

NATIONAL Assessment Centre Services

Date In: 27/11/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC/17022505/13	SAS e-filing		
Veh No: SLR6286C	E-mail (within 5hrs. AIC 2hrs)		
D.O.A: 26/11/17 1850	i-Motor Claim Form	MT/0971354	
OD (TP) Reporting Only	i-Motor W/O (Within OD 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: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No:

SLR6529A

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)

Remarks:-	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

NA1707313

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + SMRI Survey \$160		
8) NTUC Additional Services:-		
Oil*		
*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 (N-on INC) against INC \$20		
9) N12: Idac Mobile \$30		

Invoice dated

Post Charge

Invoice dated

Post Charge

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	27/11/2017 14:33
Date Of Accident	26/11/2017 18:50
Exact Location Of Accident	TERMINAL 3 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8286C
Insured/Policyholder	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079137979-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ABIDIN BIN ABDULLAH
NRIC No	S8634815B
Date Of Birth	24/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2008
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91808670
Fax Number	
Contact Number	
Email Address	LILDD24@GMAIL.COM

Address	BLK 432A SENGKANG WEST WAY #03-501
Postcode	791432
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	7

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	SLR6529R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM CHOWLIN
NRIC/Passport Number	S7640272H
Contact Number	98897952
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ABIDIN BIN ABDULLAH
------	------------------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLR8286C

Were seat belts worn?

YES

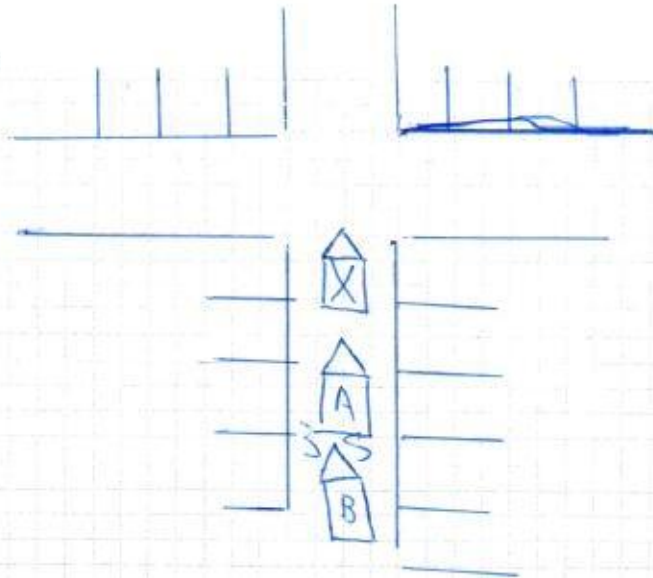
Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



TERMINAL 3 CARPARK

A) SLR 8286C
B) SLR 6529R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had stopped my car behind another vehicle
A short while later, Veh (B) collided onto the
rear of my car.

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:

[Signature] 27/11/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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 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. 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 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:

 27/11/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEH NO: SLR 8286C	VEH B: SLR 6529R
DATE OF ACCIDENT: 26/11/2017	NAME: Lim chowlin
TIME OF ACCIDENT: 1850 hrs	I/C NO: ST640272H
LOCATION: Terming/ 3 carpark	H/P NO: 98897952
O.D / <u>T.P</u> / REPORTING	VEH C:
OWNER NAME: LE Motor Car Rental P/L	NAME:
Email:	I/C NO:
COMPANY REG NO: 201401553D	H/P NO:
ADDRESS: 50 East Coast Rd #01-89	VEH D:
Rozay Square (428769)	NAME:
I/C NO: 32684815B	I/C NO:
TEL: 91808	H/P NO:
DATE OF BIRTH:	VEH E:
VEH MAKE & MODEL: Toyota Sienta	NAME:
INSURANCE: NTUC	I/C NO:
COMPREHENSIVE / THIRD PARTY ONLY /	H/P NO:
THIRD PARTY FIRE & THEFT	VEH F:
POLICY NO: 5079137979-01	NAME:
DAMAGE: Rear	I/C NO:
DRIVER NAME: MUHAMMAD ABIDIN BIN ABDULLAH	H/P NO:
Email: lildol24@gmail.com	VEH G:
DATE OF BIRTH: 24/11/1986	NAME:
ADDRESS: BLK 432A SENBOKANG WEST WAY	I/C NO:
#03-501 SINGAPORE 791432	H/P NO:
I/C NO: S8634815B	VEH H:
TEL: 91808670	NAME:
LICENSE PASS DATE: 31/12/2008	I/C NO:
OCCUPATION: Indoor/Outdoor	H/P NO:
RELATIONSHIP OF DRIVER WITH OWNER: Hired	REMARK:
WEATHER: <u>CLEAR</u> / RAINING	
SURFACE: <u>DRY</u> / WET	
POLICE REPORT: YES / <u>NO</u>	
IF YES, WHERE?	
INJURED: <u>YES</u> / NO	
1) NAME:	
AGE:	
2) NAME:	
AGE:	
3) NAME:	
AGE:	
4) NAME:	
AGE:	
5) NAME:	
AGE:	
Video Footage: No	
Passenger: 6	

REPUBLIC OF SINGAPORE - DRIVING LICENCE


Licence Number: **S8634815B**

Name: **MUHAMMAD ABIDIN BIN ABDULLAH**

Birth Date: **24 Nov 1986**

Issue Date: **12 Jul 2007**

001513844F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: **S8634815B**



Name:

MUHAMMAD ABIDIN BIN ABDULLAH

محمد عابدين بن عبدالله

Race:
INDIAN

Date of birth:
24-11-1986

Sex:
M

Country/Place of birth:
SINGAPORE

S8634815B

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

Class	Description	Pass Date
Class 2B	Motorcycles ≤ 200 CC	12 Jul 2007
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	31 Dec 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	07 May 2010

S / No. 9000129830

S8634815B

NP 428A

Licence No: **S8634815B**



NRIC No: **S8634815B**



Date of issue:
05-09-2017

Address:

**APT BLK 432A SENGKANG WEST WAY
#03-501
SINGAPORE 791432**

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: 5079137979-01

Cover : drive CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLR8286C |
| Chassis Number | : NHP1707092878 |
| 2. Name of Policyholder | : LE MOTOR CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance | : 29 Aug 2017 |
| 4. Expiry Date of Insurance | : 28 Aug 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : DICKSON AUTO AGENCY (00000614645)

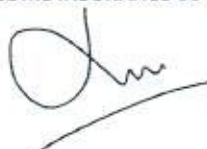
Date of Issue : 07 Mar 2017 16:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0971354

Policy No.	5079137979-01	Vehicle No.	SLR8286C	GST Registration No.	
Policyholder Name	LE MOTOR CAR RENTAL PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				
▼ Accident Details					
Report Date	27/11/2017 18:05	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	26/11/2017	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TERMINAL 3 CARPARK				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	50 EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-89	Related Policy Number	5079137979-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MUHAMMAD ABIDIN BIN ABDUL	Driver NRIC	S8634815B	Driving Experience	
Register Date of Driver License	31/12/2008	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	91808670	Contact No.(Office)	0	Address 3	
Address 1	BLK 432A	Address 2	SENGKANG WEST WAY	Post Code	
Address 4	SINGAPORE 791432	Address Type	Singapore address		
Unit No.	#03-S01	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LE MOTOR CAR RENTAL PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLR8286C	TP Vehicle Number	
Claim Description	SLR8286C / SLR6529R ON 26 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, Name unknown	Date Received	
Date Registered	27/11/2017 18:10	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0971354	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 00:00
Path *		Category *	Confidential Urgency

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:09	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>