

NATIONAL Assessment Centre Services

(Ref: Jan 02)

Date In: 29/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024692/13	SAS e-filing		
Veh No: SJR85435	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/12/17 1400	i-Motor Claim Form	MT/0974393	
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: A/C COLLISION 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

NA1708038

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	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 + 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 \$10			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Sat. 1

Sat. 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 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	29/12/2017 14:34
Date Of Accident	18/12/2017 14:00
Exact Location Of Accident	CTE TWDS CITY AFT MOULMEIN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8543J
Insured/Policyholder	
Name Of Registered Owner	TWINCAR RENTAL
Co Reg No	53092815M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440510

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5088757989
Cover Note Number	

Driver

Name of Driver	TAN PING SENG
NRIC No	S1459161C
Date Of Birth	03/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92702850
Fax Number	
Contact Number	
Email Address	NOEMAIL

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:

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

SKETCH PLAN

CTE Toward City After moulmein Exit

Nil

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 dec 2017, I received a letter from NTUC informing me that I was involved in an accident on 18 dec 2017 with one motor car sks 1702X. I wish to state that I was not involved in any accident on the above date, time and location.

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:29/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJR 8543 J	Model / Make	Nissan Latio
Date of Accident	18/12/17		
Time of Accident	2pm	HRS	
Location of Accident	CTE Toward City After moulmein Exit		
Exact purpose use during accident	Commercial Use		
Name of Owner	Twincar Rental		
Telephone No.	H/P : 6744 0510	Home :	Office :
NRIC	53092815 M		
Address	52 Jalan Senang S(418343)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5088757989		
Name of Driver	As Above (If No, Tan Ping Seng		
NRIC	S1459161C Any Passengers : Nil		
Date of birth	3/10/1961		
Occupation	Outdoor / Indoor		
Driving License Pass Date	3 Nov 2014		
Gender	Male / Female		
Contact No.	H/P : 9270 2850	Home :	Office :
Address	BLK 136 Bukit Batok West Ave 6 #08-507 S(650136)		
Driver have any own vehicle	(No, If yes, Reg No.		
Relationship	Employee, (If no, state Hirer		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	(No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	(No, If Yes, Where?		
Vehicle B No.	Any Passengers :		
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Nil		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		

Our Ref: MT/CA/TP/001/0974393-001/SG/VU

19 Dec 2017

TWINCAR RENTAL
52 JALAN SENANG
SINGAPORE 418343

Dear Policyholder

CLAIM NUMBER: MT/0974393-001
ACCIDENT INVOLVING SJR8543J / SKS1702X on 18 Dec 2017

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

CPE toward to city near moulin

18/12/17 2pm SKS1702X

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1459161C



Name

TAN PING SENG

Race

CHINESE

Date of birth

03-10-1961

Country/Place of birth

SINGAPORE

Sex

M

S1459161C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1459161C

Name

TAN PING SENG

Birth Date 03 Oct 1961

Issue Date 03 Nov 2014



002362781K

5183654



NRIC No. S1459161C



Date of issue

01-08-2013

Address

APT BLK 136 BUKIT BATOK WEST AVENUE 6
#08-507
SINGAPORE 650136

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 03 Nov 2014

NP 428A



Licence No: S1459161C

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: 5088757989

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJR8543J**
 Chassis Number : JN1FAAC1120010565
2. Name of Policyholder : TWINCAR RENTAL
3. Effective Date of Insurance : 20 Mar 2017
4. Expiry Date of Insurance : 19 Mar 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	: N/A
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 : GRANDE INSURANCE AGENCY (00000615026)
 Date of Issue : 20 Mar 2017 12:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Annex A

Transaction ref 20170320151715140539

The owner and vehicle particulars for Vehicle No. SJR8543J as at 20 Mar 2017 are as follows:

1. Name	: TWINCAR RENTAL
2. Identification No. Type	: Business
3. Identification No.	: 53092815M
4. Place Of Passport Issue	: -
5. Vehicle No.	: SJR8543J
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 20 Mar 2017
8. Original Registration Date	: 16 Jul 2009
9. First Registration Date	: 16 Jul 2009
10. Vehicle Type	: N18 - Passenger (Co) Company Car (Single Rate)
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: NISSAN
16. Vehicle Model	: LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D
17. Year of Manufacture	: 2008
18. Primary Colour	: Beige
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: JN1FAAC11Z0010565 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: HR15094675B / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1498 / -
25. Maximum Power Output(kW/bhp)	: 80.0 / 107
26. Unladen Weight(kg)	: 1150

Claim Handling

Accident MT/0974393

Policy No.	5088757989	Vehicle No.	SJR8543J	GST Registration No.	
Policyholder Name	TWINCAR RENTAL			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	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(%)	40	Private Hire	Not available

▼ Accident Details

Report Date	19/12/2017 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	18/12/2017	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE				

▼ 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	19/12/2017 17:57:50 Karthlyn Yuen changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	52 JALAN SENANG	Address 2	SINGAPORE 418343	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5084514433-01		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	TWINCAR RENTAL	Insured NRIC	
Contact No.(Mobile)	96868628	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJR8543J	TP Vehicle Number	
Claim Description	SJR8543J ON 18 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	29/12/2017 14:58	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0974393	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/12/2017 00:00

Path *	Category *	Confidential	Urgency
<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO	Normal
<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO	Normal
<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO	Normal
<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="text"/> NO	Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:57	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"/>			