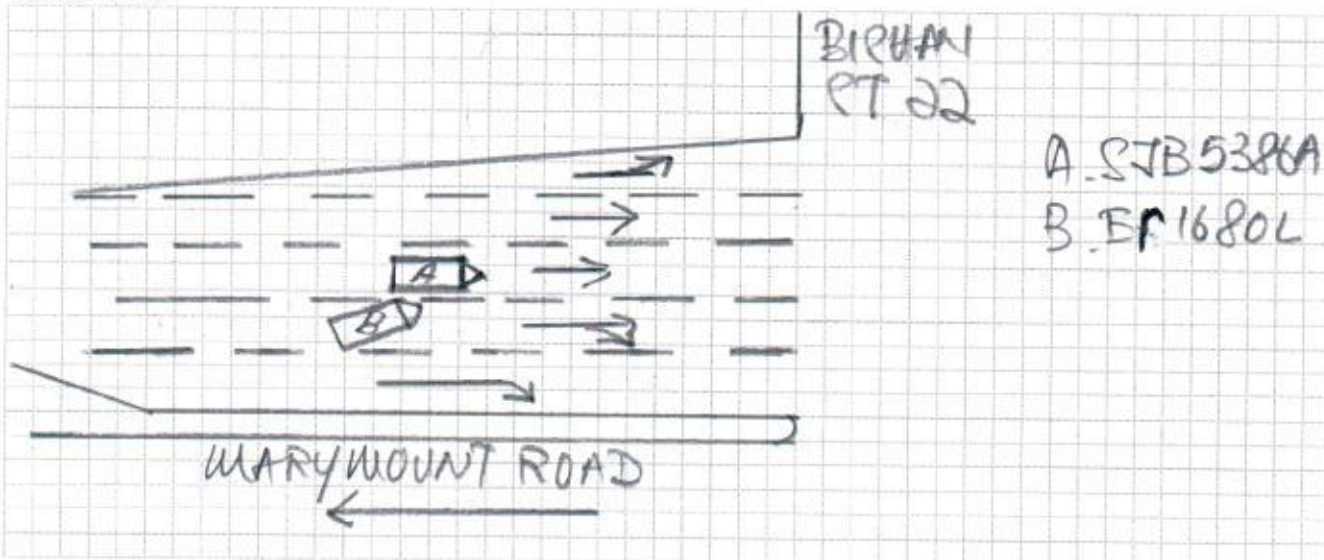


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG MARYMOUNT ROAD. TOWARDS THOMPSON TRAFFIC WAS HEAVY JAMMED. OUT OF SUDEN I FELT AN IMPACT FROM MY VEH R+ REAR PORTION.

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S0179757C**



Name  
**CHENG SZE FOONG**

Race  
**CHINESE**

Date of birth  
**14-11-1952**

Country of birth  
**SINGAPORE**

Sex  
**M**




**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S0179757C**

Name  
**CHENG SZE FOONG**

Birth Date: **14 Nov 1952**

Issue Date: **06 May 2003**





1000457892H

4935702



NRIC No. **S0179757C**



Date of issue  
**13-02-2013**

Address  
**APT BLK 727 YISHUN STREET 71  
 #12-B7  
 SINGAPORE 760727**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PAES DATE
Class 2B	Motorcycles not exceeding 200 cc	08 Jan 1963
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Sep 1974

NP 428A

Licence No: **S0179757C**



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5091381597

**Cover :** Third Party

- |   |                                    |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJB5386A                         |
| Chassis Number  | : JHMF046208S200631                |
| 2. Name of Policyholder   | : SUNSHINE CAR RENTAL AND SERVICES |
| 3. Effective Date of Insurance  | : 26 May 2017                      |
| 4. Expiry Date of Insurance   | : 15 Jan 2018                      |
| 5. Persons or Classes of Persons entitled to drive#   |                                    |
| (a) The Policyholder.   |                                    |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                    |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                    |
| 6. Limitations as to Use#   |                                    |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                                    |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road-Transport Act, 1987 (Malaysia)

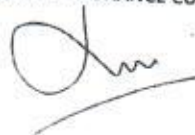
Agency : INXURE NETWORK SERVICES (00000614975)  
Date of Issue : 25 May 2017 17:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0971098

Policy No.	5091381597	Vehicle No.	SJB5386A	GST Registration No.	
Policyholder Name	SUNSHINE CAR RENTAL AND SERVICES			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	81122218	Contact No.(Office)	0	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		

**Accident Details**

Report Date	24/11/2017 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cham
Date of Accident	23/11/2017	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MARYMOUNT RD				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 170C #14-697	Address 2	PUNGGOL FIELD	Address 3	
Address 4	SINGAPORE 823170	Address Type	Singapore address	Post Code	
Unit No.	14-697	Related Policy Number	5094375582		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHENG SEE POONG	Driver NRIC	S0179757C	Driving Experience	
Register Date of Driver License	14/11/1974	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	81183080	Contact No.(Office)	0	Address 3	
Address 1	BLK 727	Address 2	YISHUN STREET 71	Post Code	
Address 4	SINGAPORE 760727	Address Type	Singapore address		
Unit No.	#12-87				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**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	SUNSHINE CAR RENTAL AND SE	Insured NRIC	
Contact No.(Mobile)	81122218	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Of Vehicle Number	SJB5386A	TP Vehicle Number	
Claim Description	SJB5386A / EP1680L ON 23 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	
Date Registered	24/11/2017 17:53	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0971098	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 00:00
Path *	Category *		
<input type="text"/>	Confidential <input type="text"/> Urgency <input type="text"/>		
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Message Field

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:51	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:51	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:51	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:51	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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Display in New Window

Scan and uploading